FORM W-2 Wage and Tax Statement Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.

If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

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	This information is being furnishe to the Internal Revenue Service	2020	OMB N	O. 1545-0008	1 WAGES	s, TIPS, OTHER COMPENSATION 50432.29		2 FEDERAL IN		1ELD 21.00	and the are
B. EMPLOYER IDENTIFICATIO 43-2054614	N NUMBER		81-476	URITY NUMBER	3 SOCIAI	L SECURITY WAGES 54186.04		4 SOCIAL SEC		HELD 59.53	
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HARIHARAN J. 527 HYDRANG					14 OTHER	3		D		3753	
CONCORD, NC					I OTTAL			W C		2100 70	0.80
F. EMPLOYEE'S ADDRESS AN	D ZIPCODE							DD		10837	7.68
15 STATE EMPLOYER'S ST		16 STATE WAGES, TIPS,		17 STATE INCOME		18 LOCAL WAGES, TIPS, ETC.	19 LOCA	L INCOME TAX	20 LOCAL	ITY NAME	
NC 6005224	*12	50432	. 29	240	7.00	Manager Associates (No. 1)	<u> </u>				
D. CONTROL NUMBER	This information is being fur	rnished	OVE NO	4545.0000	1 WAGES	, TIPS, OTHER COMPENSATION	OLD AND	TEAR ALONG 2 FEDERALING			
B. EMPLOYER IDENTIFICATION I	to the internal Revenue Ser	A EMPLOYEE'S SOCI		1545-0008	3 SOCIAL	50432.29 SECURITY WAGES		4 SOCIAL SEC		21.00	
43-2054614		633-81				54186.04			33.	59.53	
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E. EMPLOYEE'S FIRST NAME AN HARIHARAN J				SUFF.	11 NONQU	IALIFIED PLANS		12 a-d D		3753 2100	
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F. EMPLOYEE'S ADDRESS AND			I			Les 004 M050 TIDO 570	Lucioni	Employee	Plan	A Sick pay	Ш
NC 60052241	2000-200-200-200-200-200-200-200-200-20	6 STATE WAGES, TIPS,E 50432	awan j	17 STATE INCOME 1 2.4.0	7.00	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	INCOME TAX	20 LOCALIT	YNAME	
Copy 2 To be filed v					020		Dept. o	the Treasur	y - Internal f	Revenue Se	ervice
FORM W-2 Wag				۷ ر	<i>J</i> <u>L</u> U	FC	OLD AND	TEAR ALONG	PERFORATI	ON	
D. CONTROL NUMBER	This information is being fur to the Internal Revenue Ser	nished vice	OMB NO.	1545-0008	1 WAGES	TIPS, OTHER COMPENSATION		2 FEDERAL INC			
B. EMPLOYER IDENTIFICATION N		A. EMPLOYEE'S SOCIA		NOTE AND DESCRIPTION OF THE PARTY OF THE PAR	3 SOCIAL S	50432.29 SECURITY WAGES		4 SOCIAL SEC	Z 1 Z URITY TAX WITHH	21.00 ELD	
43-2054614 C. EMPLOYER'S NAME, ADD	RESS AND ZIP CODE	633-81	-4766		5 MEDICAF	54186.04 RE WAGES AND TIPS	200.00	6 MEDICARE 1	335	59.53	
FIS MANAGEM	MENT SERVICES	LLC				54186.04				35.70	
10TH FLOOR	DE AVE				7 SOCIAL S	SECURITY TIPS		8 ALLOCATED	TIPS		
601 RIVERSI JACKSONVILI	E, FL 32204				9	ekokon son Sentin olar a	0.0	10 DEPENDANT (CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AN				SUFF.		ALIFIED PLANS		12 a-d		275	7.5
HARIHARAN J				OUFF.	/ NUNUU/	PLATE CO PONYS		D W			3.75
527 HYDRANG CONCORD, NC				-1	14 OTHER			C			0.80
CONCORD, NC	20021					(A)		DD 13 Statutory [Retirement	10837	
F. EMPLOYEE'S ADDRESS AND 15 STATE EMPLOYER'S STA		S STATE WAGES, TIPS,E	TC I 4	7 STATE INCOME T	AX I	18 LOCAL WAGES, TIPS, ETC.	191 000	Employee INCOME TAX	Plan 20 LOCALIT	A Sick pay	
NC 60052241	AND THE RESERVE OF TH	50432			7.00		I LOUAL	TOWN TAX	20 LOGALII		
Copy 2 To be filed	with Employee's ST	ATE, CITY or LC	OCAL tax	return 2	020		Dept. of	the Treasur	y - Internal F	Revenue Se	ervice

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER	This information is being futo the Internal Revenue Se	mished rvice OMB	NO. 1545-0008	1 WAGES	, TIPS, OTHER COMPENSATION 50432.29		2 FEDERALINCOM	ME TAX WITHHELD 2121.00	
B. EMPLOYER IDENTIFICATION	NUMBER	A. EMPLOYEE'S SOCIAL SECURITY NUMBER		3 SOCIAL SECURITY WAGES		4 SOCIAL SECURITY TAX WITHHELD			
43-2054614		633-81-4766		54186.04			3359.53		
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE				5 MEDICA	RE WAGES AND TIPS		6 MEDICARE TAX WITHHELD		
FIS MANAGEMENT SERVICES LLC					54186.04		785.70		
10TH FLOOR 601 RIVERSIDE AVE JACKSONVILLE, FL 32204				7 SOCIAL	SECURITY TIPS		8 ALLOCATED TIPS		
				9			10 DEPENDANT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AN			SUFF.	11 NONQU	ALIFIED PLANS		^{12 a-d} D	3753.75	
HARIHARAN JAGADEESAN						W	2100.00		
527 HYDRANGEA CIR NW CONCORD, NC 28027 F. EMPLOYEE'S ADDRESS AND ZIPCODE					14 OTHER		C	70.80	
								10837.68	
							13 Statutory Employee	Retirement X Third-Party Sick pay	
15 STATE EMPLOYER'S STA	ATE I.D. NO. 1	STATE WAGES, TIPS,ETC.	17 STATE INCOME	ΓΑX	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	NCOME TAX	20 LOCALITY NAME	
NC 60052241	2	50432.29	240	7.00					

Copy B To be filed with Employee's FEDERAL tax return FORM W-2 Wage and Tax Statement

2020

Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

Visit www.irs.gov/efile for e-file details.

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W-2 AND WAGE SUMMARY

969670 CONCORD, NC 28027 227 HYDRANGEA CIR NW HARIHARAN JAGADEESAN

Corporation Ceridian **DIA9 U.S POSTAGE** 1st CLASS **PRESORTED**

TACKSONVILLE, FL 32204 **901 KINEKSIDE PAE** 10TH FLOOR

FIS MANAGEMENT SERVICES LLC



WITH THIS SIDE UP, SLIDE FINGER BETWEEN FRONT AND MIDDLE PANEL, SLIDE FINGER UP TO OPEN