				• • • • • • • • • • • • • • • • • • •	ind rax otatement
2020	1 Wages, tips, other comp. 2747.42	2 Federal income tax withheld 68.08	2020	1 Wages, tips, other comp. 2747.42	2 Federal income tax withheld 68.08
a Employee's SSN	3 Social security wages	4 Social security tax withheld	a Employee's SSN	3 Social security wages	4 Social security tax withheld
844-79-7818	2747.42	170.34	844-79-7818	2747.42	170.34
b Employer ID No. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld	b Employer ID No. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
27-3553310	2747.42	39.84	27-3553310	2747.42	39.84
© Employer's name, address and ZIP code PROGRESSIVE EMPLOYER MANAGEMENT 101 RIVERFRONT BLVD SUITE 300 BRADENTON, FL 34205			c Employer's name, address and ZIP code PROGRESSIVE EMPLOYER MANAGEMENT 101 RIVERFRONT BLVD SUITE 300 BRADENTON, FL 34205		
d Control number			d Control number		
SOLAI & CAMERON	I. INC.		SOLAI & CAMERON, INC.		
e — f Employee's name, addres MOUNIKA REDD YEDI 4850 VERACITY PT AF SANFORD, FL 32771-7	ss and ZIP code _A PT 246		e — f Employee's name, addres MOUNIKA REDD YEDI 4850 VERACITY PT AF SANFORD, FL 32771-7	ss and ZIP code LA PT 246	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a code See instr. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a code See instr. for box 12
13 Statutory employee Retir	ement plan Third-party sick pay	12b code	13 Statutory employee Retir	rement plan Third-party sick pay	12b code
14 Other	11 11	12c code	14 Other		12c code
		12d code			12d code
15 State Employer's state ID no	. 16 State wages, tips, etc.	17 State income tax	15 State Employer's state ID no	. 16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
fail to report it.  Copy C — For EMPLOYEE' Notice to Employee on the		Form W-2 OMB No. 1545-0008	Copy 2 — To Be Filed With State, City, or Local Incom		Form W-2 OMB No. 1545-0008
2020	1 Wages, tips, other comp.	2 Federal income tax withheld	2020	1 Wages, tips, other comp.	2 Federal income tax withheld
a Employee's SSN	3 Social security wages	4 Social security tax withheld	a Employee's SSN	3 Social security wages	4 Social security tax withheld
844-79-7818	2747.42	170.34	844-79-7818	2747.42	170.34
b Employer ID No. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld	b Employer ID No. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
27-3553310	2747.42	39.84	27-3553310	2747.42	39.84
c Employer's name, address an PROGRESSIVE EMPL 101 RIVERFRONT BLV BRADENTON, FL 3420	OYER MANAGEMENT /D SUITE 300		c Employer's name, address an PROGRESSIVE EMPL 101 RIVERFRONT BLV BRADENTON, FL 3420	OYER MANAGEMENT VD SUITE 300	
d Control number			d Control number		
SOLAI & CAMERON			SOLAI & CAMERON, INC.		
e — f Employee's name, addres MOUNIKA REDD YED 4850 VERACITY PT AF SANFORD, FL 32771-7	LA PT 246		e — f Employee's name, addres MOUNIKA REDD YED 4850 VERACITY PT AF SANFORD, FL 32771-7	LA PT 246	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a code See instr. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a code See instr. for box 12
13 Statutory employee Retirement plan Third-party sick pay 12b code			13 Statutory employee Retir	rement plan Third-party sick pay	12b code
14 Other		12c code	14 Other		12c code
		12d code			12d code
AE CLANE	Lie et :				
15 State Employer's state ID no	o. 16 State wages, tips, etc.	17 State income tax	15 State Employer's state ID no	o. 16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Department of the Treasury — Internal Revenue Service

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Form W-2

Wage and Tax Statement

Department of the Treasury — Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Copy B — To Be Filed With Employee's Form W
FEDERAL Tax Return Wage and Tax S

Form W-2

Wage and Tax Statement

OMB No. 1545-0008