


Copy B—To Be Filed With Employee's FEDERAL Tax Return.		OMB No. 1545-0008	
a Employee's soc. sec. no. 711-38-1387	1 Wages, tips, other comp. 85112.57	2 Federal income tax withheld 11766.14	
b Employer ID number (EIN) 80-0451564	3 Social security wages 90692.77	4 Social security tax withheld 5622.95	
	5 Medicare wages and tips 90692.77	6 Medicare tax withheld 1315.05	
c Employer's name, address, and ZIP code TraceLink, Inc. 400 Riverpark Dr Ste 200 North Reading, MA 01864			
d Control number			
e Employee's name, address, and ZIP code Sudha Mallavarapu 3238 Winton Rd S E25 Rochester, NY 14623			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 93.60	
13 Statutory employee	14 Other	12b Code	
	NY PFL 196.72	D 5580.20	
Retirement plan X	NY SDI 31.20	12c Code W 750.00	
Third-party sick pay		12d Code DD 7967.79	
NY 8001451564	85112.57	4379.84	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury - IRS  
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return		OMB No. 1545-0008	
a Employee's soc. sec. no. 711-38-1387	1 Wages, tips, other comp. 85112.57	2 Federal income tax withheld 11766.14	
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Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		OMB No. 1545-0008	
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Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury - IRS  
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury - IRS

BW24UP NTF 2583656 0 BW24UP


00229551004752020200002296510036734



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  
 RETIREMENT SERVICES  
 TCS AMERICA  
 550 S. 4TH STREET, N9310-08J  
 MINNEAPOLIS, MN 55415-1529

PAYER'S TIN: 41-6257133      RECIPIENT'S TIN: XXX-XX-1387

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  
 SUDHA MALLAVARAPU  
 3238 SOUTH WINTON ROAD  
 APT E25  
 ROCHESTER, NY 14623

10 Amount allocable to IRR within 5 years: \$  
 11 1st year of desig. Roth contrib.  
 12 FATCA filing requirement:   
 Account number (see instructions): 00000TCS      Tracking #: 65000016694463T1      13 Date of Payment

FORM 1099-R      www.irs.gov/form1099r

1 Gross distribution: \$ 16143.11      2b Taxable amount not determined:   
 2a Taxable amount: \$ 0.00      Total distribution:   
 3 Capital gain (included in box 2a): \$      4 Federal income tax withheld: \$  
 5 Employee contributions / Designated Roth contributions or insurance premiums: \$      6 Net unrealized appreciation in employer's securities: \$  
 7 Distribution code(s): G      IRA/SEP/SIMPLE:       8 Other: \$ %  
 9a Your percentage of total distribution: %      9b Total employee contributions: \$  
 14 State tax withheld: \$      15 State/Payer's state no.: NY 416257133  
 17 Local tax withheld: \$      18 Name of locality: \$

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0119  
2020

Form 1099-R  
Distributions  
From Pensions,  
Annuities,  
Retirement or  
Profit-Sharing  
Plans, IRAs,  
Insurance  
Contracts, etc.

COPY B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.

16 State distribution: \$  
 17 Local distribution: \$

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  
 RETIREMENT SERVICES  
 TCS AMERICA  
 550 S. 4TH STREET, N9310-08J  
 MINNEAPOLIS, MN 55415-1529

PAYER'S TIN: 41-6257133      RECIPIENT'S TIN: XXX-XX-1387

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0119  
2020

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Distributions  
From Pensions,  
Annuities,  
Retirement or  
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COPY C

For Recipient's  
Records

This information is being furnished to the Internal Revenue Service.

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 17 Local distribution: \$

CORRECTED (if checked)

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Department of the Treasury - Internal Revenue Service

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2020

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Distributions  
From Pensions,  
Annuities,  
Retirement or  
Profit-Sharing  
Plans, IRAs,  
Insurance  
Contracts, etc.

COPY 2

File this copy with your state, city, or local income tax return when required.

16 State distribution: \$  
 17 Local distribution: \$

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