Employer's Name, Address and ZIP Co	1. Wages, Tips, Other Compensation			2. Federal Income Tax Withheld				
METLIFE AGENT / COGNIZANT TECHNO			3,652.23			213.84		
5950 ALRPORT ROAD			3. Social Security Wages			4. Social Security Tax Withheld		
ORISKANY NY 13424			3,652.23			226.44		
			5. Medicare Wages			6. Medicare Tax Withheld		
			3,652.23			52.97		
Group/Sub/Branch Employer's Identification Number			Employee's Social Security Number			14. TIER 1 EMPLOYEE TAX:		
0307320 0001 0002 13-5581829			799-85-9093			TIER 1 EMPLOYEE MEDICARE TAX:		
Employee's Name, Address and ZIP C	ode							
SUJATHA CHINTHALA	122 (4.5							
800 S WELLS ST UNIT 1103			12a. (J) Excluded From Wages 14a, Included in W					
CHICAGO					3,652.23			
IL 60607	employee plan sick pay							
15. State Employers State ID No. 16. State Wages, Tips, Etc.			17. State Tax Withheld	20. Local	ity Name	18. Local Wages,	Tips Fto	19. Local Income Tax
IL 13-5581829 000 3		3,652.23	117.13		,		216.	
			L	L			Doc	partment of the Treasury
		Service. If you are requir	records. This information ed to file a tax return,a neg come is taxable to you and	gligence p	enalty or other			ernal Revenue Service
						.,,		
OMB NO. 1545-0008	Form W-2 Wage and Tax Statement 2020							
Employer's Name, Address and ZIP Co	1. Wages, Tips, Other Compensation			2. Federal Income Tax Withheld				
METLIFE AGENT / COGNIZANT TECHNO			3,652.23			213.84		
5950 ALRPORT ROAD			3. Social Security Wages			4. Social Security	Tax Withhel	ld
ORISKANY NY 13424			3,652.23			22	6.44	
			5. Medicare Wages			6. Medicare Tax Withheld		
			3,652.23			52.97		
Group/Sub/Branch			Employee's Social Security Number			14. TIER 1 EMPLOYEE TAX: TIER 1 EMPLOYEE MEDICARE TAX:		
0307320 0001 0002	799-85-9093			TIEN I EMPLOYEE	MEDICAHE	100.		
Employee's Name, Address and ZIP C	ode							
SUJATHA CHINTHALA 800 S WELLS ST		and a	1-1-1-1		14h 7 0	lanafite Daid		
UNIT 1103			12a. (J) Excluded From Wages 14a. Included in Wages 14b. Total Benefits Paid					
CHICAGO	.00 3,652.23 3,652.23							
IL 60607	13. Statutory Retirement Third-party employee plan sick pay							
15. State Employers State ID No.	17. State Tax Withheld	20. Local		18. Local Wages,	Tips, Etc.	19. Local Income Tax		
IL 13-5581829 000 3		16. State Wages, Tips, Etc. 3,652.23	117.13					
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					Form W	2 Waga an	d Tay C	tatement 2020
OMB NO. 1545-0008			1 1/2 7: 2::					statement 2020
Employer's Name, Address and ZIP Code			1. Wages, Tips, Other Compensation		2. Federal Income Tax Withheld			
METILIFE AGENT / COGNIZANT TECHNO			3,652.23 3. Social Security Wages		4. Social Security Tax Withheld			
ORISKANY NY 13424			3. Social Security Wages 3,652.23		4. Social Security Tax Withheld 226.44			
ORLSKANY NY 13424			5, 052.23		6. Medicare Tax Withheld			
			3,652.23		52.97			
Construction of Construction	Employer's 1	dentification Number	Employee's Social Security Number			14. TIER 1 EMPLOYEE TAX:		
0307320 0001 0002 13-5581829			799-85-9093			TIER 1 EMPLOYEE MEDICARE TAX:		
Employee's Name, Address and ZIP C	177 03 7073							
SUJATHA CHINTHALA								
800 S WELLS ST			12a. (J) Excluded From Wages 14a. Included in V			Wages 14b. Total Benefits Paid		
UNIT 1103						52.23 3,652.23		
CHICAGO	13. Statutory Retirent	nent T	hird-party sick pay					
IL 60607	employee plan		X					
15. State Employers State ID No.		16. State Wages, Tips, Etc.	17. State Tax Withheld	20. Loca	lity Name	18. Local Wages	, Tips, Etc.	19. Local Income Tax
IL 13-5581829 000 3		3,652.23	117.13					1
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Form W-2 Wage and Tax Statement 2020