					_					1	
Copy B To Be F FEDERAL Tax R	eturn.	. ,	20 : OM	20 B No. 1545-0008	City,	or Local Inc	iied W come	ith Emp	oloyee's State turn.	, 202 OME	20 3 No. 1545-0008
a Employee's SSN	1 Wages, tip	s, other comp. 83651.84	2 Federa	l income tax withheld 13573.00	a Emp	oloyee's SSN	1 Wag	ges, tips, ot	her comp. 83651.84	2 Federa	l income tax withheld 13573.00
686-93-2844	3 Social secu	rity wages	4 Social	security tax withheld	686	-93-2844	3 Soci	ial security		4 Social	security tax withheld
b Employer ID no. (EIN)	5 Medicare v	vages and tips	6 Medica	re tax withheld	b Empl	oyer ID no. (EIN)	5 Med	licare wage	s and tins	6 Medica	re tax withheld
45-2975594			• modice	io tax milliora		2975594			·	• mound	.o tax mamora
c Employer's name, ad SPINO INC	ldress, and ZIF	code				oloyer's name, ad INO INC	ldress, a	and ZIP cod	de		
1100 CORN	WALL RI	, SUITE# 1	.00		11	00 CORNI	WALI	RD,	SUITE# 1	00	
MONMOUTH JNCT NJ 08852				08852	MONMOUTH JNCT				NJ	08852	
d Control number					d Con	trol number					
e Employee's name, address, and ZIP code Suff. SUDHEER GOURISHETTY 2400 NW 30TTH ST APT 101 OKLAHOMA OK 73112			e Employee's name, address, and ZIP code Suff. SUDHEER GOURISHETTY 2400 NW 30TTH ST APT 101 OKLAHOMA OK 73112								
7 Social security tips 8 Allocated tips		9	9		7 Social security tips		8 Allocated tips		9		
10 Dependent care benefits 11 Nonqualified plans		12a C	12a Code See inst. for box 12		10 Dependent care benefits		s 11 Nonqualified plans		12a Code See inst. for box 12		
13	14 Other		12b C	ode	13		14 0	ther		12b Co	ode
Statutory employee Retirement Plan		12c C	12c Code 12d Code		Statutory employee Retirement Plan Third-party sick pay				12c Code		
									12d Code		
OK WTH-151	53549-0	836	51.84	3676.00	OK.	WTH-151	.5354	49-02	8365	51.84	3676.00
15 State Employer's st	tate ID number	16 State wages, t	ps, etc.	17 State income tax	15 State	Employer's stat	e ID nui	mber	16 State wages, ti	os, etc.	17 State income tax
18 Local wages, tips, etc	c. 19 Lo	cal income tax	20 Loca	ality name	18 Loca	al wages, tips, etc	C.	19 Local in	ncome tax	20 Locality	/ name
Form W-2 Wage and Ta This information is being furni	x Statement ished to the Intern	al Revenue Service.	ı	Dept. of the Treasury - IRS	Form W	/-2 Wage and Ta	x Stater	ment		1	Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

periatry of other same to make the miposed on your tris income is taxable and you tall to report it.									
Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees). 2020 OMB No. 1545-0008									
a Employee's SSN	1 Wages, tips,	other comp.	2 Federal income tax withheld 13573.00						
. ,		83651.84							
686-93-2844	3 Social securit	y wages	4 Social s	4 Social security tax withheld					
b Employer ID no. (EIN)	5 Medicare was	and tine	6 Medicare tax withheld						
45-2975594	5 Medicare wag	jes and lips	o iviedicale tax withheld						
c Employer's name, address, and ZIP code SPINO INC									
1100 CORNWALL RD, SUITE# 100									
MONMOUTH (JNCT		NJ	NJ 08852					
d Control number									
e Employee's name, address, and ZIP code SUDHEER GOURISHETTY 2400 NW 30TTH ST APT 101 OKLAHOMA OK 73112									
7 Social security tips	8 Alloca	ated tips	9						
10 Dependent care bene	efits 11 Nonq	ualified plans	12a Co	12a Code See inst. for box 12					
13	14 Other		12b Co	12b Code					
Statutory employee			12c Co	Code					
Retirement Plan									
Third-party sick pay			ode						
OK WTH-151	.53549-02	8365	51.84	3676.00					
15 State Employer's stat	te ID number	16 State wages, tip	os, etc.	. 17 State income tax					
18 Local wages, tips, et	c. 19 Local	income tax	20 Locality name						

Form W-2 Wage and Tax Statement

REV 12/22/20 QBDT

Copy 2 To Be Fi		ith Employee's State, Tax Return.			2020 OMB No. 1545-0008			
a Employee's SSN	1 Wage	s, tips, otl	ner comp.	2 Federal income tax withheld				
u 2pioy0000001			83651.84	13573.00				
686-93-2844	3 Socia	al security wages 4			4 Social security tax withheld			
b Employer ID no. (EIN)								
	5 Medic	icare wages and tips 6			6 Medicare tax withheld			
45-2975594								
c Employer's name, address, and ZIP code SPINO INC								
1100 CORNWALL RD, SUITE# 100								
MONMOUTH (JNCT			NJ	08852			
d Control number								
e Employee's name, address, and ZIP code SUDHEER GOURISHETTY								
2400 NW 30TTH ST APT 101								
OKLAHOMA	73112							
7 Social security tips		8 Allocated tips						
10 Dependent care bene	fits 1	11 Nonqualified plans			12a Code See inst. for box 12			
13	14 Oth	her 1			12b Code			
Statutory employee					12c Code			
Retirement Plan		120			Soue			
Third-party sick pay		12d (Code			
OK WTH-151	5354	19-02 83651			3676.00			
I 15 State Employer's stat	e ID num	nber 16 State wages, tips, et			etc. 17 State income tax			
18 Local wages, tips, etc	c. 1	19 Local ir	ncome tax	20 Locality name				
Form W-2 Wage and Tax Statement Dept. of the Treasury								