

Copy B To Be Filed With Employee's FEDERAL Tax Return		2020 OMB No. 1545-0008	
a Employee's social security number XXX-XX-6358	1 Wages, tips, other comp. 71719.31	2 Federal income tax withheld 7868.17	
b Employer ID number 34-1814673	3 Social security wages 73937.50	4 Social security tax withheld 4584.13	
	5 Medicare wages and tips 73937.50	6 Medicare tax withheld 1072.09	
c Employer's name, address, and ZIP code Multicase, Inc. Chagrin Plaza East 23811 Chagrin Blvd. #305 Beachwood, OH 44122			
d Control Number 83061 9927 Girireddy Mounika 9			
e Employee's first name and initial Last name Mounika Girireddy 6590 Maplewood Road, Apt. #101 Mayfield Heights, OH 44124			
f Employee's address, and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code D 2218.19	
13 Statutory employee	14 Other	12b Code	
Retirement plan X		12c Code	
3rd party sick pay		12d Code	
OH 52-4897840	71719.31	1937.44	
15 State Empir's state I.D. #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 73937.50	19 Local income tax 1478.75	20 Locality name OH-Beachwood, OH	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2020 OMB No. 1545-0008	
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Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2020 OMB No. 1545-0008	
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