Notice to Employee
Do you have to file? Refer to the instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (ECL) vom may be able to take the BEC for 2000 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family size.

Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can this take the EUC if your investment income is more than the specified amount for 2020 or if moome is earned for services provided while you were an intained at a penal institution. For 2020 in come limits and more information, vist we wis zeyovETTC.

Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Also see Pub. 390, named informe cream. Full factors and a finite factor and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers. Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employer to correct your employer to the correct way and the state of the correct way and any statement, with the Social Security Administration (SSA) to correct any Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSR, or money amount error reported to the SSA on Form W-2. Be use to get your copies of Form W-2 from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct annear at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2020 and more than S8.537.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than archive for the excess fave your federal income tax. If you had more than ore than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the excess against your federal more than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the structures for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 899, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8999.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips show; in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips abov \$200.000.

SOURCE SET OF STEAM SUBSTITUTE OF STEAM SUBSTI

figure the social security and Medicare tax owed on tips you didn't report to your empbyer. Enter this J.—Nontaxable six by pay (information only, not included in boxes 1, 3, or 5) amount on the wages line of your tax return. By filing Form 4137, your social security is will be credited to your social security record (used to figure your benefits).

K—20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR.

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K—20% excise tax on excess gol

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D. R. F. and S) and designated Roth contributions (codes A. B. Ba and ED) under all plans are generally limited to a total of \$91,500 (15),300 if you only have SIMPLE plans; \$22,500 for section 40(8) plans if you qualify for the 15-year rule explained in \$7,000. Horizan kinder code Har emited to \$7,000. Deferrals under code Gar en limited to \$10,500. Deferrals under code Har emited to \$7,000. Horizan kinder in \$7,000. Horizan kinder code Har emited to \$7,000. Horizan kinder in \$7,000. Horizan kinder Box 12. The following list explains the codes shown in box 12. You may need this information to

shown, the contributions are for the current year.

A—Uncollected social security or RR74 tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement.

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

employees only). See the instructions for Forms 1040 and 1040-SR.

P—Exchable moving expense reimbursements paid drecily to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5)

O—Nontaxable combat pay. See the instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Linghyees allay reductive contributions under a section 408(p) SIMPLE plan (not included in box 8—Linghyees allay reductive contributions under a section 408(p) SIMPLE plan (not included in box

 $\label{eq:condition} \begin{array}{ll} 1) \\ T-- Adoption \ benefits \ (not \ included \ in \ box \ 1). \ Complete \ Form \ 8839, \ Qualified \ Adoption \ Expenses, \ to \end{array}$

Complete Form 8839, Qualified Adoption Expense compute any taxable and nontaxable amounts. V—Income from exercise of nontaxataturary stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 325, Taxable and Nontaxable Income, for reporting requirements.

requarements.

W—Emphyer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs)

Y—Deferrals under a section 409A nonqualified deferred compensation plan Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the instructions for Forms 1040 and 1040-954.

amount is also the clased in to 8x 1. It is volved to an automotical abs to the instructions for Forms 1040 and 1040-SR.

A.A.—Designated Roth contributions under a section 401(k) plan
B.—Designated Roth contributions under a section 403(b) plan
DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not tracible.

B. Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply one outsthetone Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan.

The —Permitted benefits under a qualified small employer health ambusement arrangement
GG—Income from qualified equity grants under section 83(b)
H.—Aggregate defernals under section 83(b) elections as of the close of the calendar year
Box 13. If the "Retirement plan" box is othecked, special limits may apply to the amount of traditional
RA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement
Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the cleary's parsonage allowance and utilities.

withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the cterg's parsonage allow ance and utilities. Railroad emphyers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Form W-2 Wage and Tax Statement

2020

Copy C, for employee's records

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 immosed on you if this income is suble and you fall to report it.

		ugc	ulia lux	Otatement	•	2020	001	y o, ioi eilipio	may be imposed	ed to file a tax return, a negligence penalty d on you if this income is taxable and you fa		
0020-19049099 0000000094-						c Employer's name, address, and ANJS TECHNOLO	GIES LLC		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer's identification num 22-3933730 13 Statutory Re				92-8173 Third-party		40 BRUNSWICK AVE STE 203			1 Wages, tips, other compensation 88400.00			
·	Employee plan sick pay					EDISON NJ 08817			3 Social Security wages	4 Social Security tax withheld 6 Medicare tax withheld		
12 See Ir	12 See Instrs. for Box 12		14 Other UI/HC/WD DI PASUI	16	15.90	VIJAY KONGARA 959 PENN CIR APT # C 406	L		5 Medicare wages and tips 7 Social Security tips 10 Dependent care benefits	8 Allocated Tips 11 Nonqualified plans		
			LD No.	46 Chalannana dan aka		KING OF PRUSSIA		401	Verification Code	001		
15 State Employer's sta NJ 223-933-730 NJ FLI			30/000			17 State income t	2736.33 99.04	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement

