Copy BTo Be Filed With This information is being funishe			ON	1B No. 1545-0008		To Be Filed With Emp Income Tax Return	oloyee's State, (	City,		OMB No. 1545-0008	
a. Employee's social security no		os, other compensation	2. Federal inc	ome tax withheld	a. Employe	ee's social security number	1. Wages, tips,	other compensation	2. Fede	ral income tax withheld	
681945659		13093.70		681945659		82416.59			13093.70		
001913039	3. Social security wages 4.		4. Social se	4. Social security tax withheld				3. Social security wages 82416.59		4. Social security tax withheld	
b. Employer ID number (EI			0.14 "	5109.83	b. Emplo	yer ID number (EIN)	- 14 "		0.11	5109.83	
82-3307131	-3307131 5. Medicare wages and tips 82416.59		6. Medicare	tax withheld 1195.04	82-3307131		5. Medicare wages and tips 82416.59		6. Med	licare tax withheld $1195.0$	
c. Employer's name, addre	ss, and ZIP code					yer's name, address, ar	nd ZIP code				
CodeIgnitors Inc	_					gnitors Inc					
3616 Kirkwood Hwy WILMINGTON, DE 19						Kirkwood Hwy NGTON, DE 19808	3				
d. Control number					d. Contro	ol number					
e. Employee's name, addre	ess, and ZIP code				e. Emplo	yee's name, address, a	and ZIP code				
Shruthi Chada					Shrut	hi Chada					
5024 STABLE RII	OGE PL.				5024	STABLE RIDGE P	L.				
GLEN ALLEN, VA	23059				GLEN	ALLEN, VA 2305	9				
7. Social security tips	8. Allocated t	8. Allocated tips 9. Verification Code			7. Social	security tips	8. Allocated tips			erification Code	
10. Dependent care benefits 11. Nonqualified plans		ied plans	12a. Code See inst. for Box 12		10. Dependent care benefits		11. Nonqualified plans		12a	. Code See inst. for Box	
13. Statutory employee 14. Other			12b. Code		13. Statu	13. Statutory employee		14. Other		. Code	
Retirement plan		12c. Code		Retirement plan				12c	. Code		
Third-party sick pay			12d. Cod	le	Thir	d-party sick pay			12d	. Code	
VA 30-823307131F-001 824:		6.59 4222.68		VA 30-8233071		31F-001 82416		<u> </u> 5.59	4222.0		
5. State Employer's state ID number 16. State wages, ti		os, etc. 17.State income tax		15. State Employer's state ID		number 16. State wages, tips		s, etc.	17.State income tax		
18. Local wages, tips, etc. 19. Local income tax 20. Locality nam			name	18. Local wages, tips, etc. 1		19. Local incom					
Form W-2 Wage and Tax	Statement	2020 Department	of the Treasury	Internal Revenue Service	Form W-	2 Wage and Tax State	ement	2020 Depart	ment of the	Treasury ~ Internal Revenue Se	
Copy CFor EMPLOYEE'S RE his information is being furnished to the eturn, a negligence penalty or other sar	CORDS(See Notice to Internal Revenue Service.	Employee.) If you are required to file a tax	ON	IB No. 1545-0008	Copy 2	To Be Filed With Emp	oloyee's State, (	City,		OMB No. 1545-0008	
a. Employee's social security nu		os, other compensation	2 Federal inc	ome tay withhold		Income Tax Return	1 Wages tips	other compensation	2 Fodo	ral income tax withheld	
	81945659		2. Federal income tax withheld 13093.70				1. Wages, tips, other compensation 82416.59		2.1 eue	13093.7	
681945659			4. Social se	4. Social security tax withheld		681945659				Social sececutity tax withheld	
. Employer ID number (EI		82416.59		5109.83		yer ID number (EIN)		82416.59	5109.8		
82-3307131	5. Medicar			6. Medicare tax withheld		307131	5. Medicare wages and tips		6. Medicare tax withheld		
		82416.59		1195.04				82416.59		1195.0	
Employer's name, addre	ss, and ZIP code					yer's name, address, ar	nd ZIP code				
CodeIgnitors Inc 3616 Kirkwood Hwy	7					gnitors Inc Kirkwood Hwy					
WILMINGTON, DE 19						NGTON, DE 19808	3				
d. Control number					d. Contro	ol number					
e. Employee's name, addre	ess, and ZIP code				e. Emplo	yee's name, address, a	and ZIP code				

b. Employer ID number (EIN)		'	02410.39			3109.63			
82-3307131		5. Medicare wages and tips 6			6. Me	6. Medicare tax withheld			
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o Employ	er's name, address, ar	nd ZID anda							
	ers name, address, ar mitors Inc	id ZIP Code							
_	•								
	irkwood Hwy IGTON, DE 19808								
WITHITI	1G10N, DE 19000								
d. Control	number								
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	ee's name, address, a	nd ZIP code							
Shru	ıthi Chada								
5024 STABLE RIDGE PL.									
GLEN	N ALLEN, VA 230	159							
	1				_				
7. Social security tips		8. Allocated tips				9. Verification Code			
10. Dependent care benefits		11. Nonqualified plans			12	a. Code See inst. for Box 12			
13. Statutory employee		14. Other			12	12b. Code			
Retirement plan					12	12c. Code			
Third-party sick pay					12	12d. Code			
VA 30-8233071		1F-001 82416.			.59	4222.68			
15. State Employer's state ID		umber 16. State wages, tips,			s,	17.State income tax			
18. Local wages, tips, etc.		9. Local income tax 20. Locality nam			ame				
	Ĭ								
Form W-2	Wage and Tax State	ment	2020	Departm	nent of th	ne Treasury ~ Internal Revenue Service			

82-3307131		5. Medicare v	5. Medicare wages and tips 6			6. Medicare tax withheld			
		82416.59			1195.04				
	er's name, address, a	and ZIP code							
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d. Control	number								
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5024	STABLE RIDGE	PL.							
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7. Social security tips		8. Allocated tips				9. Verification Code			
10. Dependent care benefits		11. Nonqualified plans				12a. Code See inst. for Box 12			
13. Statutory employee		14. Other				12b. Code			
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	Employer's state II	number	16. S	tate wages, tips	э,	17.Otate moonie tax			
15. State	Employer's state ID wages, tips, etc.	number 19. Local income		20. Locailty na	_	Tribute income tax			