Copy B To Be F FEDERAL Tax R	iled w Return	ith Em	oloyee's)20 MB No. 1545-0008	Copy City,	y 2 To Be F or Local Inc	come	Tax Re			2020 DMB No. 1545-0008
a Employee's SSN	1 Wag		her comp. 88616.00	2 Feder	al income tax withheld	a Emp	oloyee's SSN	1 Wag	ges, tips, o	ther comp.	2 Fed	eral income tax withheld
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e Employee's name, a ALIMASTAN 5602 PRES SAN ANTON	SHA	IK		# 14 TX		AL 56	oloyee's name, as IMASTAN 02 PRES N ANTON	SHA IDIC	AIK	ode KWAY APT :	# 14 TX	
7 Social security tips		8 Allocate	ed tips	9		7 Soci	al security tips		8 Allocat	ed tips	9	
10 Dependent care bene	efits	11 Nonqua	alified plans	12a (Code See inst. for box 12	10 Dep	endent care bene	efits	11 Nonqu	alified plans	12a	Code See inst. for box 12
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Statutory employee						Statutory	y employee				1	
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Third-party sick pay	<u> </u>		1			Third-pa	rty sick pay					
15 State Employer's s	state ID r	umber	16 State wages, tij	os etc	17 State income tax	15 State	Employer's stat	te ID nui	mber	16 State wages, tip	os etc	17 State income tax
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This information is being furn penalty or other sanction may	nished to th	e Internal R	evenue Service. If you a	re required	to file a tax return, a negligence				RE	EV 12/09/20 QBDT		
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(See Notice to Employees).										
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b Employer ID no. (EIN)										
S Employer IS no. (Em)	5 Medicare wages and tips				6 Medicare tax withheld					
30-0476265										
c Employer's name, address, and ZIP code SANN IT SOLUTIONS INC										
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e Employee's name, address, and ZIP code Suff. ALIMASTAN SHAIK 5602 PRESIDIO PARKWAY APT # 140										
7 Social security tips	8 Allocated tips									
10 Dependent care bene	fits 11 Nonqualified plans				12a Code See inst. for box 12					
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					12d Code					
Third-party sick pay										
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax										
18 Local wages, tips, etc	о.	19 Local income tax			20 Locality name					
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS										