

b Employer's Identification number c Employer's name, address, and ZIP code		45-2329780 VISUAL IT SERVICES, INC 305 CIMARRON TRAIL SUIT:160 IRVING TX 75063		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
				DD \$ 5699.98	99300.02	11461.00
				12b \$	3 Social security wages	4 Social security tax withheld
					99300.02	6156.60
				12c \$	5 Medicare wages and tips	6 Medicare tax withheld
					99300.02	1439.85
				12d \$	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name		2462551		This information is being furnished to the Internal Revenue Service		9
				Copy B To Be Filed with Employee's FEDERAL Tax Return		10 Dependent care benefits
				a Employee's soc. sec. no		11 Nonqualified plans
				793-45-7821		13 Statutory employee Retirement plan Third-party sick pay
						14 Other
f Employee's address and ZIP code						
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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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e Employee's first name and initial Last name		2462551		Copy 2 for State, City, or Local Tax Departments		10 Dependent care benefits
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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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e Employee's first name and initial Last name		2462551		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		10 Dependent care benefits
				Copy C for Employee's Records (see notice to Employee on back.)		11 Nonqualified plans
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