2020 W-2 and Earnings Summary

Form W-2 W	age and Tax Statement
Copy C — For EMPLOY This Information is being furnished to the to file a tax return, a negligence penalty or imposed on you if this income is taxable a	
Control 03288 0034	4 00005
Employer's name, address, and ZIP code VICTORY BUSINE 1842 OLD NORCE LAWRENCEVILLE	
Employee's name, address, and ZIP code VENKATESHWAR] 750 W BASELII TEMPE AZ 852	NE ROAD, APT 10
66000.0 1 Wages, tips, other comp.	
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
	12b
13 Statutory Retirement Third-party sick pay	12c
Employee's social security no 180-89-1782	
Employer ID number (EIN) 20 - 8422497	
15 st. Employer's state ID number AZ 208422497	16 State wages, tips, etc. 17 State income tax 66000.00 528.00
18 Local wages, tips, etc.	19 Local income tax 20 Locality name

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Less: Excess Wages Total Reported Wages	\$66,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A \$66,000.00	\$66,000.00 (\$66,000.00) N/A \$0.00 \$0.00 \$0.00	\$66,000.00 (\$66,000.00) N/A \$0.00 \$0.00 N/A \$0.00
	Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2
Tax Withheld	\$9,474.00		

AZ State Wages, Tips, etc. Box 16 of W-2 Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Total Reported Wages \$66,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$66,000.00

> **AZ State Income Tax** Box 17 of W-2 \$528.00

Tax Withheld

VENKATESHWARLU KOMURAVELLY 750 W BASELINE ROAD, APT 1084 TEMPE, AZ 85283

The Form W-2 Box 1 wages are the Gross Weges as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 careteria plan deductions, etc.

Form W-2

Form W-2	wage and	lax Statement
Copy B - To Be Fil	ed With	5050
Employee's FEDERAL	Tax Return.	OMB No. 1545-0008
This information is being furnished to		Department of Treasury -

Control number 03288 0034 00005

VICTORY BUSINESS SOLUTIONS INC 1842 OLD NORCROSS RD STE 200 LAWRENCEVILLE GA 30044-8802

Employee's name, address, and ZIP code
VENKATESHWARLU KOMURAVELLY 750 W BASELINE ROAD, APT 10

TEMPE AZ 8528	33
66000.0 1 Wages, tips, other comp.	
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
13 Statutory Retirement Third-party sick pay	
Employee's social security no 180-89-1782	D. 14
Employer ID number (EIN) 20 - 8422497	1
15 St. Employer's state ID number AZ 208422497	16 State wages, tips, etc. 17 State income ta 66000.00 528.00
18 Local wages, tips, etc.	19 Local income tax 20 Locality name

	_	e and	Tax	Statement
Copy 2 — To Be Filed		-1		CUCU OMB No. 1545-0008
Employee's State, City, or Income Tax Return.	Loca	ai	De	partment of Treasury -
Control 02200 002	4	000		emai Revenue Service
number 0.3.2.8.8 00.3 Employer's name, address, and ZIP code	_	000	-	
VICTORY BUSIN		SOL	UTI	ONS INC
1842 OLD NORCE	ROS	SRI	ST	E 200
LAWRENCEVILLE				
	-			000=
Employee's name, address, and ZIP codd VENKATESHWAR 750 W BASELI TEMPE AZ 852	LU NE			VELLY APT 10
66000.0	00		C	9474.00
1 Wages, tips, other comp		2 Feder		me tax withheld
		4 Ci-		it dan withhal
3 Social security wages		4 Socia	secui	rity tax withheld
5 Medicare wages and tipe			_	x withheld
7 Social security tips	1	B Alloca	ated tip	ps
9		10 Depe	ndent	care benefits
11 Nonqualified plans		12a		-
		12b	-	-
13 Statutory Retirement Third-party sick pay		12c	+	
employee plan sick pay	-	12d	+	-
Employee's social security r	_	14		
180-89-1782				
Employer ID number (EtN)				
20-8422497				
15 St. Employer's state ID number	16 s	tate wages,	tips, etc.	17 State income ta
	-	6000	.00	528.00
AZ 208422497	0	0000		

Copy 2 — To Be Filed With Employee's State, City, or Local		2020 OMB No. 1545-0008
Income Tax Return.	Department of Treasury - Internal Revenue Service	
Control 03288 003)5	
Employer's name, address, and ZIP code		
VICTORY BUSINE	ESS SOL	UTIONS INC
1842 OLD NORCE	ROSS RD	STE 200
LAWRENCEVILLE	GA 300	44-8802
Employee's name, address, and ZIP code VENKATESHWAR		URAVELLY
750 W BASELI		D, APT 10
TEMPE AZ 852		D, API 10
TEMPE AZ 052	03	
66000.0	10	9474.00
1 Wages, tips, other comp		al income tax withheld
3 Social security wages	4 Social	security tax withheld
5 Medicare wages and tips	6 Medic	care tax withheld
7 Social security tips	8 Alloca	ited tips
9	10 Deper	ndent care benefits
11 Nonqualified plans	12a	
	12b	
13 Statutory Retirement Third-part sick pay	12c	
	12d	
Employee's social security r	10. 14	
180-89-1782		
Employer ID number (EIN) 20-8422497		
15 St. Employer's state ID number	16 State wages, 1	tips, etc. 17 State income ta:
AZ 208422497	66000.	
18 Local wages, tips, etc.	19 Local income	tax 20 Locality name

Wage and Tax Statement