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|--|--|--|--|---|--|--|--|--|--|-------------------------|--|
| b Employer's Identification number | | 85-2722473 | | 12a See instructions for Box 12 | | 1 Wages, tips, other compensation | | 2 Federal income tax withheld | | | |
| c Employer's name, address, and ZIP code | | UNICON SYSTEMS INC. 1212 CORPORATE DR IRVING TX 75038 | | \$ | | 7500.00 | | 129.99 | | | |
| e Employee's first name and initial | | Last name 14493736 | | 12b | | 3 Social security wages | | 4 Social security tax withheld | | | |
| | | | | \$ | | 7500.00 | | 465.00 | | | |
| f Employee's address and ZIP code | | GAYATHRI KASOJJALA 7348 PARKRIDGE BLVD IRVING TX 75038 | | 12c | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| | | | | \$ | | 7500.00 | | 108.75 | | | |
| | | | | 12d | | 7 Social security tips | | 8 Allocated tips | | | |
| | | | | \$ | | | | | | | |
| | | | | This information is being furnished to the Internal Revenue Service | | 9 | | 10 Dependent care benefits | | | |
| | | | | Copy B To Be Filed with Employee's FEDERAL Tax Return | | 11 Nonqualified plans | | 13 Statutory employee Retirement plan Third-party sick pay | | | |
| | | | | a Employee's soc. sec. no | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| | | | | 031-02-2024 | | 14 Other | | | | | |
| | | | | | | | | | | | |
| 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 | |
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| 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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