Copy B To Be File FEDERAL Tax Re			<b>2020</b> OMB No 1545-000					
a. Employee's SSN		Vages.	tips, other comp.	2 Fe	deral income			
			101088.80			15153.00		
712-13-1611	3 8	ocial s	ecurity wages	4 Sc	4 Social security tax withheld			
b. Employer ID numbe								
81-1358239	5 N	ledicar	e wages and tips	6 M	edicare tax with	hheld		
c. Employer's name, a	address,	and ZIP	code	•				
TEAMITSERV	T T NT	7						
			] In Cha 10	0				
			l Ln. Ste. 12	U				
Irving, TX	. /50.	38						
d. Control number								
12								
e. Employee's name, a	iddress, a	ind ZIP	code					
Rahul Kand	ikon	da						
42 Union A	ve							
Deer Park,	NY :	1172	9					
7 Social security tips		8 A	llocated tips					
10 Dependent care ben	ofito	11 N	angualified plans	1	12a Code See inst. for box 12			
To Dependent care ben	ents		onqualified plans	'	za Coue See i	IIISt. IOI DOX 12		
13 Statutory employee	14 Ot	ner		1	2b Code			
	NY	SDI	31.20					
Retirement plan				1	2c Code			
Third party sick pay	Third party sick pay			1	2d Code			
NTX 01 1250			101000			5345.00		
NY   81-1358	239		101088.	. 80		5345.00		
15 State Emplr.'s st	tate ID #		16 State wages, tips, etc.		17 State inco	me tax		
18 Local wages, tips,et	D.	19 Local income tax			20 Locality name			
F W O W	T. 01.1.				D			
Form W-2 Wage and This information is be			to the Internal Revenue S	Servic		reasury IRS 39-1908647		
			to the IRS. If you are requi					
Copy C For EMPL			on you if this income is taxal	ble &	you fail to repoi	OMB No.		
See Notice to Em			ONDS		2020	OMB No. 1545-0008		
a. Employee's SSN			tips, other comp.	2 Fe	deral income	tax withheld		
712-13-1611		101088.80			15153.00			
, 12-13-1011	3 S	3 Social security wages 4			4 Social security tax withheld			

Copy 2 To Be Filed With Employee's State, 2020 City, or Local Income Tax Return 1545-0008 a. Employee's SSN 2 Federal income tax withheld 1 Wages, tips, other comp. 101088.80 15153.00 712-13-1611 3 Social security wages 4 Social security tax withheld b. Employer ID number 5 Medicare wages and tips 6 Medicare tax withheld 81-1358239  $c\,.$  Employer's name, address, and ZIP code TEAMITSERVE INC. 1825 W. Walnut Hill Ln. Ste. 120 Irving, TX 75038 d. Control number 12 e. Employee's name, address, and ZIP code Rahul Kandikonda 42 Union Ave Deer Park, NY 11729 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 12b Code 13 Statutory employee 14 Other 31.20 NY SDI Retirement plan 12c Code Third party sick pay 12d Code 101088.80 5345.00 81-1358239 NY 15 State EmpIr.'s state ID# 16 State wages, tips, etc. 17 State income tax 20 Locality name 18 Local wages, tips, etc. 19 Local income tax

penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.						
Copy C For EMPLOYE (See Notice to Employed)	2	020	OMB No. 1545-0008			
a. Employee's SSN 712-13-1611	1 Wages, tips, other comp. 101088.80	2 Federa	Federal income tax withheld 15153.0			
/12-13-1011	3 Social security wages	4 Social security tax withheld				
b. Employer ID number						
	5 Medicare wages and tips	6 Medic	are tax w	ith he I d		
81-1358239						
c. Employer's name, addre	ess, and ZIP code					
TEAMITSERVE INC.						
1825 W. Walnut Hill Ln. Ste. 120						

d. Control number

Rahul Kandikonda

Irving, TX 75038

42 Union Ave

e. Employee's name, address, and ZIP code

Deer Park,	NY 1172	29			
7 Social security tips	8 A	llocated tips			
10 Dependent care benefits		lonqualified plans	12a Code See inst. for box 12		
13 Statutory employee	14 Other NY SDI	31.20	12b Code		
Retirement plan			12c Code		
Third party sick pay			12d Code		
NY 81-13582	39	101088.8	0 5345.00		
15 State Emplr.'s state	e ID#	16 State wages, tips, etc.	17 State income tax		
18 Loca I wages, tips, etc.		ocal income tax	20 Locality name		
Form W-2 Wage and Ta	ax Statement	39-1908647	Dept. of the Treasury IRS		

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Copy 2 To Be Filed Wi City, or Local Income	2020	OMB No. 1545-0008			
a. Employee's SSN	1 Wages, tips, other comp. 101088.80	2 Fe	deral income	tax withheld $15153.00$	
	3 Social security wages	4 Social security ta		ax withheld	
b. Employer ID number	5 Medicare wages and tips	6 Me	edicare tax w	ith he l d	
81-1358239					
c. Employer's name, address, and ZIP code					

Form W-2 Wage and Tax Statement

TEAMITSERVE INC. 1825 W. Walnut Hill Ln. Ste. 120

Irving, TX 75038

d. Control number 12

e. Employee's name, address, and ZIP code

Rahul Kandikonda

42 Union Ave

Deer Park, NY 11729

7 Social security tips			8 Allocated tips					
10 Dependent care benefits			11 Nonqualified plans			12a Code See inst. for box 12		
13 Statutory employee 14 Ot NY			r SDI	31	.20	12	2b Code	
Retirement plan						12	2c Code	
Third party sick pay						12	2d Code	
NY 8	1-13582	58239		1010	101088.80		5345.00	
15 State EmpIr.'s state ID#				16 State wages, tips, etc.			17 State income tax	
18 Local way	ges, tips, etc.		19 Lc	cal income tax		20	Locality name	

Form W-2 Wage and Tax Statement

39-1908647

Dept. of the Treasury -- IRS

Dept. of the Treasury -- IRS 39-1908647