

Copy B-To Be Filed With Employee's FEDERAL Tax Return.		Tax Year 2020 OMB No. 1545-0008	
a. Employee's social security number ***-**-8867	1 Wages, tips, other comp. \$800.52	2 Federal income tax withheld \$28.58	
b. Employer ID number 04-6076039	3 Social security wages \$800.52	4 Social security tax withheld \$49.63	
d. Control number 09466338	5 Medicare wages and tips \$800.52	6 Medicare tax withheld \$11.61	
7 Social security tips	8 Allocated tips	9	
c. EMPLOYER'S name, address, and ZIP code For Questions: 888-437-7611 LINCOLN LIFE ASSURANCE COMPANY OF BOSTON PO BOX 21008 GREENSBORO, NC 27420-1008			
e. EMPLOYEE'S name, address, and ZIP code GRPPROT-1087 BROOKLYN A THUDI 422 BRADFORD CREEK TRAIL DULUTH, GA 30096			
10 Dependent care benefits	11 Nonqualified plans	See instructions for box 12	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>	14 Other	12a 12b 12c 12d 12e	
15 State/Employer's state ID GA/1879272BR	16 State wages, tips, etc. \$800.52	17 State income tax	\$0.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		Tax Year 2020 OMB No. 1545-0008	
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