Conv R To Bo E	ilod w	ith Emn	lovee's	202	20	Con	v 2 To Bo E	ilad M	lith Emr	lovee's State	20	20
Copy B To Be F FEDERAL Tax R					<b>20</b> B No. 1545-0008	City	or Local Inc			oloyee's State, urn.	OM	<b>20</b> B No. 1545-0008
a Employee's SSN	1 Wag	es, tips, oth	er comp. 72231.02	2 Federa	l income tax withheld 10844.00		oloyee's SSN	1 Wag	es, tips, otl	ner comp. 72231.02	2 Federa	al income tax withheld 10844.00
863-49-0603	3 Socia	al security v		4 Social s	security tax withheld		-49-0603	3 Soci	al security		4 Social	security tax withheld
<b>b</b> Employer ID no. (EIN)	E Madi		72231.02	C Madiaa	4478.32	<b>b</b> Emp	loyer ID no. (EIN)	E Mad		72231.02	C Madia	4478.32 are tax withheld
13-4347611			72231.02	o iviedica	1047.35		4347611			72231.02	<b>6</b> iviedica	1047.35
c Employer's name, ad IZEAL INC	ddress, a	nd ZIP code	Э				ployer's name, ad ZEAL INC	ldress, a	and ZIP cod	le		
46090 LAKI STE 100 STERLING	E CE	NTER	PLZ	VA	20165-5878	ST	090 LAKI E 100 ERLING	E CE	NTER	PLZ	VA	20165-5878
d Control number						<b>d</b> Cor	trol number					
e Employee's name, ac GOUTHAM S. 30882 ISH ASHBURN	AI A	TLURI		2 VA	Suff. 20147	GC 30	oloyee's name, ac DUTHAM SA 1882 ISHI SHBURN	AI A	TLURI		2 VA	suff. 20147
7 Social security tips		8 Allocated	d tips	9		7 Soci	ial security tips		8 Allocate	ed tips	9	
10 Dependent care bene	efits	11 Nonqual	ified plans	<b>12a</b> Co	ode See inst. for box 12	<b>10</b> Dep	endent care bene	efits	11 Nonqua	alified plans	<b>12a</b> C	ode See inst. for box 12
13	14 Ot		4154 00	<b>12b</b> C	ode	13		14 Ot		4174 00	<b>12b</b> C	ode
Statutory employee	HIT	h_Ins	4174.98	12c C	ode	Statutor	y employee	HIT.	h_Ins	4174.98	12c C	ode
Retirement Plan						Retireme	ent Plan					
Third-party sick pay				<b>12d</b> Co	ode	Third-pa	rty sick pay				<b>12d</b> C	ode
VA 30-13434	7611	F-001	7223	1.02	3638.00	VA	30-13434	7611	F-001	7223	1.02	3638.00
15 State Employer's s	tate ID n	umber	16 State wages, tips	s, etc.	17 State income tax	15 State	Employer's stat	te ID nur	mber	16 State wages, tips	s, etc.	17 State income tax
18 Local wages, tips, etc	C.	19 Local in	come tax	<b>20</b> Loca	ality name	18 Loc	al wages, tips, etc	c.	19 Local ir	ncome tax	<b>20</b> Localit	y name
Form W-2 Wage and Ta This information is being furn	x Staten ished to th	nent e Internal Rev	renue Service.	•	Dept. of the Treasury - IR	S Form V	V-2 Wage and Ta	x Stater	nent			Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. 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.

Copy C For EMI (See Notice to E	PLOY	EE'S RE rees).	CORDS.		<b>20</b> 2	<b>20</b> B No. 1545-0008		
a Employee's SSN				2 Fe	Prederal income tax withheld			
a Employee's core					10844.00			
863-49-0603	3 Soci	Social security wages 4			Social security tax withheld			
<b>b</b> Employer ID no. (EIN)	72231.02				4478.32			
b Employer ID no. (Env)	5 Medicare wages and tips 6				Medicare tax withheld			
13-4347611		72231.02			1047.35			
c Employer's name, ac IZEAL INC 46090 LAK								
STE 100 STERLING					⁄A	20165-5878		
d Control number								
GOUTHAM S. 30882 ISH: ASHBURN			_		⁄A	20147		
7 Social security tips	8 Allocated tips							
10 Dependent care bene	efits	11 Nonqualified plans			12a Code See inst. for box 12			
13	<b>14</b> Ot				12b Code			
Statutory employee	Hlt	th_Ins 4174.98			12c Code			
Retirement Plan		12d			<b>2d</b> Co	d Code		
Third-party sick pay								
VA 30-13434	7611	F-001 72231			3638.0			
15 State Employer's stat	e ID nur	nber	per 16 State wages, tips, et			tc. 17 State income tax		
18 Local wages, tips, et		19 Local in				y name		

REV 12/22/20 QBDT

City	2 To Be Fi	led W	ith Emp	oloyee's State						
City, c	or Local Inc					B No. 1545-0008				
a Emplo	oyee's SSN	1 Wag	es, tips, ot		2 Federal income tax withheld 10844.00					
				72231.02						
863-	49-0603	3 Socia	al security	· ·	4 Social security tax withheld					
<b>b</b> Employer ID no. (EIN)				72231.02		4478.32				
		5 Medi	care wage		6 Medica	6 Medicare tax withheld				
13-4	1347611			72231.02	1047.35					
460	oyer's name, ad EAL INC 090 LAK E 100									
	ERLING				VA	20165-5878				
	ol number									
308	UTHAM S 382 ISH HBURN			ER APT 30	2 VA	20147				
7 Social	security tips		8 Allocate	ed tips	9					
10 Dependent care benefits			11 Nonqua	alified plans	12a Code See inst. for box 12					
13 140			her		12b Code					
Statutory employee H1		Hlt	lth_Ins 4174.98							
Retirement Plan					12c Code					
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Third-party	sick pay									
VA	30-13434	7611	F-001	7223	1.02 3638.00					
J				16 State wages, tip	s, etc.	17 State income tax				
<b>15</b> State 1	Employer's stat	e ID nun	nbei	io State wages, the						
	Employer's stat wages, tips, etc		19 Local ir		20 Locality					