2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy

2 Wage and Tax
Statement Copy C for employee's records.

Dept.

097901 LOS2/MU5 792100

Corp. Employer use only

Employer's name, address, and ZIP code 602-201-54 AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

Batch #01766

e/f Employee's name, address, and ZIP code

MAHITHA SREE TAMMINEEDI 2312 3RD AVENUE **UNIT 302**

SEATTLE WA 98121

SEATTLE WA 98121					
b Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-4490				
1 Wages, tips, other comp.	2 Federal income tax withheld				
63769.78	12342.71				
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12 C 72.00				
14 Other	12b AAI 2590.59				
14 Other	12c DDI 3801.06				
	12d				
	13 Stat emp. Ret. plan 3rd party sick p				
15 State Employer's state ID n	o. 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	63,849.64	63,849.64	63,849.64
Plus GTL (C-Box 12)	72.00	72.00	72.00
Less Other Cafe 125	151.86	151.86	151.86
Less Exempt Wages	N/A	63,769.78	63,769.78
Reported W-2 Wages	63,769.78	0.00	0.00

Note - Fringe benefits include: Other \$7,000.00

2. Employee Name and Address.

MAHITHA SREE TAMMINEEDI 2312 3RD AVENUE UNIT 302 SEATTLE WA 98121

O 2020 ADP, Inc.

Fold and Detach Here

1 Wages, tips, other c 6376	omp. 69.78	2 Federal income tax with 12342				
3 Social security wage	es	4 Social security tax withheld				
5 Medicare wages and	d tips	6 Medicare tax withheld				
d Control number	Dept.	Corp.	Emplo	yer use only		
097901 LOS2/MU5	792100		A	55012		
c Employer's name, a	ddress, a	nd ZIP coo	le 602	-201-54		
AMAZON	COM	SERVI	CES L	LC		

PO BOX 80726 SEATTLE WA 98108

b Employ	er's FED ID number 82-0544687	a Employee's SSA number XXX-XX-4490					
7 Social	security tips	8 Allocated tips 10 Dependent care benefits					
9							
11 Nonque	lified plans	12a See instru	uctions for box 12 72.00				
14 Other		12b AA	2590.59				
		12c DD	3801.06				
	12d						
		13 Stat emp. Ret. plan 3rd party sick p					

MAHITHA SREE TAMMINEEDI 2312 3RD AVENUE **UNIT 302**

SEATTLE WA 98121

15 State Employer's state ID no. 16 State wages, tips, etc. 18 Local wages, tips, etc. 17 State income tax 20 Locality name 19 Local income tax

Federal Filing Copy 2 Wage and Tax Statement Statement

1 Wages, tips, other	3769.78	2 Federal income tax withheld 12342.71				
3 Social security w	ages	4 Social security tax withheld 6 Medicare tax withheld				
5 Medicare wages	and tips					
d Control number	Dept	Corp.	Empl	oyer use only		
097901 LOS2/MU	J5 792100		A	55012		
c Employer's name	e, address, a			-20		

MAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-4490 8 Allocated tips					
7	Social security tips						
9		10 Dependent care benefits					
11	Nonqualified plans	12a C	72.00				
14	Other	12b AA	2590.59				
		12c DD	3801.06				
		12d					
		13 Stat emp. Ret	L plan 3rd party sick pay				

e/f Employee's name, address and ZIP code MAHITHA SREE TAMMINEEDI

2312 3RD AVENUE UNIT 302 SEATTLE WA 98121

15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 20 Locality name

State Reference Copy 2 Wage and Tax 20
Statement

3 5	colal courie was				12342.71
	Social security wages 4 Social security tax with Medicare wages and tips 6 Medicare tax withheld				
5 M					
	Control number 901 LOS2/MU5	Dept. 792100	Corp.	Emp	loyer use only 55012

