



**W-2** Wage and Tax Statement **2020**  
 Copy C for employee's records. OMB No. 1545-0008

**d** Control number 000151 Dept. RO/MHK Corp. Employer use only 45

**c** Employer's name, address, and ZIP code  
**SUPRASOFT INC**  
 830 E HIGGINS RD STE 111J  
 SCHAUMBURG, IL 60173

Batch #92083

**e/f** Employee's name, address, and ZIP code  
**VINITHA VANGAL PRABHAKAR**  
 1550 SUNSTONE DRIVE  
 MCLEAN, VA 22102

**b** Employer's FED ID number 36-4183029 **a** Employee's SSA number XXX-XX-2598

**1** Wages, tips, other comp. 3760.00 **2** Federal income tax withheld 353.74

**3** Social security wages 3760.00 **4** Social security tax withheld 233.12

**5** Medicare wages and tips 3760.00 **6** Medicare tax withheld 54.52

**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	3,760.00	3,760.00	3,760.00
Reported W-2 Wages	3,760.00	3,760.00	3,760.00

2. Employee Name and Address.

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**W-2** Wage and Tax Statement **2020**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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**W-2** Wage and Tax Statement **2020**  
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

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