2020

2020

Copy C, for employee's records

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 are the improvement of the control of the control

												sa on you ir this income is taxable and you fall	
d Control number Void 0020-19049099 0000000094-					c Employer's name, address, and ZIP code ANJS TECHNOLOGIES LLC					Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
		709-	a Employee's social security number 709-92-8173 It Third-party sick pay		40 BRUNSWICK AVE STE 203 EDISON NJ 08817			1 Wages, tips, other compensation 2 Federal Income tax withheld 3 Social Security wages 4 Social Security tax withheld					
12 See I	12 See Instrs. for Box 12 14 Other					e Employee's name, address, and ZIP code					care wages and tips	6 Medicare tax withheld	
						VIJAY KONGARA 959 PENN CIR APT # C 406				7 Soci	al Security tips	8 Allocated Tips	
										10 Dependent ca		11 Nonqualified plans	
						KING OF PRUSSIA PA 19406				Verification Code			
15 State	15 State Employer's state I.D. No. 16 State wages, tips, etc.					c. 17 State income tax			18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
PA 20048624				20	5500.00		813.55						

Form W-2 Wage and Tax Statement

Copy B, to be filed with employee's FEDERAL tax return

d Control number Void					c Employer's	s name, address, and ZII	P code		Department of the Treasury - Internal Revenue Service				
0020-19049099 0000000094-					ANJS TECHNOLOGIES LLC					OMB No. 1545-0008			
b Employ	er's identification n	umber a Employee's	social security nur	mber	40 BRU	INSWICK AV	Έ		4 19/	1 Wages, tips, other compensation 2 Federal Income tax withheld			
22-39	933730	709-	92-8173		STE 203					es, tips, other compensation 88400.00	12724.83		
		Retirement	Third-party			-							
Empl	loyee	plan	sick pay		EDISOI	EDISON NJ 08817			3 Social Security wages 4 Social Security tax withheld				
12 See In	strs. for Box 12	14 Other	HC/WD 107.54			's name, address, and ZI	P code		5 Medi	care wages and tips	6 Medicare tax withheld		
		0 -,			1								
		DI	SUI 1		VIJAY KONGARA 959 PENN CIR				7 Social Security tips		8 Allocated Tips		
		PASUI											
					APT # C 406				10 Dep	endent care benefits	11 Nonqualified plans		
					KING OF PRUSSIA PA 19406								
					KING OF FRUSSIA FA 19400			Verification Code					
15 State	Employer's	state I.D. No.	16 State wages,	tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name		
NJ 223-933-730/000				6	1900.00		2736.33						
NJ FLI							99.04						

Notice to Employee
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Earned innour credit (EIC). You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family size.

Workers without châldren could qualify for a smaller credit. You and any qualifying châldren must have valid social security numbers (SSNs). You can that the HEI fir your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an intante at a penal institution. For 2020 income limits and more information, vist www. ris. gov/EITC.

Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Also see Pub. 396, trained informe cream, my face and the security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers. Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employer to correct your employer to the correct way and the state of the correct way and any statement, with the Social Security Administration (SSA) to correct any Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSR, or money amount error reported to the SSA on Form W-2. Be use to get your copies of Form W-2 from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct annear at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DD is not taxable.

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Instructions for Employee

- Box 1. Eater this amount on the wages line of your tax return.

 Box 2. Eater this amount on the federal income tax withheld line of your tax return.

 Box 5. You may be required to report this amount on Form 8999. Additional Medicar Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

 Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips show in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips abox \$200.000.

figure the social security and Medicare tax owed on tips you didn't report to your empbyer. Enter this J.—Nontaxable six by pay (information only, not included in boxes 1, 3, or 5) amount on the wages line of your tax return. By filing Form 4137, your social security is will be credited to your social security record (used to figure your benefits).

K—20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR.

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K—20% excise tax on excess gol

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shown, the contributions are for the current year.

A—Uncollected social security or RR74 tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement.

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

employees only). See the instructions for Forms 1040 and 1040-SR.

