Copy B To Be Fil	led with Employee's	2020 OMB No. 1545-0008	Copy 2 To Be File	ed With Employee's State	, 2020 OMB No. 1545-0008
		2 Federal income tax withheld 12804.00	•	Wages, tips, other comp. 85400.00	2 Federal income tax withheld 12804.00
	3 Social security wages 85400.00	4 Social security tax withheld 5294.80		3 Social security wages 85400.00	4 Social security tax withheld 5294.80
b Employer ID no. (EIN) = 81 - 3222740	5 Medicare wages and tips 85400.00	6 Medicare tax withheld 1238.30	b Employer ID no. (EIN) 81 – 3222740	Medicare wages and tips 85400.00	6 Medicare tax withheld 1238.30
c Employer's name, add	dress, and ZIP code CORPORATION		c Employer's name, add	ress, and ZIP code CORPORATION	
1333 CORPC SUITE 345 IRVING d Control number	DRATE DR	TX 75038	1333 CORPO SUITE 345 IRVING	RATE DR	TX 75038
e Employee's name, add DIVYA VANI 377 ATHENS NASHVILLE		Suff. TN 37228	e Employee's name, add DIVYA VANI 377 ATHENS NASHVILLE		Suff. TN 37228
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefi	its 11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefit	ts 11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
15 State Employer's sta 18 Local wages, tips, etc.		s, etc. 17 State income tax 20 Locality name	15 State Employer's state 18 Local wages, tips, etc.		os, etc. 17 State income tax 20 Locality name
Form W-2 Wage and Tax This information is being furnis	s Statement hed to the Internal Revenue Service.	Dept. of the Treasury - IRS	Form W-2 Wage and Tax	Statement	Dept. of the Treasury - IRS
This information is being furnis penalty or other sanction may l	hed to the Internal Revenue Service. If you are be imposed on you if this income is taxable and	e required to file a tax return, a negligence d you fail to report it.		REV 01/19/21 QBDT	

Copy C For EMI (See Notice to E	mploy	/ees).			-	20 B No. 1545-0008		
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld				
	85400.00			12804.00				
120-69-0014	3 Social security wages		4 Social security tax withheld					
b Employer ID no. (EIN)	85400.00		5294.80					
	5 Medicare wages and tips		6 Medicare tax withheld					
81-3222740		85400.00		1238.30				
c Employer's name, ac CONNECTIX 1333 CORP	COR	PORAT	de CION					
SUITE 345	01411							
IRVING				T	Χ	75038		
d Control number								
e Employee's name, a DIVYA VAN 377 ATHEN NASHVILLE	I KU	IDUMUI	ĹΑ	ΊΤ	ΛŢ	Suff. 37228		
				.N	3/220			
7 Social security tips		8 Allocated tips		9				
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12				
		Other		12b Code				
Statutory employee				12c Code				
Retirement Plan				120 0000				
				12d Code				
Third-party sick pay			ı					
15 State Employer's state ID number 16 State wages, tip					os, etc. 17 State income tax			
18 Local wages, tips, etc. 19 L			ocal income tax		20 Locality name			
Form W-2 Wage and Ta	x Stater	ment		1		Dept. of the Treasury - IRS		

Copy 2 To Be Filed With Employee's State						, 2020				
City, or Local Inc		OMB No. 1545-0008								
a Employee's SSN	1 Wag	Wages, tips, other comp.		2 Federal income tax withheld						
	85400.00			12804.00						
120-69-0014 3 8		cial security wages		4 Social security tax withheld						
b Employer ID no. (EIN)		85400.00		5294.80						
	5 Med	5 Medicare wages and tips			6 Medicare tax withheld					
81-3222740		85400.00			1238.30					
c Employer's name, ad CONNECTIX	COR	RPORAT	de ΓΊΟΝ							
SUITE 345			TX 75038							
d Control number										
e Employee's name, address, and ZIP code DIVYA VANI KUDUMULA 377 ATHENS WAY APT 310										
NASHVILLE TN 37228										
7 Social security tips		8 Allocated tips		9						
10 Dependent care benefits		11 Nonqualified plans		12	12a Code See inst. for box 12					
13 14 Ot		her		12	12b Code					
Statutory employee					12c Code					
Retirement Plan				1:	12d Code					
Third-party sick pay					_u oc	, do				
15 State Employer's stat	mber	ber 16 State wages, tips,		s, etc. 17 State income tax						
18 Local wages, tips, etc	19 Local ir	D Local income tax		20 Locality name						
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS										