b Employer's Identification number c Employer's name, address, and ZIP code	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld 933.55
MEDITECHSAFE INC	12b	3 Social security wages	4 Social security tax withheld
8384 SEA MIST CT	1\$ 12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$ 12d	7 Social security tips	8 Allocated tips
WEST CHESTER OH 45069 [e Employee's first name and initial Last name		9	10 Dependent care benefits
9654605	This information is being furnished to the Internal Revenue Service	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
PRATYUSHA BACHU 525 LOWELL AVE # 14	Copy B To Be Filed with		employee plan sick pay
	Employee's FEDERAL Tax Return	14 Other	
CINCINNATI OH 45220	a Employee's soc. sec. no		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	858-14-1324 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OH_ 54-091782 14760.00	914760.00	299.16	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
b Employer's Identification number c Employer's name, address, and ZIP code 82-4572697	12a See instructions for Box 12	1 Wages, tips, other compensation 14760.00	933.55
MEDITECHSAFE INC	12b \$	3 Social security wages	4 Social security tax withheld
8384 SEA MIST CT	12c \$	5 Medicare wages and tips	6 Medicare tax withheld
WEST CHESTER OH 45069	12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name	I\$ 	9	10 Dependent care benefits
9654605	Conv 2 for State City or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
PRATYUSHA BACHU 525 LOWELL AVE # 14	Copy 2 for State, City, or Local Tax Departments	14 Other	employee plan sick pay
		14 Other	
CINCINNATI OH 45220	a Employee's soc. sec. no		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	858-14-1324 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OH 54-091782 14760.00 302.9		299. <u>1</u> 6	CINCIN
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Department
REV 01/07/21 OSP			
b Employer's Identification number c Employer's name, address, and ZIP code 82-4572697	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld 933.55
MEDITECHSAFE INC	12b	3 Social security wages	4 Social security tax withheld
8384 SEA MIST CT	12c	5 Medicare wages and tips	6 Medicare tax withheld
MECH CHECKED ON 45060	\$ 12d	7 Social security tips	8 Allocated tips
WEST CHESTER OH 45069 e Employee's first name and initial Last name		9	10 Dependent care benefits
9654605	00500404	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
PRATYUSHA BACHU 525 LOWELL AVE # 14	Copy 2 for State, City, or Local Tax Departments	14.00	employee plan sick pay
		14 Other	
CINCINNATI OH 45220	a Employee's soc. sec. no		
f Employee's address and ZIP code 15 State	858-14-1324 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OH 54-091782 14760.00 302.9		F	CINCIN
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Department
b Employer's Identification number Employer's page and 78 and 82 - 4572697	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
C Employer's Hame, address, and ZIF Code	\$ 12b	14760.00 3 Social security wages	933.55
MEDITECHSAFE INC	\$ 2c		
8384 SEA MIST CT	\$	5 Medicare wages and tips	6 Medicare tax withheld
WEST CHESTER OH 45069	12d \$	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name 9 6 5 4 6 0 5	This information is being furnished to the Internal Revenue Service. If you are	9	10 Dependent care benefits
PRATYUSHA BACHU	required to file a tax return, a negligence penalty or other sanction may be imposed on you fits income is taxable and you	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
525 LOWELL AVE # 14	fail to report it. Copy C for Employee's	14 Other	
CINCINNATI OH 45220	Records (see notice to Employee on back.)		
OTI4OTI4I4IIT OII 10770	Employee on Edekily		
f Employee's address and ZIP code	a Employee's soc. sec. no 858-14-1324		
F Employee's address and ZIP code	a Employee's soc. sec. no 858-14-1324 18 Local wages, tips, etc.	19 Local income tax 299.16	20 Locality name CINCIN