



027970

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 45278.23	2 Federal income tax withheld 6203.16
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a qualified penalty or other sanction may be assessed on you if the income is taxable and you fail to report it.	3 Social security wages 13876.00	4 Social security tax withheld 860.31
	5 Medicare wages and tips 13876.00	6 Medicare tax withheld 201.20

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 45278.23	2 Federal income tax withheld 6203.16
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a qualified penalty or other sanction may be assessed on you if the income is taxable and you fail to report it.	3 Social security wages 13876.00	4 Social security tax withheld 860.31
	5 Medicare wages and tips 13876.00	6 Medicare tax withheld 201.20

c Employer's name, address, and ZIP code  
 CONDUENT BUS PROC OPTIMIZATION SRVS, INC  
 1702 N COLLINS BLVD, SUITE 280  
 RICHARDSON, TX 75080

c Employer's name, address, and ZIP code  
 CONDUENT BUS PROC OPTIMIZATION SRVS, INC  
 1702 N COLLINS BLVD, SUITE 280  
 RICHARDSON, TX 75080

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 18.27
12b W 1583.36	12c DD 7180.30	12d
12e	b Employer identification number (EIN) 74-2884791	a Employee's social security number 211-94-5961
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 18.27
12b W 1583.36	12c DD 7180.30	12d
12e	b Employer identification number (EIN) 74-2884791	a Employee's social security number 211-94-5961
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

e/f Employee's name, address, and ZIP code

e/f Employee's name, address, and ZIP code

MADHU GANDLA  
 12610 RIATA TRACE PKWY APT 318  
 AUSTIN, TX 78727-7144

MADHU GANDLA  
 12610 RIATA TRACE PKWY APT 318  
 AUSTIN, TX 78727-7144

Import Code: R3VKG9H8

Import Code: R3VKG9H8

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement  
**2020**

17 State income tax 18 Local wages, tips, etc.  
 19 Local income tax 20 Locality name

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement  
**2020**

17 State income tax 18 Local wages, tips, etc.  
 19 Local income tax 20 Locality name

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)

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

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 45278.23	2 Federal income tax withheld 6203.16
This information is being furnished to the Internal Revenue Service.	3 Social security wages 13876.00	4 Social security tax withheld 860.31
	5 Medicare wages and tips 13876.00	6 Medicare tax withheld 201.20

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 45278.23	2 Federal income tax withheld 6203.16
This information is being furnished to the Internal Revenue Service.	3 Social security wages 13876.00	4 Social security tax withheld 860.31
	5 Medicare wages and tips 13876.00	6 Medicare tax withheld 201.20

e Employer's name, address, and ZIP code  
 CONDUENT BUS PROC OPTIMIZATION SRVS, INC  
 1702 N COLLINS BLVD, SUITE 280  
 RICHARDSON, TX 75080

e Employer's name, address, and ZIP code  
 CONDUENT BUS PROC OPTIMIZATION SRVS, INC  
 1702 N COLLINS BLVD, SUITE 280  
 RICHARDSON, TX 75080

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 18.27
12b W 1583.36	12c DD 7180.30	12d
12e	b Employer identification number (EIN) 74-2884791	a Employee's social security number 211-94-5961
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 18.27
12b W 1583.36	12c DD 7180.30	12d
12e	b Employer identification number (EIN) 74-2884791	a Employee's social security number 211-94-5961
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

e/f Employee's name, address, and ZIP code

e/f Employee's name, address, and ZIP code

MADHU GANDLA  
 12610 RIATA TRACE PKWY APT 318  
 AUSTIN, TX 78727-7144

MADHU GANDLA  
 12610 RIATA TRACE PKWY APT 318  
 AUSTIN, TX 78727-7144

Import Code: R3VKG9H8

Import Code: R3VKG9H8

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement  
**2020**

17 State income tax 18 Local wages, tips, etc.  
 19 Local income tax 20 Locality name

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement  
**2020**

17 State income tax 18 Local wages, tips, etc.  
 19 Local income tax 20 Locality name

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

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