DEmployer identification number (EIN) C Employer's name, address, and ZIP code  JOHN HANCOCK LIFE INS. CO. (U.S.A.) US TAXATION C-05 1-877-455-2055 197 CLARENDON STREET BOSTON MA 02116					e instruct  \$	260.00	1 Wages, tips, other compensation 152620.56	on 2 Federal income tax withheld 16867.63
						5671 16	3 Social security wages	4 Social security tax withheld
					\$	5671.16	137700.00 5 Medicare wages and tips	8537.40 6 Medicare tax withheld
					\$	1599.90	158291.72	2295.23
					\$	22983.12	7 Social security tips	8 Allocated tips
e Employ	ee's first name and initial	Last name	Suff.	12e	\$		9	10 Dependent care benefits
VENKATA SHYAM K GUNDALA 20 BOXWOOD DRIVE LITTLETON MA 01460  f Employee's address and ZIP code					mation is be	eing furnished to the	11 Nonqualified plans	13 Statutory Retirement Third-pa.ty employee plan sick pay
						Be Filed		employee plan sick pay
					Emplo ERAL 1	yee's Tax Return.	14 Other MLI 341.5 0.00	
					District Control of the	ocial security number XX-6418		
15 State	Employer's state ID number 10797735004	16 State wages, tips, etc. 153010.56	17 State income tax 7030,49	18 Loca	al wages	, tips, etc.	19 Local income tax	20 Locality name
				·				
Form W-	2 Wage and Tax Statement 20	Department of the Trea	sury-Internal Revenue Serv	vice	OMB#	1545-0008	Copy B To Be Filed V	Nith Employee's FEDERAL Tax Return.
,	er identification number (EIN) er's name, address, and ZIP code	01-0233346		12a 8 C	\$	260.00	1 Wages, tips, other compensation 152620.56	on 2 Federal income tax withheld 16867.63
	JOHN HANCOCK LIFE INS. C	L		12b			3 Social security wages	4 Social security tax withheld
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	BOSTON MA 02116			₽W	\$	1599.90	158291.72	2295.23
				12d DD 12e	\$	22983.12	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name Suff.  1 OF 1 VENKATA SHYAM K GUNDALA					\$		9	10 Dependent care benefits
							11 Nonqualified plans	13 Statutory Retirement Third-party sick pay
	20 BOXWOOD DRIVE			Copy	2 To E	Be Filed With	T Prorique interes plans	employée plan sick pay
LITTLETON MA 01460					oyee's	State, City, or ne Tax Return.	14 Other MLI 341.5	0.00
						ocial security number		
	ee's address and ZIP code Employer's state ID number 10797735004	16 State wages, tips, etc. 153010.56	17 State income tax	18 Loca	-	XX-6418 , tips, etc.	19 Local income tax	20 Locality name
-MA	10797735004	153010.56	7030.49					
Form W-	2 Wage and Tax Statement 20	Department of the Treasu	ry-Internal Revenue Service	e OME	3 # 1545	-0008 Copy 2	To Be Filed With Employee's S	tate, City, or Local Income Tax Return.
b Employ	er identification number (EIN)	01-0233346		12a			1 Wages, tips, other compensation	on 2 Federal income tax withheld
	er's name, address, and ZIP code			12b	\$	260.00	152620.56 3 Social security wages	16867.63 4 Social security tax withheld
JOHN HANCOCK LIFE INS. CO. (U.S.A.) US TAXATION C-05 1-877-455-2055 197 CLARENDON STREET BOSTON MA 02116					\$	5671.16	137700.00	8537.40
					<b> \$</b>	1599.90	5 Medicare wages and tips	6 Medicare tax withheld
	B0310N MA 02110			12d DD	\$	22983.12	158291.72 7 Social security tips	2295.23 8 Allocated tips
e Employ	ee's first name and initial	Last name	Suff.	12e		Books Total		10 Dependent care benefits
e Employ	ees mst name and mittal	Last hame	Sui.	90	\$			To Dependent care benefits
VENKATA SHYAM K GUNDALA 20 BOXWOOD DRIVE LITTLETON MA 01460							11 Nonqualified plans	13 Statutory Retirement Third-party sick pay
					Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		14 Other	
							MLI 341.5 0.00	
						cial security number		
	ee's address and ZIP code Employer's state ID number	I16 State wages tips etc	I17 State income tax	18 Loca		XX-6418 . tips. etc.	19 Local income tax	20 Locality name
MA	Employer's state ID number 10797735004	16 State wages, tips, etc. 153010.56	17 State income tax 7030.49					
Form W-	2 Wage and Tax Statement 20	Department of the Treasu	ry-Internal Revenue Service	e OME	3 # 1545	-0008 Copy 2	To Be Filed With Employee's S	State, City or Local Income Tax Return.
15 (70)00000 (70)00	er identification number (EIN)				inctrict	ions for box 12		
c Employer's name, address, and ZIP code					\$	260.00	152620.56	on 2 Federal income tax withheld 16867.63
JOHN HANCOCK LIFE INS. CO. (U.S.A.) US TAXATION C-05 1-877-455-2055				12b D	ıs	5671.16	3 Social security wages	4 Social security tax withheld
	197 CLARENDON STREET					1599.90	137700.00 5 Medicare wages and tips	8537.40 6 Medicare tax withheld
e Employee's first name and initial Last name Suff.  VENKATA SHYAM K GUNDALA 20 BOXWOOD DRIVE LITTLETON MA 01460					\$		158291.72	2295.23
					<b> \$</b>	22983.12	7 Social security tips	8 Allocated tips
					\$	unished to the Internal Revenue	9	10 Dependent care benefits
					This information is being furnished to the Internal Revenue Seruce 'fyou are required to file a bax refurn, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report.		11 Nonqualified plans	13 Statutory Retirement Third-party sick pay
							14 Other	
						(See Notice to on back.)	MLI 341.5 0.00	
						on back.)		
	ee's address and ZIP code				XXX-	XX-6418		
15 State I	Employer's state ID number 10797735004	16 State wages, tips, etc. 153010.56	17 State income tax 7030.49	18 Loca	al wages	tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2020

Department of the Treasury-Internal Revenue Service

OMB # 1545-0008

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)