							Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an explanation of the contents of the wage boxes on your W-2.						Gross Wages 93538.		8 93538.0	93538.08	
Please note that t					Txbl Benefits 143.0			4 143.0	143.04	
					Group Term	Life	31.6	8 31.6	58 31.68	
					Adoption					
					Deferred Co	omp	(8964.02	2)		
					Section 125	;	(874.80	(874.8	0) (874.80)	
					Other Preta	x/Wage Limit				
					W-2 Wages		83873.9	8 92838.	92838.00	
D. CONTROL NUMBER 000278484301	This information is being furnished OMP NO 1E4E 0009				1. WAGES, TIPS, OTHER COMPENSATION 83873.98			2. FEDERAL INCOME TAX WITHHELD 11507.34		
B. EMPLOYER IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	SOCIAL SECURI	TY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
20-3469219 641-59-7300						9283	8.00		5755.96	
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT		
Infor (US), Inc. 13560 Morris Road					7 00000 050	9283		O ALLOCATED TIPO	1346.15	
Suite 4100					7. SOCIAL SEC	URITY TIPS		8. ALLOCATED TIPS		
Alpharetta GA 30004						9. 10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'S FIRST NAM	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS	1	12.a-d C	31.68	
Santosh		Bucch	anahalli Gov	indaraju				D	8964.02	
6463 Tranquilo					14. OTHER			W	620.00	
3075 Irving TX 75039								DD	6903.84	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE							1	13. STATUTORY RETIR	EMENT X THIRD PARTY SICK PAY	
15. STATE EMPLOYER'	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ETC.	17. STATE INCOME 1	AX	18. LOCAL WAGES,	TIPS, ETC. 19. L	OCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 000278484301	This Information i to the Internal Re		2020	ОМВ	NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPE 83	NSATION 873.98	2. FEDERAL INCOME T	AX WITHHELD 11507.34		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY 1	4. SOCIAL SECURITY TAX WITHHELD		
20-3469219 641-59-7300						92838.00				5755.96		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							WAGES AND TIPS	i	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Infor (US), Inc.							92	838.00		1346.15		
13560 Morris Road Suite 4100						7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Alpharetta GA 30004						9.			10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUAL	IFIED PLANS		12.a-d C	31.68			
Santosh Bucchanahalli Govindaraju								D	8964.02			
6463 Tranquilo	6463 Tranquilo								W	620.00		
3075									DD	6903.84		
Irving TX 75039 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RET	REMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYE	R'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME	TAX	18. LOCAL WAGE	S, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2020

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

	mation is being furnis ernal Revenue Service		OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION 83873.98	2. FEDERAL INCOME T	2. FEDERAL INCOME TAX WITHHELD 11507.34		
B. EMPLOYER IDENTIFICATION NUM	BER A. EMPLO	YEE'S SOCIAL SECU	RITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
20-3469219	641-59-7	7300			92838.00		5755.96		
C. EMPLOYER'S NAME, ADDRESS, A	ND ZIP CODE			5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD					
Infor (US), Inc.				92838.00 1346.15					
13560 Morris Road Suite 4100 Alpharetta GA 30004				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Alpharetta GA 30004				9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND IN	ITIAL LA	ST NAME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	31.68		
Santosh	Bi	ucchanahalli Go	ovindaraju			D	8964.02		
6463 Tranquilo 3075 Irving TX 75039				14. OTHER		W DD	620.00 6903.84		
USA F. EMPLOYEE'S ADDRESS AND ZIP C	ODE					13. STATUTORY RET	REMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER'S STATE I.	D. NO. 16. STATE	WAGES, TIPS, ET	2. 17. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2020

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

	nformation is be Internal Reven	٠ .	2020	OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 83873.98			2. FED	2. FEDERAL INCOME TAX WITHHELD 11507.34		
B. EMPLOYER IDENTIFICATION N	JRITY NUME	3. SOCIAL SE	URITY WAGES		4. SOC	4. SOCIAL SECURITY TAX WITHHELD						
20-3469219 641-59-7300							9	2838.00		5755.96		
C. EMPLOYER'S NAME, ADDRESS		5. MEDICARE	WAGES AND TI	PS	6. MEI	6. MEDICARE TAX WITHHELD						
Infor (US), Inc.	Infor (US), Inc.							2838.00		1346.15		
13560 Morris Road Suite 4100 Alpharetta GA 30004							URITY TIPS		8. ALLO	8. ALLOCATED TIPS		
Alpharetta GA 30004		9.			10. DEP	10. DEPENDENT CARE BENEFITS						
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.							11. NONQUALIFIED PLANS				31.68	
Santosh		Buccha	anahalli G	ovindaraji	J					D	8964.02	
6463 Tranquilo						14. OTHER				W	620.00	
3075										DD	6903.84	
Irving TX 75039 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STA'	TUTORY RETI	REMENT X THIRD PARTY SICK PAY	
15. STATE EMPLOYER'S STATE	E I.D. NO. 1	16. STATE WAGE	ES, TIPS, ET	C. 17.	STATE INCOME T	AX	18. LOCAL WAG	SES, TIPS, ETC.	19. LOCAL	INCOME TAX	20. LOCALITY NAME	