2020 W-2 and EARNINGS SUMMARY

Copy C for employee's records.	and Tax	20 OMB No.	20
d Control number Dept.	Corp.	Employer (
0000002287 V85	1NCU	S	219
c Employer's name, address	and ZIP cod	e	
THE NIELSEN COM 40 DANBURY ROAD WILTON, CT 06897)	LLC	
e/I Employee's name, address TIRUMALA T MATTA 140 DOUGLAS RD \ OLDSMAR, FL 346	APARTHI W APT D	e	
b Employer's FED ID number 04-3721439		vee's SSA nu XXX-XX	-6927
04-3721439 1 Wages, tips, other comp.		I income tax v	-6927 withheld
04-3721439 Wages, tips, other comp. 54817.95 Social security wages 23087.28	2 Federa	I income tax v 717 security tax v	-6927 withheld 7.74 withheld
04-3721439 1 Wages, tips, other comp. 54817.95 3 Social security wages 23087.28 5 Medicare wages and tips	2 Federa 4 Social	I income tax v 717 security tax v 143 re tax withhe	- 6927 withheld 7 . 74 withheld 1 . 41
04-3721439 1 Wages, tips, other comp.	2 Federa 4 Social	XXX - XX I income tax v 717 security tax v 143 re tax withhe	-6927 withheld 7.74 withheld 1.41
04-3721439 1 Wages, tips, other comp.	2 Federa 4 Social 6 Medica 8 Allocat	XXX - XX I income tax v 717 security tax v 143 re tax withhe	-6927 withheld 7.74 withheld 1.41 Id 4.77
04-3721439 1 Wages, tips, other comp. 54817.95 3 Social security wages 23087.28 5 Medicare wages and tips 23087.28 7 Social security tips	2 Federa 4 Social 6 Medica 8 Allocat 10 Depend	XXX-XX I income tax v 717 security tax v 143 re tax withher 33 ed tips	-6927 withheld 7.74 withheld 1.41 Id 4.77
04-3721439 1 Wages, tips, other comp. 54817.95 3 Social security wages 23087.28 Medicare wages and tips 23087.28 7 Social security tips	2 Federa 4 Social 6 Medica 8 Allocat 10 Depend 12a See inst C 12b D 12c W	XXX-XX I income tax v 717 security tax v 143 re tax withhe 33 ed tips Ident care ben ructions for box 46	-6927 withheld 7.74 withheld 1.41 Id 4.77 efits 12 15.20 76.85
1 Wages, tips, other comp. 54817.95 3 Social security wages 23087.28 5 Medicare wages and tips 23087.28 7 Social security tips 9 11 Nonqualified plans	2 Federa 4 Social 6 Medica 8 Allocat 10 Depend 12a See inst C 12b D 12c W 12d 13 Stat emp	XXX-XX. I income tax w 717 security tax w 143 re tax withher 33 ed tips dent care ben ructions for box 46 Ret. plan 3rd p.	-6927 withheld 7.74 withheld 1.41 ld 4.77 efits 12 15.20 76.85 600.00
04-3721439 1 Wages, tips, other comp. 54817.95 3 Social security wages 23087.28 5 Medicare wages and tips 23087.28 7 Social security tips 9	2 Federa 4 Social 6 Medica 8 Allocat 10 Depend 12a See inst 12b D 12c W 12d 13 Stat emp	XXX-XX. I income tax w 717 security tax w 143 re tax withher 33 ed tips dent care ben ructions for box 46 Ret. plan 3rd p.	-6927 withheld 7.74 withheld 1.41 Id 4.77 efits 12 15.20 76.85 600.00 arty sick p.

