

<b>b Employer's Identification number</b> <b>c Employer's name, address, and ZIP code</b>		82-4572697 MEDITECHSAFE INC 8384 SEA MIST CT WEST CHESTER OH 45069	<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>
			\$	14760.00	933.55
			\$	<b>3 Social security wages</b>	<b>4 Social security tax withheld</b>
			\$	<b>5 Medicare wages and tips</b>	<b>6 Medicare tax withheld</b>
			\$	<b>7 Social security tips</b>	<b>8 Allocated tips</b>
<b>e Employee's first name and initial</b> Last name		9654605	This information is being furnished to the Internal Revenue Service		<b>9</b>
			<b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b>		<b>10 Dependent care benefits</b>
<b>f Employee's address and ZIP code</b>		PRATYUSHA BACHU 525 LOWELL AVE # 14 CINCINNATI OH 45220	<b>a Employee's soc. sec. no</b> 858-14-1324		<b>11 Nonqualified plans</b>
					<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>
					<b>14 Other</b>
<b>15 State</b>	<b>Employer's state I.D. No.</b>	<b>16 State wages, tips, etc.</b>	<b>17 State income tax</b>	<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>
OH	54-091782	14760.00	302.99	14760.00	299.16
					<b>20 Locality name</b> CINCIN
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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