

b Employer identification number (EIN) 01-0233346		12a See instructions for box 12 C \$ 260.00		1 Wages, tips, other compensation 152620.56	2 Federal income tax withheld 16867.63	
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		12b D \$ 5671.16		3 Social security wages 137700.00	4 Social security tax withheld 8537.40	
		12c W \$ 1599.90		5 Medicare wages and tips 158291.72	6 Medicare tax withheld 2295.23	
		12d DD \$ 22983.12		7 Social security tips	8 Allocated tips	
e Employee's first name and initial Last name Suff. VENKATA SHYAM K GUNDALA 20 BOXWOOD DRIVE LITTLETON MA 01460		12e \$		9	10 Dependent care benefits	
f Employee's address and ZIP code		This information is being furnished to the Internal Revenue Service.		11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
		Copy B To Be Filed With Employee's FEDERAL Tax Return.		14 Other MLI 341.5 0.00		
		a Employee's social security number XXX-XX-6418				
15 State MA	Employer's state ID number 10797735004	16 State wages, tips, etc. 153010.56	17 State income tax 7030.49	18 Local 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 B To Be Filed With Employee's FEDERAL Tax Return.

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f Employee's address and ZIP code		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
		Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)		14 Other MLI 341.5 0.00		
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