

To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.				Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	
				Gross Wages	126996.05	126996.05	126996.05
				Txbl Benefits			
				Group Term Life	40.74	40.74	40.74
				Adoption			
				Deferred Comp	(276.92)		
				Section 125	(2298.45)	(2298.45)	(2298.45)
				Other Pretax/Wage Limit			
				W-2 Wages	124461.42	124738.34	124738.34
D. CONTROL NUMBER 004693481201	This Information is being furnished to the Internal Revenue Service	2020	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	124461.42	2. FEDERAL INCOME TAX WITHHELD	15999.22
B. EMPLOYER IDENTIFICATION NUMBER 90-0853791	A. EMPLOYEE'S SOCIAL SECURITY NUMBER XXX-XX-9649			3. SOCIAL SECURITY WAGES	124738.34	4. SOCIAL SECURITY TAX WITHHELD	7733.77
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Kraft Foods Group Brands LLC PO Box 57 Attn: Payroll Pittsburgh PA 15230				5. MEDICARE WAGES AND TIPS	124738.34	6. MEDICARE TAX WITHHELD	1808.71
				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
				9.		10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL Hari Kishore			LAST NAME Yarrabathina	SUFF.	11. NONQUALIFIED PLANS	12.a-d C	40.74
2851 S King Drive Apt 1714 Chicago IL 60616 USA					14. OTHER MOVE	D	276.92
F. EMPLOYEE'S ADDRESS AND ZIP CODE					19099.99	DD	7836.51
15. STATE IL	EMPLOYER'S STATE I.D. NO. 90-0853791 000 3	16. STATE WAGES, TIPS, ETC. 124461.42	17. STATE INCOME TAX 6065.91	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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FORM W-2 Wage and Tax Statement

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FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 004693481202		This Information is being furnished to the Internal Revenue Service		2020	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 90-0853791		A. EMPLOYEE'S SOCIAL SECURITY NUMBER XXX-XX-9649				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
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2851 S King Drive Apt 1714 Chicago IL 60616 USA						14. OTHER	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE CA	EMPLOYER'S STATE I.D. NO. 113-0389-8	16. STATE WAGES, TIPS, ETC. 10923.08	17. STATE INCOME TAX		18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME

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