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-4490					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a C 72.00					
14	Other	12b AA 2590.59					
		12c DD 3801.06					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					

e/f Employee's name, address and ZIP code MAHITHA SREE TAMMINEEDI 2312 3RD AVENUE UNIT 302

SEATTLE WA 98121

15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 20 Locality name

City or Local Reference Copy 2 Wage and Tax Statement

E 1	095-C
	rtment of the Treasury
intern	al Revenue Service

Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records. Go to www.irs.gov/form1095C for instructions and the latest information. 2 Social security number (SSN) XXX-XX-4490 Applicable Large Employer Member (En

VO	ID				
CO	RR	E	CT	E	0

12 State or province WA

P00750

2020

Parti	Empi	oyee				
Name of en	nployee	(first name,	middle	initial,	last	name)

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN 82-0544687

MAHITHA SREE

TAMMINEEDI

7 Name of employer AMAZON.COM SERVICES LLC

3 Street address (including apartment no.) 2312 3RD AVENUE UNIT 302 4 City or town SEATTLE

5 State or province WA

9 Street address (including room or suite no.) PO BOX 81226 6 Country and ZIP or foreign postal code US 98121 SEATTLE

866-644-2696

13 Country and ZIP or foreign postal code US 98108

Part II Employ	ee Offer of Co	overage		Employee's	s Age on Janua	ary 1		Plan Start Mon	th (enter 2-digit no	umber): 04			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	111	111	1H	111	1H	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	s	\$	\$	\$	\$ 31.00	s 31.00	\$ 31.00	s 31.00	s 31.00	s 31.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2C
17 ZIP Code			100										

For Privacy Act and Paperwork Reduction Act Notice, see separate instruction

Cat. No. 60705M

Form 1095-C (2020)

Form 1095-C (2020

Page 3

Part III Covered Individuals [Femployer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.							1000								
(a)	Name of covered individual(s) name, middle initial, last name	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage s Jan Feb Mar Apr May June July Aug				Sept	Sept Oct Nov D		D			
18 MAHITHA SREE	TAMMINEEDI	XXX-XX-4490							×	×	×	×	×	×	
19															
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Form1095-C (2020)



Forwarding Service Requested

740573/gec004-1167404-A3INTS1/-R078/00000000 MAHITHA SREE TAMMINEEDI 2312 3RD AVE UNIT 302

SEATTLE WA 98121-1736

Combined Statement For Form 1099-INT for Tax Year 2020

Interest Income - Copy B - For Recipient
OMB No. 1545-0112

PAYER'S TIN 13-3571598

CUSTOMER SERV PH# 855-730-7283

RECIPIENT'S TIN
XXX-XX-4490

☐ FATCA Filing requirement

KEEP FOR YOUR RECORDS

ACCOUNT NUMBER	IRS DESCRIPTION	IRS BOX#	AMOUNT
300037026389	Interest Income	1	27.74
	Early Withdrawal Penalty	2	0.00
	Interest on U.S. Savings Bonds and Treas. Obligations	3	0.00
	Federal Income Tax Withheld	4	0.00
	Investment Expenses	5	0.00
	Foreign Tax Paid	5 6 7	0.00
	Foreign Country or U.S. Possession		
	Tax-exempt Interest	8 9	0.00
	Specified Private Activity Bond Interest	9	0.00
	Market Discount	10 11	0.00
	Bond Premium		0.00
	Bond Premium on Treasury Obligations	12	0.00
	Bond premium on tax-exempt bond	13	0.00
	Tax exempt and tax credit bond CUSIP no.	14	
	State	15	
	State Identification No.	16	
	State Tax Withheld	17	0.00





This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

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2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy

2 Wage and Tax
Statement
OMB No. 1545-0008

d Control number Dept 042763 LOS2/NFT 792100

Employer use only 24264

Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

Batch #01763

e/f Employee's name, address, and ZIP code MAHITHA SREE TAMMINEEDI 2312 3RD AVENUE **UNIT 302**

