22222	a Employee's social security number XXX-XX-0006	OMB No. 1545-0008	
b Employer identification number (EIN) 47-0898744		1 Wages, tips, other compensation 97276.00	2 Federal income tax withheld 9464.84
c Employer's name, address, and ZIP code BIJJAM INFORMATION TECHNOLOGIE 3525 W PETERSON AVE STE 320 CHICAGO IL 60659		3 Social security wages 97276.00	4 Social security tax withheld 6031.11
		5 Medicare wages and tips 97276.00	6 Medicare tax withheld 1410.50
		7 Social security tips	8 Allocated tips
d Control number		9	10 Dependent care benefits
e Employee's first name and initial NAGARJUN	Last name MARAM VENKATA	Suff.	11 Nonqualified plans
21 OAK TER APT 4D SOMERVILLE NJ 08876 f Employee's address and ZIP code			13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐
			14 Other
			12a Code
			12b Code
			12c Code
			12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	470898744	97276.00	4585.00			

Form **W-2** **Wage and Tax Statement** 2020 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

	a Employee's social security number XXX-XX-0006	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 47-0898744			1 Wages, tips, other compensation 97276.00	2 Federal income tax withheld 9464.84
c Employer's name, address, and ZIP code BIJJAM INFORMATION TECHNOLOGIE 3525 W PETERSON AVE STE 320 CHICAGO IL 60659			3 Social security wages 97276.00	4 Social security tax withheld 6031.11
			5 Medicare wages and tips 97276.00	6 Medicare tax withheld 1410.50
			7 Social security tips	8 Allocated tips
d Control number			9	10 Dependent care benefits
e Employee's first name and initial NAGARJUN	Last name MARAM VENKATA	Suff.	11 Nonqualified plans	12a See instructions for box 12 Code
21 OAK TER APT 4D SOMERVILLE NJ 08876 f Employee's address and ZIP code			13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
			14 Other	12c Code
				12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	470898744	97276.00	4585.00			

Form **W-2** **Wage and Tax Statement** 2020 Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.