Form W-	2 Wage and Tax Statement	7 Social security tips		1 Wages, tips, other compensation 107843.01		2 Federal income tax withheld 18929.81				
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social security wages		4 Social security tax withheld			
JPMORGAN CHASE BANK, NA 500 STANTON CHRISTIANA ROAD				9		110963.89 <b>5</b> Medicare wages and tips		6879.76 6 Medicare tax withheld		
NEWARK DE 19713						110963.89		1608.98  12a See instructions for box 12		
NEWARK DE 19719				10 Dependent care benefits		11 Nonqualified plans		C C	iisti uction	36.00
e Employee's name, address, and ZIP code				13 Statutory Retirement Third-party sick pay		14 Other		<b>12b</b>		3120.88
NARMADA KATAMANENI				<b>b</b> Employer identification number (EIN)		1		12c	3120.00	
2182 CARRIBELL COURT				13-4994650 <b>a</b> Employee's social security number		1		DD 12d		8192.52
POWELL OH 43065				078-85-8170				C		
15 State	Employer's state ID number	16 State wages, tips, etc.		17 State income tax	18 10	ocal wages, tips, etc.	19 Local in	come tax		20 Locality name
OH	521530683	107843	.01	3505.56	10 20	110963.89	19 Loour III	2774		COLUMBUS
Copy B	-To Be Filed With Employee's FEI	│ DFRAL Tax Return		This information is being furnished to	the Inte	ernal Revenue Service.		Dept.	of the ?	Treasury - IRS
оор, д	To be the than Employee e t E	DELIKE TUX HOTUIN		···· ··· ··· ··· ··· ··· ··· ··· ··· ·		OMB No. 1545-0008				site at www.irs.gov/efi
					This in	nformation is being furnished to the ence penalty or other sanction may	Internal Revenu be imposed on	e Service. If yo	u are requireme is taxabl	red to file a tax return, a le and you fail to report it
Form W-2 Wage and Tax Statement 2020				7 Social security tips		1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code				8 Allocated tips		107843.01 3 Social security wages		18929.81  4 Social security tax withheld		
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500 STANTON CHRISTIANA ROAD			9		5 Medicare wages and tips 110963.89		6 Medicare tax withheld 1608.98			
NEWARK DE 19713			10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12			
e Employe	e's name, address, and ZIP code			13 Statutory Retirement Third- employee plan Sick pr	party	14 Other		≗ C 12b		36.00
	MADA KATAMANENI			×				D I		3120.88
2182 CARRIBELL COURT			<b>b</b> Employer identification number (EIN) 13-4994650				12c DD		8192.52	
POWELL OH 43065			a Employee's social security number		1		12d			
				078-85-8170		-		od e		
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OH	521530683	10784	3.01	3303.30		110903.69		2//9		COLUMBOS
Copy C	-For EMPLOYEE'S RECORDS (Se	e Notice to Employe	e on t	he back of Copy B.)	ON	MB No. 1545-0008				Treasury - IRS site at www.irs.gov/efi
								VISIT THE	ITIO WEDS	nte at www.no.gov/en
		ı		7 Social security tips		1 Wages, tips, other comp	ensation	2 Foderal	income to	av withhold
Form W-2 Wage and Tax Statement 2020				, ,		107843.01		2 Federal income tax withheld 18929.81		
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e Employee's name, address, and ZIP code			13 Statutory Retirement Third-party sick pay		14 Other		12b D	12b D 3120.8		
NARMADA KATAMANENI				<b>b</b> Employer identification number (EIN)		1		12c		
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POWE	LL OH 43065			078-85-8170				C G e		
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OH	521530683	107843		3505.56		110963.89		2774		COLUMBUS
Copy 2-	To Be Filed With Employee's Sta	 te. Citv. or Local Ir	come	Tax Return	ON	MB No. 1545-0008		Dept.	of the ?	Treasury - IRS
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Form W-2 Wage and Tax Statement 2020				7 Social security tips		1 Wages, tips, other compensation 107843.01		2 Federal income tax withheld 18929.81		
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INE W.	ARK DE 19/13			10 Dependent care benefits		11 Nonqualified plans		<b>12a</b> ♀ C		36.00
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Copy 2-	To Be Filed With Employee's Sta	te, City, or Local Ir	come	Tax Return	ON	MB No. 1545-0008		Dept.	of the 7	Treasury - IRS