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY

60,326.68

SOCIAL SECURITY

1,431.41

SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2 334.77 7,177.74 MEDICARE TAX FED. INCOME WITHHELD TAX WITHHELD BOX 06 OF W-2 BOX 02 OF W-2 0.00 SUI/SDI BOX 14 OF W-2 STATE INCOME TAX 0.00 BOX 17 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2 0.00

To change your employee W-4 profile information file a new W-4 with your payroll department

TIRUMALA T MATTAPARTHI 140 DOUGLAS RD W APT D OLDSMAR, FL 34677

Social Security Number: XXX-XX-6927

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PAGE 01 OF 01

1 Wages, tips, other comp. 54817.9		income tax withheld 7177.74	1 Wa	ges, tips, other o	omp. 17.95	2 Federa	l income tax withheld 7177.74
3 Social security wages 23087.2		4 Social security tax withheld 1431.41		ial security wag 230	es 87.28	4 Social security tax withheld 1431.41	
5 Medicare wages and tips 23087.28		re tax withheld 334.77	5 Medicare wages and tips 23087.28		6 Medicare tax withheld 334.77		
d Control number Dep 0000002287 V85	t. Corp.	Employer use only 2198		trol number 2287 V85	Dept.	Corp.	Employer use only 2198
c Employer's name, addres THE NIELSEN COI 40 DANBURY ROA WILTON, CT 0689	MPANY US	The state of the s	TH	oloyer's name, a E NIELSEN DANBURY TON, CT	COMP		
b Employer's FED ID numbe 04-3721439	1	ee's SSA number XXX-XX-6927		04-372143			vee's SSA number XXX-XX-6927
7 Social security tips	8 Allocate	ed tips	7 Soc	ial security tips		8 Allocat	ed tips
9	10 Depend	ent care benefits	g			10 Depen	dent care benefits
11 Nonqualified plans	CI	12a See instructions for box 12 C 15.20		11 Nonqualified plans		12a C 15.20	
14 Other	12b D	4676.85	14 Oth	er		^{12b} D	4676.85
	12c W	600.00				12c W 600.00	
	13 Stat emp. F	let. plan 3rd party sick pay					Ret. plan 3rd party sick pay
e/f Employee's name, address TIRUMALA T MATT 140 DOUGLAS RD OLDSMAR, FL 346	APARTHI W APT D	John	TIR 140	loyee's name, a UMALA T N DOUGLAS DSMAR, FL	ATTAI	PARTHI APT D	
15 State Employer's state ID	no. 16 State wa	ges, tips, etc.	15 State	Employer's st	ate ID no.	16 State w	ages, tips, etc.
17 State income tax	18 Local wa	ges, tips, etc.	17 State	income tax		18 Local v	vages, tips, etc.
19 Local income tax	20 Locality	name	19 Loca	I income tax		20 Locality	y name
	and Tax	2020 OMB No. 1545-0008	Copy 2 to		age a State		× 2020

74	1 Wages, tips, other comp. 54817.95	2 Federal income tax withheld 7177.74			
eld 11	3 Social security wages 23087.28	4 Social security tax withheld 1431.41			
77	5 Medicare wages and tips 23087.28	6 Medicare tax withheld 334.77			
nly 2198	d Control number Dept.	Corp. Employer use only 1NCU 2198			
	c Employer's name, address, THE NIELSEN COMP, 40 DANBURY ROAD WILTON, CT 06897				
27	b Employer's FED ID number 04-3721439	a Employee's SSA number XXX-XX-6927			
	7 Social security tips	8 Allocated tips			
	9	10 Dependent care benefits			
20	11 Nonqualified plans	12a C 15.20			
35	14 Other	^{12b} D 4676.85			
00		12c W 600.00			
ck pay		13 Stat emp. Ret. plan 3rd party sick par			
	e/f Employee's name, address a	nd ZIP code			
900	TIRUMALA T MATTAF 140 DOUGLAS RD W OLDSMAR, FL 3467	APT D			
DETACH UEDE	TIRUMALA T MATTAF 140 DOUGLAS RD W OLDSMAR, FL 34677	APT D 7			
AAND DETACH HEDE	TIRUMALA T MATTAF 140 DOUGLAS RD W OLDSMAR, FL 34677	APT D 7			

Statement Copy 2 to be filed with employee's City or Local Income Tax Re