



Employee Reference Copy W-2 Wage and Tax Statement Copy C for employee's records.		2020 OMB No. 1545-0008	
d Control number 000055	Dept. R6/6VW	Corp.	Employer use only A 27
c Employer's name, address, and ZIP code HANCE INCORPORATED 200 CENTENNIAL AVE SUITE 202 PISCATAWAY, NJ 08854 Batch #93247			
e/f Employee's name, address, and ZIP code SREEKANTH YARRA 6726 DELEON ST IRVING, TX 75039			
b Employer's FED ID number 31-1825499	a Employee's SSA number XXX-XX-3445		
1 Wages, tips, other comp. 30720.00	2 Federal income tax withheld 5148.69		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
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		

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	30,720.00	30,720.00	30,720.00
Reported W-2 Wages	30,720.00	0.00	0.00

2. Employee Name and Address.

**SREEKANTH YARRA
6726 DELEON ST
IRVING, TX 75039**

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e/f Employee's name, address and ZIP code SREEKANTH YARRA 6726 DELEON ST IRVING, TX 75039			
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		
Federal Filing Copy W-2 Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.		2020 OMB No. 1545-0008	

1 Wages, tips, other comp. 30720.00	2 Federal income tax withheld 5148.69		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
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7 Social security tips	8 Allocated tips		
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11 Nonqualified plans	12a		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code SREEKANTH YARRA 6726 DELEON ST IRVING, TX 75039			
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		
State Reference Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.		2020 OMB No. 1545-0008	

1 Wages, tips, other comp. 30720.00	2 Federal income tax withheld 5148.69		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000055	Dept. R6/6VW	Corp.	Employer use only A 27
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7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code SREEKANTH YARRA 6726 DELEON ST IRVING, TX 75039			
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		
City or Local Reference Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return.		2020 OMB No. 1545-0008	