

22222	Void <input type="checkbox"/>	<b>a</b> Employee's social security number 040135903	For Official Use Only > OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN) 541194322		<b>1</b> Wages, tips, other compensation 117,335.59		<b>2</b> Federal income tax withheld 10,964.28		
<b>c</b> Employer's name, address, and ZIP code GD Information Technology, Inc 3150 Fairview Park Drive Falls Church, VA 22042		<b>3</b> Social security wages 125,322.77		<b>4</b> Social security tax withheld 7,770.01		
		<b>5</b> Medicare wages and tips 125,322.77		<b>6</b> Medicare tax withheld 1,817.18		
		<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number		<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial ARIVUDAINAMBI		Last Name PUGALENDHI	Suff.	<b>11</b> Nonqualified plans		
11005 Nashville Ct Ellicott City, MD 21042		<b>12a</b> See instructions for box 12 C C 89.78		<b>12b</b> C D 7,987.18		
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12c</b> C DD 21,755.28		
		<b>14</b> Other		<b>12d</b> C W 1,304.00		
		<b>f</b> Employee's address and ZIP code				
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	
MD	10131352	117,335.59	9,136.31			
				<b>20</b> Locality name		

Form **W-2** Wage and Tax Statement 2020

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

22222	Void <input type="checkbox"/>	<b>a</b> Employee's social security number 040135903	For Official Use Only > OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN) 541194322		<b>1</b> Wages, tips, other compensation 117,335.59		<b>2</b> Federal income tax withheld 10,964.28		
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		<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number		<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial ARIVUDAINAMBI		Last Name PUGALENDHI	Suff.	<b>11</b> Nonqualified plans		
11005 Nashville Ct Ellicott City, MD 21042		<b>12a</b> See instructions for box 12 C C   89.78		<b>12b</b> C D   7,987.18		
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12c</b> C DD   21,755.28		
		<b>14</b> Other		<b>12d</b> C W   1,304.00		
		<b>f</b> Employee's address and ZIP code				
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	
MD	10131352	117,335.59	9,136.31			
				<b>20</b> Locality name		

# W-2 Wage and Tax Statement

# 2020

Department of the Treasury—Internal Revenue Service

Form **Copy C—For EMPLOYEE'S RECORDS** (See Notice to Employee on the back of Copy B.)

22222	Void <input type="checkbox"/>	<b>a</b> Employee's social security number 040135903	For Official Use Only > OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN) 541194322		<b>1</b> Wages, tips, other compensation 117,335.59		<b>2</b> Federal income tax withheld 10,964.28		
<b>c</b> Employer's name, address, and ZIP code GD Information Technology, Inc 3150 Fairview Park Drive Falls Church, VA 22042		<b>3</b> Social security wages 125,322.77		<b>4</b> Social security tax withheld 7,770.01		
		<b>5</b> Medicare wages and tips 125,322.77		<b>6</b> Medicare tax withheld 1,817.18		
		<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number		<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial ARIVUDAINAMBI		Last Name PUGALENDHI	Suff.	<b>11</b> Nonqualified plans		
11005 Nashville Ct Ellicott City, MD 21042		<b>12a</b> See instructions for box 12 C C 89.78		<b>12b</b> C D 7,987.18		
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12c</b> C DD 21,755.28		
		<b>14</b> Other		<b>12d</b> C W 1,304.00		
		<b>f</b> Employee's address and ZIP code				
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	
MD	10131352	117,335.59	9,136.31			
				<b>20</b> Locality name		

# W-2 Wage and Tax Statement 2020

Department of the Treasury—Internal Revenue Service

Form

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

