Copy B-To Be Filed W	ith Employee's FEDERAL	Tax Year 2020	Copy 2-To Be Filed W	ith Employee's State, City,	Tax Year 2020		
Tax Return.		OMB No. 1545-0008	or Local Income Tax Return. 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	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	3 Social security wages	4 Social security tax withheld	b. Employer ID number	3 Social security wages	4 Social security tax withheld		
04-6076039	\$800,52	\$49.63	04-6076039	\$800.52	\$49.63		
d. Control number	5 Medicare wages and tips	6 Medicare tax withheld	d. Control number	5 Medicare wages and tips	6 Medicare tax withheld		
09466338	\$800.52	\$11.61	09466338	\$800,52	\$11.61		
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9		
c. EMPLOYER'S name, address For Questions: 888-43' LINCOLN LIFE ASSUR PO BOX 21008 GREENSBORO, NC 27 e. EMPLOYEE'S name, address GRPPROT-1087 BROOKLYN A THUDI 422 BRADFORD CREE DULUTH, GA 30096	7-7611 IANCE COMPANY OF BOS 7420-1008 i, and ZIP code	TON	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 13 Statutory employee	11 Nonqualified plans 14 Other	See instructions for box 12 12a 12b 12c 12d 12d	10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay	11 Nonqualified plans 14 Other	12a 12b 12c 12d 12d		
15 State/Employer's state ID GA/1879272BR	16 State wages, tips, etc. \$800.52	17 State income tax S0.00	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	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
Form W-2 Wage and Tax SI This information is being furnished	Interment Department of the Trea ed to the Internal Revenue Service.	sury - Internal Revenue Service	Form W-2 Wage and Tax S	tatement Department of the Trea	asury - Internal Revenue Service		
Copy C-For EMPLOY	EE'S RECORDS (See Notic	e Tax Year 2020	Copy 2-To Be Filed With Employee's State, City, Tax Year 2020				
to Employee on the back of Copy B.) OMB No. 1545-0008			or Local Income Tax	or Local Income Tax Return. OMB No. 1545-0008			
a. Employee's social security	1 Wages, tips, other comp.	2 Federal income tax withheld	a. Employee's social security	1 Wages, tips, other comp.	2 Federal income tax withheld \$28.58		
number ***-**-8867	\$800.52	\$28.58	number ***-**-8867				
b. Employer ID number	3 Social security wages	4 Social security tax withheld	b. Employer ID number	3 Social security wages \$800.52	4 Social security tax withheld \$49.63		
04-6076039 d. Control number	\$800.52 5 Medicare wages and tips	\$49.63 6 Medicare tax withheld	04-6076039 d. Control number	5 Medicare wages and tips	6 Medicare tax withheld		
09466338	\$800.52	\$11.61	09466338	\$800.52	\$11.61		
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9		
W. ADI WALESTON A.	. 710		- CMDLOVEDIC address	a and ZID code			

Copy C-For EMPLOY	ce Tax Year 2020	C	Copy 2-To Be Filed With Employee's State, City,			
to Employee on the k		OMB No. 1545-000	10 8	Local Income Tax	Return.	
a. Employee's social security	1 Wages, tips, other comp. \$800.52	2 Federal income tax withhele \$2:		mployee's social security umber ***-**-8867	1 Wages, tips, other comp. \$800.52	2 Fe
b. Employer ID number	3 Social security wages	4 Social security tax withheld	b. E	imployer ID number	3 Social security wages	4 So
04-6076039	\$800.52	\$4	9.63	04-6076039	\$800.52	
d. Control number	5 Medicare wages and tips	6 Medicare tax withheld	d. C	Control number	5 Medicare wages and tips	6 Me
09466338	\$800.52	\$1	1.61 09	9466338	\$800.52	
7 Social security tips	8 Allocated tips	9	7 S	ocial security tips	8 Allocated tips	9
c. EMPLOYER'S name, address	s, and ZIP code		c. E	MPLOYER'S name, address	s, and ZIP code	
For Questions: 888-43		Fo	For Questions: 888-437-7611			
LINCOLN LIFE ASSUI PO BOX 21008 GREENSBORO, NC 2	RANCE COMPANY OF BOS 7420-1008	STON	PC	NCOLN LIFE ASSUF D BOX 21008 REENSBORO, NC 2	RANCE COMPANY OF BOS 7420-1008	STON
e, EMPLOYEE'S name, addres GRPPROT-1087 BROOKLYN A THUDI 422 BRADFORD CRE DULUTH, GA 30096			GI BF 42	EMPLOYEE'S name, address RPPROT-1087 ROOKLYN A THUDI 22 BRADFORD CREI ULUTH, GA 30096	Service of the servic	
10 Dependent care benefits	11 Nonqualified plans	See instructions for box 12	10	Dependent care benefits	11 Nonqualified plans	T.,
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12a 12b 12c 12d 12e		Statutory employee Retirement plan Third-party sick pay	14 Other	12a 12b 12c 12d 12d
15 State/Employer's state ID GN1879272BR	16 State wages, tips, etc. \$800.52	17 State income tax	50.00	State/Employer's state ID GA/1879272BR	16 State wages, tips, etc. \$800.52	17 S
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18	Local wages, tips, etc.	19 Local income tax	20 L

ied plans 12a 12b 12c 12d 12d ges, tips, etc. 17 State income tax \$0.00 20 Locality name ome tax Department of the Treasury - Internal Revenue Service Form W-2 Wage and Tax Statement