

a Employee's SSN 388-57-7126	1 Wages, tips, other compensation 35669.95	2 Federal income tax withheld 5863.26
OMB No 1545-0008	3 Social security wages 36846.47	4 Social security tax withheld 2284.48
b Employer identification number 37-6001351	5 Medicare wages and tips 36846.47	6 Medicare tax withheld 534.29
c Employer's name, address, and ZIP code MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT 805 NORTH BROAD STREET CARLINVILLE IL 62626-1075		
e Employee's first name and initial PRAVEEN KUMAR		Last name Suff. GONUGUNTIA KAMMA
6150 TRACE PARKWAY DRIVE APT. #208 EDWARDSVILLE IL 62025		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a DD 2050.54	14 Other IMRF 1176.52	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6001351 000	16 State wages, tips, etc. 35669.95	17 State income tax 1765.67
18 Local wages, tips, etc.	19 Local income tax	20 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.

a Employee's SSN 388-57-7126	1 Wages, tips, other compensation 35669.95	2 Federal income tax withheld 5863.26
OMB No 1545-0008	3 Social security wages 36846.47	4 Social security tax withheld 2284.48
b Employer identification number 37-6001351	5 Medicare wages and tips 36846.47	6 Medicare tax withheld 534.29
c Employer's name, address, and ZIP code MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT 805 NORTH BROAD STREET CARLINVILLE IL 62626-1075		
e Employee's first name and initial PRAVEEN KUMAR		Last name Suff. GONUGUNTIA KAMMA
6150 TRACE PARKWAY DRIVE APT. #208 EDWARDSVILLE IL 62025		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a DD 2050.54	14 Other IMRF 1176.52	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6001351 000	16 State wages, tips, etc. 35669.95	17 State income tax 1765.67
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 388-57-7126	1 Wages, tips, other compensation 35669.95	2 Federal income tax withheld 5863.26
OMB No 1545-0008	3 Social security wages 36846.47	4 Social security tax withheld 2284.48
b Employer identification number 37-6001351	5 Medicare wages and tips 36846.47	6 Medicare tax withheld 534.29
c Employer's name, address, and ZIP code MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT 805 NORTH BROAD STREET CARLINVILLE IL 62626-1075		
e Employee's first name and initial PRAVEEN KUMAR		Last name Suff. GONUGUNTIA KAMMA
6150 TRACE PARKWAY DRIVE APT. #208 EDWARDSVILLE IL 62025		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a DD 2050.54	14 Other IMRF 1176.52	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6001351 000	16 State wages, tips, etc. 35669.95	17 State income tax 1765.67
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2020** Copy C - For EMPLOYEE'S RECORDS.

a Employee's SSN 388-57-7126	1 Wages, tips, other compensation 35669.95	2 Federal income tax withheld 5863.26
OMB No 1545-0008	3 Social security wages 36846.47	4 Social security tax withheld 2284.48
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c Employer's name, address, and ZIP code MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT 805 NORTH BROAD STREET CARLINVILLE IL 62626-1075		
e Employee's first name and initial PRAVEEN KUMAR		Last name Suff. GONUGUNTIA KAMMA
6150 TRACE PARKWAY DRIVE APT. #208 EDWARDSVILLE IL 62025		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a DD 2050.54	14 Other IMRF 1176.52	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6001351 000	16 State wages, tips, etc. 35669.95	17 State income tax 1765.67
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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.

Part I Applicable Large Employer Member (Employer) (Lines 7-13) Employer's name, address, and ZIP code	For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT 805 NORTH BROAD STREET CARLINVILLE IL 62626 - 1075	Employee (Lines 1-6) Social security number (SSN): 388-57-7126
Contact telephone number: (217) 825-6705	Employee's first name and middle initial Last name Suff. PRAVEEN KUMAR GONUGUNTLA KAMMA 6150 TRACE PARKWAY DRIVE APT 208 EDWARDSVILLE IL 62025
Employer identification number (EIN): 37-6001351	Employee's address and ZIP code

Part II	Employee Offer of Coverage	Employee Age on January 1	Plan Start Month (enter 2-digit number): 10											
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 56.90	\$ 58.59	\$ 58.59	\$ 58.59	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2B	2C	2C	2C	
17 ZIP Code														

Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.															
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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