

<b>b Employer's Identification number</b>		81-0930594		<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>
<b>c Employer's name, address, and ZIP code</b>		ITSYNTAX INC 207 EAST HOLLY AVENUE SUITE #203 STERLING VA 20164		\$	70596.15	9193.09
<b>e Employee's first name and initial</b>		Last name 6856902		<b>12b</b>	<b>3 Social security wages</b>	<b>4 Social security tax withheld</b>
				\$	15500.00	961.00
<b>f Employee's address and ZIP code</b>		SAIKIRAN GUNDU JAYENDER 15180 OLD HICKORY POINT APT 1003 NASHVILLE TN 37211		<b>12c</b>	<b>5 Medicare wages and tips</b>	<b>6 Medicare tax withheld</b>
				\$	15500.00	224.75
				<b>12d</b>	<b>7 Social security tips</b>	<b>8 Allocated tips</b>
				\$		
This information is being furnished to the Internal Revenue Service				<b>9</b>	<b>10 Dependent care benefits</b>	
				<b>11 Nonqualified plans</b>	<b>13 Statutory employee</b> <input type="checkbox"/> <b>Retirement plan</b> <input type="checkbox"/> <b>Third-party sick pay</b> <input type="checkbox"/>	
<b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b>				<b>14 Other</b>		
<b>a Employee's soc. sec. no</b>				692-83-0656		
<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>	<b>20 Locality name</b>
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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<b>Copy 2 for State, City, or Local Tax Departments</b>				<b>14 Other</b>		
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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 STATE, CITY, or LOCAL Tax Departments

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