| b Employer's Identification number 82-2961139 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tay withheld |
|---|---|--|--|
| b Employer's Identification number c Employer's name, address, and ZIP code | \$ | 78601.60 | 10354.37 |
| SANCTITYINTERNATIONAL LLC | 12b | 3 Social security wages | 4 Social security tax withheld |
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| 1225 LAUREL ST, STE 414 | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
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| COLUMBIA SC 29201-5830 | I & | 7 Gooda Scourty tips | o Allocated tips |
| e Employee's first name and initial Last name | | 9 | 10 Dependent care benefits |
| 11942605 | This information is being furnished to the Internal Revenue Service | | |
| KUSUMA LATHA KATAPALLY | | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| 125 WATERSVILLE DR | Copy B To Be Filed with | | |
| | Employee's FEDERAL | 14 Other | |
| COLUMBIA SC 29229-8142 | Tax Return | | |
| CODOMDIA SC 27227 0142 | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code | 203-27-8660 | | |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 116832044 | 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 | OMB # 1545-0008 | Copy B To Be Filed V | Nith Employee's FEDERAL Tax Return |
| | | | |
| | 12a See instructions for Box 12 | | |
| b Employer's Identification number c Employer's name, address, and ZIP code 82-2961139 | | 1 Wages, tips, other compensation 78601.60 | 10354.37 |
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| | Copy 2 for State, City, or | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
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| f Employee's address and ZIP code | 203-27-8660 | | |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC 116832044 78601.60 | | + | |
| Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy 2 To Be Filed With Employee's ST | ATE, CITY, or LOCAL Tax Department |
| 2020 | | | |
| | | | |
| REV 01/07/21 OSP | | | |
| REV 01/07/21 OSP b Employer's Identification number 9.2 - 2061130 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| B Employer's Identification number c Employer's name, address, and ZIP code 82-2961139 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation 78601.60 | 2 Federal income tax withheld 10354.37 |
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| b Employer's Identification number c Employer's name, address, and ZIP code 82-2961139 | \$ 12b \$ | 78601.60 3 Social security wages 13641.60 | 10354.37 4 Social security tax withheld 845.78 |
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