2020 W-2 and EARNINGS SUMMARY



2307.30

Social security tax withheld 1675.24

Employee Reference Wage and Tax Statement Copy C for employee's records.
d Control number Employer use only RB/TUL Employer's name, address, and ZIP code INFOCOGNIZE

13800 COPPERMINE **ROAD** HERNDON, VA 20171

Batch #90480

e/f Employee's name, address, and ZIP code LAXMI PRASANNA TUMMALA 18006 LANAI ISLE DR **TAMPA**, FL 33647

b	Employ	er's FE	D ID numb 2 5423	er	а	Emp		ee's SS/		
1	Wages	, tips, o	ther comp.		2	Fede	ral	income	tax with	nheld
			27020.0	00					230	7.30
3	Social	security	wages		4	Socia	al s	security	tax with	held
			27020.0	00					167	5.24
5 Medi		care wages and tips		6 Medicare tax withheld						
27020.00			00	391.79						
7	Social	security	tips		8	Alloc	ate	d tips		
9					10	Deper	nde	nt care	benefits	3
11	Nonqualified plans		*******	12:	a See i	nsti	ructionsfo	r box 12		
14	041	Other			12	b	1			
14	Other				12	C				
			12	d						
			13	Stat e	mp	Ret. plan	3rd party	y sick pay		
15	State	Employe	r's state l	D no	. 16	State	W	ages, tip	s, etc.	
17	State i	ncome ta	ax		18	Loca	l w	ages, tip	s, etc.	
19	Local	income 1	ax		20	Loca	lity	name		

27020.00 2307.30 Social security wages 27020.00 Social security tax withheld 1675.24 Medicare tax withheld 391.79 Medicare wages and tips 27020.00 Control number Dept. Employer use only 000020 RB/TUL 13 Employer's name, address, and ZIP code

INFOCOGNIZE INC 13800 COPPERMINE ROAD HERNDON, VA 20171

b	Employer's FED ID number 80-0725423	a Employee's SSA number XXX-XX-1594					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a See instructions for box 12					
14	Other	12b					
		12c					
		12d					
		13 Stat emp Ret. plan 3rd party sick pay					
e/f	e/f Employee's name, address and ZIP code						

LAXMI PRASANNA TUMMALA 18006 LANAI ISLE DR **TAMPA, FL 33647**

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

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

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 Social Security Medicare Compensation Wages Wages Box 5 of W-2 Box 3 of W-2 Box 1 of W-2

27,020.00 27,020.00 27,020.00 Gross Pav Reported W-2 Wages 27,020.00 27,020.00 27,020.00

2. Employee Name and Address.

LAXMI PRASANNA **TUMMALA** 18006 LANAI ISLE DR **TAMPA, FL 33647**

2 Federal income tax withheld

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Wages, tips, other comp.

TAMPA, FL 33647

17 State income tax

19 Local income tax

	270	2307.30					
3	Social security wage 2702	es 20.00	4 Social security tax withheld 1675.24				
5	Medicare wages and 2702	6 Medicare tax withheld 391.79					
d	Control number	Dept.	Corp.	Employ	er use only		
00	00020 RB/TUL			Α	13		
b	13800 CO HERNDON, Employer's FED ID 80-072542	VA number	20171 a Emplo	XXX-X	A number X-1594		
9	Social security tips		8 Allocated tips 10 Dependent care benefits				
11	Nonqualified plans		12 a				
14	Other		12b 12c 12d 13 Stat em	p. Ret. plan	3rd party sick pay		
e/f Employee's name, address and ZIP code LAXMI PRASANNA TUMMALA 18006 LANAI ISLE DR							

5	Medicare wages an 270	6 Medicare tax withheld 391.79					
d	Control number	Dept.	Corp.	Employer	use only		
00	0020 RB/TUL			Α	13		
С	Employer's name, a	address, ar	nd ZIP cod	le			
	INFOCOGN 13800 CO HERNDON,	PPERMI		ROAD			
b	Employer's FED ID 80-072542			yee's SSA n			
7	Social security tips		8 Allocated tips				
9			10 Depend	dent care be	nefits		
11	Nonqualified plans	*************	12a				
14	Other		12b				
			12c				
			12d				
			13 Stat en	p. Ret. plan 3rd	l party sick		
e/f	Employee's name,	address an	d ZIP cod	е			
18	XXMI PRASAN 006 LANAI I AMPA, FL 330	SLE DI	UMMAL R	A			

15 State Employer's state ID no. 16 State wages, tips, etc.

or Local Reference

Wage and Tax

Statement

Copy 2 to be filed with employee's City or Local Income Tax Return

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local income tax

City

Wages, tips, other comp

Social security wages 27020.00

27020.00

State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

18 Local wages, tips, etc.

20 Locality name

15 State Employer's state ID no. 16 State wages, tips, etc.