

a Employee's SSN 885-40-7917		1 Wages, tips, other compensation 57363.20		2 Federal income tax withheld 7573.86	
OMB No. 1545-0008		3 Social security wages 15043.20		4 Social security tax withheld 932.68	
b Employer identification number 27-3167155		5 Medicare wages and tips 15043.20		6 Medicare tax withheld 218.13	
c Employer's name, address, and ZIP code FORTE CONSTRUCTION CORP. 926 LINCOLN AVENUE HOLBROOK, NY 11741					
e Employee's first name and initial SUNDER		Last name P MANNEMALA		Suff.	
21 PATERSON ST JERSEY CITY, NJ 07307					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b		NY SDI		31.20	
12c		NY PFL		154.82	
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number NY 273167155		16 State wages, tips, etc. 57363.20		17 State income tax 2781.46	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

a Employee's SSN 885-40-7917		1 Wages, tips, other compensation 57363.20		2 Federal income tax withheld 7573.86	
OMB No. 1545-0008		3 Social security wages 15043.20		4 Social security tax withheld 932.68	
b Employer identification number 27-3167155		5 Medicare wages and tips 15043.20		6 Medicare tax withheld 218.13	
c Employer's name, address, and ZIP code FORTE CONSTRUCTION CORP. 926 LINCOLN AVENUE HOLBROOK, NY 11741					
d Control number		7 Social security tips		8 Allocated tips	
e Employee's first name and initial SUNDER		Last name P MANNEMALA		Suff.	
21 PATERSON ST JERSEY CITY, NJ 07307					
f Employee's address and ZIP code					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
9		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b		NY SDI		31.20	
12c		NY PFL		154.82	
12d					
15 State Employer's state ID number NY 273167155		16 State wages, tips, etc. 57363.20		17 State income tax 2781.46	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 885-40-7917		1 Wages, tips, other compensation 57363.20		2 Federal income tax withheld 7573.86	
OMB No. 1545-0008		3 Social security wages 15043.20		4 Social security tax withheld 932.68	
b Employer identification number 27-3167155		5 Medicare wages and tips 15043.20		6 Medicare tax withheld 218.13	
c Employer's name, address, and ZIP code FORTE CONSTRUCTION CORP. 926 LINCOLN AVENUE HOLBROOK, NY 11741					
e Employee's first name and initial SUNDER		Last name P MANNEMALA		Suff.	
21 PATERSON ST JERSEY CITY, NJ 07307					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b		NY SDI		31.20	
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13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number NY 273167155		16 State wages, tips, etc. 57363.20		17 State income tax 2781.46	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020** Copy C - For EMPLOYEE'S RECORDS.

a Employee's SSN 885-40-7917		1 Wages, tips, other compensation 57363.20		2 Federal income tax withheld 7573.86	
OMB No. 1545-0008		3 Social security wages 15043.20		4 Social security tax withheld 932.68	
b Employer identification number 27-3167155		5 Medicare wages and tips 15043.20		6 Medicare tax withheld 218.13	
c Employer's name, address, and ZIP code FORTE CONSTRUCTION CORP. 926 LINCOLN AVENUE HOLBROOK, NY 11741					
e Employee's first name and initial SUNDER		Last name P MANNEMALA		Suff.	
21 PATERSON ST JERSEY CITY, NJ 07307					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b		NY SDI		31.20	
12c		NY PFL		154.82	
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number NY 273167155		16 State wages, tips, etc. 57363.20		17 State income tax 2781.46	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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.