



Employee Reference Copy <b>W-2</b> Wage and Tax Statement Copy C for employee's records.		2020 OMB No. 1545-0008	
d Control number 000071	Dept. K5/JOJ	Corp.	Employer use only A 4
c Employer's name, address, and ZIP code ITIAM LLC 44790 MAYNARD SQ STE 230 ASHBURN, VA 20147 6514  Batch #94125			
e/f Employee's name, address, and ZIP code KISHORE PULIGUNDLA 687 E ROYAL LN APT 2111 IRVING, TX 75039			
b Employer's FED ID number 27-5278201	a Employee's SSA number XXX-XX-8072		
1 Wages, tips, other comp. 93933.00	2 Federal income tax withheld 9627.24		
3 Social security wages 93933.00	4 Social security tax withheld 5823.85		
5 Medicare wages and tips 93933.00	6 Medicare tax withheld 1362.03		
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	93,933.00	93,933.00	93,933.00
Reported W-2 Wages	93,933.00	93,933.00	93,933.00

2. Employee Name and Address.

**KISHORE PULIGUNDLA**  
687 E ROYAL LN  
APT 2111  
IRVING, TX 75039

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

1 Wages, tips, other comp. 93933.00	2 Federal income tax withheld 9627.24		
3 Social security wages 93933.00	4 Social security tax withheld 5823.85		
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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 KISHORE PULIGUNDLA 687 E ROYAL LN APT 2111 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		
<b>W-2</b> Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.		<b>2020</b> OMB No. 1545-0008	

1 Wages, tips, other comp. 93933.00	2 Federal income tax withheld 9627.24		
3 Social security wages 93933.00	4 Social security tax withheld 5823.85		
5 Medicare wages and tips 93933.00	6 Medicare tax withheld 1362.03		
d Control number 000071	Dept. K5/JOJ	Corp.	Employer use only A 4
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b Employer's FED ID number 27-5278201	a Employee's SSA number XXX-XX-8072		
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 KISHORE PULIGUNDLA 687 E ROYAL LN APT 2111 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		
<b>W-2</b> Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return.		<b>2020</b> OMB No. 1545-0008	