							Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an explanation of the contents of the wage boxes on your W-2.						es	125369.7	71 125369.7	1 125369.71	
Please note that the Gross amount shown may include adjustments.						Txbl Benefits 650.0		00 650.0	0 650.00	
					Group Term	Life	163.6	58 163.6	8 163.68	
					Adoption					
					Deferred Co	mp	(3390.14	4)		
					Section 125	i	(16839.58	8) (16839.58	3) (16839.58)	
					Other Preta	x/Wage Limit	(124.80	0) (124.80	(124.80)	
					W-2 Wages		105828.8	37 109219.0	1 109219.01	
D. CONTROL NUMBER 001192399501	This Information is to the Internal Rev		2020	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPEN 10582		2. FEDERAL INCOME TAX	WITHHELD 17924.88	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
06-1119960		834-39-2746			109219.01				6731.28	
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITH		
Ericsson Inc 6300 LEGACY DR					7. SOCIAL SEC	1092	19.01	8. ALLOCATED TIPS	1574.25	
Plano TX 75024					7. SOCIAL SEC	ORITY HPS		8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE B	ENEFITS	
E. EMPLOYEE'S FIRST NAI	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	163.68	
Reddy Sree Charan		Thota						D	3390.14	
5720 Bozeman Drive								W	1999.96	
APT 11513 Plano TX 75024								DD	15313.92	
USA F. EMPLOYEE'S ADDRESS	AND ZIP CODE							13. STATUTORY RETIRIES PLAN	MENT X THIRD PARTY SICK PAY	
15. STATE EMPLOYER	'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	C. 17. STATE INCOME 1	AX	18. LOCAL WAGES,	TIPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 001192399501	This Information is to the Internal Rev		2020	OMB NO	. 1545-0008	1. WAGES, T	PS, OTHER COMPEN 1058	ISATION 328.87		2. FEDERAL INCOME TA	X WITHHELD 17924.88	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
06-1119960 834-39-2746						109219.01			6731.28			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Ericsson Inc							109219.01			1574.25		
6300 LEGACY DR Plano TX 75024					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS				
						9.				10. DEPENDENT CARE E	ENEFITS	
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d C		163.68
Reddy Sree Charan		Thota								D	3	3390.14
5720 Bozeman Drive						14. OTHER				W	1	1999.96
APT 11513										DD	15	5313.92
Plano TX 75024 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIR	EMENT X THIRD SICK PA	
15. STATE EMPLOYER	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	C. 17.	STATE INCOME	TAX	18. LOCAL WAGES	, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NA	AME

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2020

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER	This Information is				1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD		
001192399501 to the Internal Revenue Service		2020	ONID 110. 1545 0000	105828.87			17924.88			
B. EMPLOYER IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
06-1119960		834-39-2746			109219.01			6731.28		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Ericsson Inc						109219.01		1574.25		
6300 LEGACY DR					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Plano TX 75024										
					9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAM	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	163.68	
Reddy Sree Charan		Thota						D	3390.14	
5720 Bozeman Drive					14. OTHER			w	1999.96	
APT 11513								DD	15313.92	
Plano TX 75024								13. STATUTORY RETIR	REMENT X THIRD PARTY	
USA F. EMPLOYEE'S ADDRESS	AND ZIP CODE							EMPLOYEE PLAN		
	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	C. 17. STATE INCOME	ΓΑΧ	18. LOCAL WAGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
										

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2020

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 001192399501	This Information is to the Internal Rev			OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 105828.87	2. FEDERAL INCOME	2. FEDERAL INCOME TAX WITHHELD 17924.88		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER				JRITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
06-1119960 834-39-2746						109219.01		6731.28		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						WAGES AND TIPS	6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD		
Ericsson Inc						109219.01		1574.25		
6300 LEGACY DR Plano TX 75024					7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
					9.		10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST N	AME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	163.68		
Reddy Sree Charan		Thota					D	3390.14		
5720 Bozeman Drive	!				14. OTHER		W	1999.96		
APT 11513							DD	15313.92		
Plano TX 75024 USA F. EMPLOYEE'S ADDRESS	AND ZIP CODE						13. STATUTORY RE	TIREMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER	'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	C. 17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		