P—Exchable moving expense reimbursements paid drecily to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5)

O—Nontaxable combat pay. See the instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Linghyees allay reductive contributions under a section 408(p) SIMPLE plan (not included in box 8—Linghyees allay reductive contributions under a section 408(p) SIMPLE plan (not included in box

1) T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to

securary wage oase), and 3). See ruo. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Emphyrer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (MSAc)

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the instructions for Forms 1040 and 1040-954.

amount is also the clased in to 8x 1. It is volved to an automotical abs to the instructions for Forms 1040 and 1040-SR.

A.A.—Designated Roth contributions under a section 401(k) plan
B.—Designated Roth contributions under a section 403(b) plan
DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not tracible.

B. Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply one outsthetone Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan.

The —Permitted benefits under a qualified small employer health ambusement arrangement
GG—Income from qualified equity grants under section 83(b)
H.—Aggregate defernals under section 83(b) elections as of the close of the calendar year
Box 13. If the "Retirement plan" box is othecked, special limits may apply to the amount of traditional
RA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement
Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the cleary's parsonage allowance and utilities.

withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable neone, educational assistance payments, or a member of the Cergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation. S00,000.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax. on Lineported Tip Income, win your income tax return to report at least the allocated if parount unkes you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to

Form W-2 Wage and Tax Statement

2020

Copy B, to be filed with employee's FEDERAL tax return

d Control number		1	Void c E	Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service			
0020-19049099 0	0000000094-		A1	NJS TECHNOLOGIES LLC		OMB No. 1545-0008			
b Employer's identification num	mber a Employee's	social security numb	ber 40	D BRUNSWICK AVE					
22-3933730	709-	92-8173	тэ	TE 203		1 Wages, tips, other compensation	2 Federal Income tax withheld		
	13 Statutory Retirement T		1	DISON NJ 08817		3 Social Security wages 4 Social Security tax withheld			
12 See Instrs. for Box 12	14 Other		e E	Employee's name, address, and ZIP code		5 Medicare wages and tips 6 Medicare tax withheld			
			1	IJAY KONGARA 59 PENN CIR		7 Social Security tips	8 Allocated Tips		
			AF	PT # C 406		10 Dependent care benefits	11 Nonqualified plans		
			KI	ING OF PRUSSIA PA 19406		Verification Code			
15 State Employer's sta	ate I.D. No.	16 State wages, tip	ps, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
PA 20048624			2650	00.00 813.55					

Form W-2 Wage and Tax Statement

2020

Copy 2, to be filed with employee's tax return for NJ

d Control number 0020-19049099 0000000094-				Voi		's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMS No. 1545-0088			
		709-9	social security number 92-8173 Third-party sick pay	STE 20	JNSWICK AVE 3 N NJ 08817						
12 See I	12 See Instrs. for Box 12		14 Other UI/HC/WD DI	107. 160.	.54 .94 VIJAY	V's name, address, and ZIP code		5 Medicare wages and tips 7 Social Security tips	6 Medicare tax withheld 8 Allocated Tips		
					APT #	NN CIR C 406 OF PRUSSIA PA 19406		10 Dependent care benefits Verification Code	11 Nonqualified plans		
15 State Employer's state NJ 223-933-730 NJ FLI			1		, etc. 61900.00	17 State income tax 2736.33 99.04	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement

2020

Copy 2, to be filed with employee's tax return for PA

d Control number Void					Void	c Employer's name, address, and ZIP code ANJS TECHNOLOGIES LLC					Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
0020-19049099 0000000094-															
b Employer's	s identificati	on number	a Employee's	s social security nu	mber	40 BRU	NSWICK AV	Е			<u> </u>				
22-3933	3730		709-92-8173			STE 203				1 Wage	es, tips, other compensation 88400.00	2 Federal Income tax withheld 12724.83			
13 Statuto		Retirem	ent	Third-party		~	-			<u> </u>					
Employe	ee	plan		sick pay		EDISON NJ 08817				3 Socia	al Security wages	4 Social Security tax withheld			
12 See Instre	rs. for Box 12		Other	15.00		e Employee's name, address, and ZIP code					care wages and tips	6 Medicare tax withheld			
		I PF	SUI	15.90											
						VIJAY	KONGARA			7 Social Security tips		8 Allocated Tips			
					959 PENN CIR										
						APT # C 406				10 Dep	pendent care benefits	11 Nonqualified plans			
						KING C	DE DDIIGGIA I	24 10406							
						KING OF PRUSSIA PA 19406					Verification Code				
15 State Employer's st PA 20048624		er's state I.D.	No.	No. 16 State wages, tip		. 17 State income tax			18 Local wages, tips, etc.		19 Local income tax	20 Locality name			
		24			20	5500.00		813.55							
				1											