

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

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.

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		2020	OMB NO. 1545-0008	1 WAGES, TIPS, OTHER COMPENSATION	2 FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER		A. EMPLOYEE'S SOCIAL SECURITY NUMBER		43-2054614	633-81-4766	50432.29	2121.00
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE		13 Statutory Employee		Retirement Plan		3 SOCIAL SECURITY WAGES	
FIS MANAGEMENT SERVICES LLC 10TH FLOOR 601 RIVERSIDE AVE JACKSONVILLE, FL 32204		<input type="checkbox"/>		<input checked="" type="checkbox"/>		54186.04	
		Third-Party Sick Pay		7 SOCIAL SECURITY TIPS		4 SOCIAL SECURITY TAX WITHHELD	
		<input type="checkbox"/>		54186.04		3359.53	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME		SUFF.		9		6 MEDICARE WAGES AND TIPS	
HARIHARAN JAGADEESAN						785.70	
527 HYDRANGAEA CIR NW				11 NONQUALIFIED PLANS		8 MEDICARE TAX WITHHELD	
CONCORD, NC 28027				14 OTHER		8 ALLOCATED TIPS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE		12 a-d		10 DEPENDANT CARE BENEFITS		11	
15 STATE EMPLOYER'S STATE I.D. NO.		16 STATE WAGES, TIPS, ETC.		17 STATE INCOME TAX		18 LOCAL WAGES, TIPS, ETC.	
NC 600522412		50432.29		2407.00		19 LOCAL INCOME TAX	
						20 LOCALITY NAME	

FOLD AND TEAR ALONG PERFORATION

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FIS MANAGEMENT SERVICES LLC 10TH FLOOR 601 RIVERSIDE AVE JACKSONVILLE, FL 32204		<input type="checkbox"/>		<input checked="" type="checkbox"/>		54186.04	
		Third-Party Sick Pay		7 SOCIAL SECURITY TIPS		4 SOCIAL SECURITY TAX WITHHELD	
		<input type="checkbox"/>		54186.04		3359.53	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME		SUFF.		9		6 MEDICARE WAGES AND TIPS	
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15 STATE EMPLOYER'S STATE I.D. NO.		16 STATE WAGES, TIPS, ETC.		17 STATE INCOME TAX		18 LOCAL WAGES, TIPS, ETC.	
NC 600522412		50432.29		2407.00		19 LOCAL INCOME TAX	
						20 LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return 2020
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C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE		13 Statutory Employee		Retirement Plan		3 SOCIAL SECURITY WAGES	
FIS MANAGEMENT SERVICES LLC 10TH FLOOR 601 RIVERSIDE AVE JACKSONVILLE, FL 32204		<input type="checkbox"/>		<input checked="" type="checkbox"/>		54186.04	
		Third-Party Sick pay		7 SOCIAL SECURITY TIPS		4 SOCIAL SECURITY TAX WITHHELD	
		<input type="checkbox"/>		54186.04		3359.53	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME		SUFF.		9		6 MEDICARE WAGES AND TIPS	
HARIHARAN JAGADEESAN						785.70	
527 HYDRANGAEA CIR NW				11 NONQUALIFIED PLANS		8 MEDICARE TAX WITHHELD	
CONCORD, NC 28027				14 OTHER		8 ALLOCATED TIPS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE		12 a-d		10 DEPENDANT CARE BENEFITS		11	
15 STATE EMPLOYER'S STATE I.D. NO.		16 STATE WAGES, TIPS, ETC.		17 STATE INCOME TAX		18 LOCAL WAGES, TIPS, ETC.	
NC 600522412		50432.29		2407.00		19 LOCAL INCOME TAX	
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D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION 50432.29		2 FEDERAL INCOME TAX WITHHELD 2121.00	
B. EMPLOYER IDENTIFICATION NUMBER 43-2054614			A. EMPLOYEE'S SOCIAL SECURITY NUMBER 633-81-4766			3 SOCIAL SECURITY WAGES 54186.04		4 SOCIAL SECURITY TAX WITHHELD 3359.53	
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE FIS MANAGEMENT SERVICES LLC 10TH FLOOR 601 RIVERSIDE AVE JACKSONVILLE, FL 32204					5 MEDICARE WAGES AND TIPS 54186.04		6 MEDICARE TAX WITHHELD 785.70		
					7 SOCIAL SECURITY TIPS		8 ALLOCATED TIPS		
					9		10 DEPENDANT CARE BENEFITS		
					11 NONQUALIFIED PLANS		12 a-d		
E. EMPLOYEE'S FIRST NAME AND INITIAL HARIHARAN JAGADEESAN 527 HYDRANGEA CIR NW CONCORD, NC 28027					14 OTHER		D 3753.75 W 2100.00 C 70.80 DD 10837.68		
					13 Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-Party Sick pay <input type="checkbox"/>				
F. EMPLOYEE'S ADDRESS AND ZIP CODE		15 STATE NC		EMPLOYER'S STATE I.D. NO. 600522412		16 STATE WAGES, TIPS, ETC. 50432.29		17 STATE INCOME TAX 2407.00	
		18 LOCAL WAGES, TIPS, ETC.		19 LOCAL INCOME TAX		20 LOCALITY NAME			

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

2020

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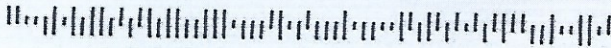
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Visit www.irs.gov/efile for e-file details.

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W-2 AND WAGE SUMMARY

969696



0181 1800471 28027

HARIHARAN JAGADEESAN
527 HYDRANGEA CIR NW
CONCORD, NC 28027

IMPORTANT TAX DOCUMENT ENCLOSED

PRESORTED
1st CLASS
U.S. POSTAGE
PAID
Cerdian
Corporation

FIS MANAGEMENT SERVICES LLC
10TH FLOOR
601 RIVERSIDE AVE
JACKSONVILLE, FL 32204



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