



Employee Reference Copy W-2 Wage and Tax Statement Copy C for employee's records.		2020 OMB No. 1545-0008	
d Control number 001170 CLIF/QAL	Dept. CLIF/QAL	Corp. A	Employer use only 128
c Employer's name, address, and ZIP code FEDERAL SOFT SYSTEMS INC 3101 SW I ST SUITE 31 BENTONVILLE AR 72712 Batch #03197			
e/f Employee's name, address, and ZIP code MOUNIKA MANYAM 6308 N MACARTHUR BLVD APT# 2027 IRVING TX 75039			
b Employer's FED ID number 81-0964194	a Employee's SSA number XXX-XX-3462		
1 Wages, tips, other comp. 74200.00	2 Federal income tax withheld 12200.31		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
15 State FL	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	74,200.00	74,200.00	74,200.00
Less Exempt Wages	N/A	74,200.00	74,200.00
Reported W-2 Wages	74,200.00	0.00	0.00

2. Employee Name and Address.

**MOUNIKA MANYAM
6308 N MACARTHUR BLVD
APT# 2027
IRVING TX 75039**

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e/f Employee's name, address and ZIP code MOUNIKA MANYAM 6308 N MACARTHUR BLVD APT# 2027 IRVING TX 75039			
15 State FL	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
W-2 Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.		2020 OMB No. 1545-0008	

1 Wages, tips, other comp. 74200.00	2 Federal income tax withheld 12200.31		
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	13 Stat emp	Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code MOUNIKA MANYAM 6308 N MACARTHUR BLVD APT# 2027 IRVING TX 75039			
15 State FL	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
W-2 State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.		2020 OMB No. 1545-0008	

1 Wages, tips, other comp. 74200.00	2 Federal income tax withheld 12200.31		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 001170 CLIF/QAL	Dept. CLIF/QAL	Corp. A	Employer use only 128
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9	10 Dependent care benefits		
11 Nonqualified plans	12a		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code MOUNIKA MANYAM 6308 N MACARTHUR BLVD APT# 2027 IRVING TX 75039			
15 State FL	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
W-2 City or Local Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return.		2020 OMB No. 1545-0008	