19 Local income tax

SEATTLE WA 98121	
b Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-4490
1 Wages, tips, other comp. 35997.08	2 Federal income tax withheld 7490.35
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b AA 480.77
14 Other	12c DDI 4434,57
	12d
	13 Stat emp. Ret. plan 3rd party sick pa
15 State Employer's state ID n	o. 16 State wages, tips, etc.
OH 54-0854783	35997.08
17 State income tax 1250.91	18 Local wages, tips, etc.
40 1 11	00.1 111

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	OH. State Wages Tips, Etc. Box 16 of W-2
Gross Pay	36,019.22	36,019.22	36,019.22	36,019.22
Plus GTL (C-Box 12)	16.62	16.62	16.62	16.62
Less Other Cafe 125	38.76	38.76	38.76	38.76
Less Exempt Wages	N/A	35,997.08	35,997.08	N/A
Reported W-2 Wages	35,997.08	0.00	0.00	35,997.08

2. Employee Name and Address.

MAHITHA SREE TAMMINEEDI 2312 3RD AVENUE UNIT 302 SEATTLE WA 98121

O 2020 ADP Inc.

Fold and Detach Here

2 Federal income tax withheld 7490.35
4 Social security tax withheld
6 Medicare tax withheld
Corp. Employer use only
T 24264

20 Locality name

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b Employer's FE 82-05	D ID number 44687	a Employee's SSA number XXX - XX - 4490		
7 Social security	/ tips	8 Allocated tips		
9		10 Deper	dent care	benefits
11 Nonqualified p	lans	12a See	instructio	ns for box 12 16.62
14 Other		12b AA	EMMIN	480.77
		12c DD	P RIFE	4434.57
		12d		
		13 Stat em	p. Ret. plan	3rd party sick pay
e/f Employee's n	ame, address a	nd ZIP co	de	

MAHITHA SREE TAMMINEEDI 2312 3RD AVENUE UNIT 302

SEATTLE WA 98121

19 Local income tax

15 State OH 54-0854783 | 16 State wages, tips, etc. 35997.08 18 Local wages, tips, etc. 17 State income tax 1250.91

20 Locality name

Federal Filing Copy 2 Wage and Tax 2020 Statement OMB No. 1545-0008 d with employed's Federal Income Tax Helium.

	Wages, tips, other of 3599	97.08	2 Feder	al income	7490.35
3	Social security wag	es	4 Socia	l security	tax withheld
5	Medicare wages an	d tips	6 Medic	are tax w	rithheld
	Control number 2763 LOS2/NFT	Dept. 792100	Corp.	Empl	oyer use only 24264

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a Employee'	s SSA number X-XX-4490	
7	Social security tips	8 Allocated tips		
9		10 Dependent	care benefits	
11	Nonqualified plans	12a C	16.62	
14	Other	12b AA	480.77	
		12c DD	4434.57	
		12d		
		13 Stat emp. Ret	plan 3rd party sick pay	

MAHITHA SREE TAMMINEEDI 2312 3RD AVENUE UNIT 302 SEATTLE WA 98121

17 State income tax 18 Local wages, tips, etc. 1250.91 20 Locality name

OH.State Reference Copy -2 Wage and Tax 2020 Statement e filed with employee's State Income Tax Redurn.

1 Wages, tips, other comp. 35997.08	2 Federal income tax withheld 7490.35
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept. 042763 LOS2/NFT 792100	
C Employer's name address	and 7ID ands

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

Ь	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-4490		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a C	16.62	
14	Other	12b AA	480.77	
		12c DD	4434.57	
		12d		
		13 Stat emp. R	et plan 3rd party sick pay	

2312 3RD AVENUE UNIT 302 SEATTLE WA 98121

15 State Employer's state ID no. OH 54-0854783 16 State wages, tips, etc. 35997.08 17 State income tax 18 Local wages, tips, etc 1250.91 19 Local income tax 20 Locality name

OH.State Filing Copy 2 Wage and Tax
Statement
with employee's State Income Tax Re