							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. Please note that the Gross amount shown may include adjustments.						Gross Wages 53715.2 Txbl Benefits Group Term Life		5 53715.25	53715.25
					Adoption	I Lile			
					Deferred Co Section 125				
						ax/Wage Limit		(52216.70)	(52216.70)
					W-2 Wages	i	53715.2	1498.55	1498.55
D. CONTROL NUMBER 001002203501	This Information is to the Internal Rev		2020	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS		2. FEDERAL INCOME TAX WIT	THHELD 8377.45
B. EMPLOYER IDENTIFICA 58-2400405		A. EMPLOYEE'S 893-08-1509		URITY NUMBER	3. SOCIAL SECURITY WAGES 1498.55		4. SOCIAL SECURITY TAX WITHHELD 92.91		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Cybersystems Inc 2400 Meadowbrook Pkwy Duluth GA 30096					5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD	
					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	
Duluth GA 30096					9.			10. DEPENDENT CARE BENEF	FITS
5 SAADLOVESIC SIDET NA	AAE AAID INIITIAI	LACTAL	***	CUE		IEIED DI ANG			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Sitaram Prasad Medasani						LIFIED PLANS		12.a-d DD	392.58
23686 Blanco Ter Brambelton VA 2014	18				14. OTHER				
USA								13. STATUTORY RETIREMEN	T HIRD PARTY SICK PAY
	'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET 53715		AX	18. LOCAL WAGES, 1	TIPS, ETC. 19.		LOCALITY NAME
VA 3038240	04057001		53/15	.25					
D. CONTROL NUMBER 001002203501	This Information i to the Internal Re		2020	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSA 5371		2. FEDERAL INCOME TAX WIT	THHELD 8377.45
B. EMPLOYER IDENTIFICA 58-2400405		A. EMPLOYEE'S 893-08-1509		URITY NUMBER	3. SOCIAL SE	CURITY WAGES	0.55	4. SOCIAL SECURITY TAX W	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE					1498.55 5. MEDICARE WAGES AND TIPS		92.91 6. MEDICARE TAX WITHHELD		
American Cybersystems Inc 2400 Meadowbrook Pkwy					7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS		
Duluth GA 30096					9.			10. DEPENDENT CARE BENEF	TITS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Sitaram Prasad Medasani					11. NONQUAL	JFIED PLANS		12.a-d DD	392.58
23686 Blanco Ter Brambelton VA 2014	18				14. OTHER				
USA								13. STATUTORY RETIREMEN	T THIRD PARTY
F. EMPLOYEE'S ADDRESS AND ZIP CODE 15. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T. VA 30582400405F001 53715.25						18. LOCAL WAGES, 7	TIPS, ETC. 19.		LOCALITY NAME
Copy 2 To be filed		e's STATE, CI			2020		Dept. of th	e Treasury - Internal	Revenue Service
FORM W-2 Wag	e and Tax S	tatement							
D. CONTROL NUMBER 001002203501	This Information is	hoing function							
	to the Internal Rev		2020	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS		2. FEDERAL INCOME TAX WI	
B. EMPLOYER IDENTIFICA		A. EMPLOYEE'S				5371! CURITY WAGES	5.25	FEDERAL INCOME TAX WITH SOCIAL SECURITY TAX W	8377.45 ITHHELD
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18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX

13. STATUTORY RETIREMENT THIRD PARTY EMPLOYEE PLAN SICK PAY

20. LOCALITY NAME

17. STATE INCOME TAX

Brambelton VA 20148 USA