


22222		a Employee's social security number 885-63-3245		OMB No. 1545-0008		
b Employer identification number (EIN) 20-5128355			1 Wages, tips, other compensation 53765.20		2 Federal income tax withheld 4184.38	
c Employer's name, address, and ZIP code SOFT LABSNA INC 182 TURNPIKE ROAD SUITE 260 WESTBOROUGH MA 01581			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	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial TRINADH SIVA NAG		Last name NANUPATHRUNI		Suff.		
1009 SEVERIN DR			11 Nonqualified plans		12a	
BRIDGEWATER TOWNSHIP NJ 08807			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other MAPFL 59.69		12c	
			MAPML 113.99		12d	
f Employee's address and ZIP code						
15 State Employer's state ID number MA 205-128-355		16 State wages, tips, etc. 53765.20	17 State income tax 2466.79	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2020

Department of the Treasury—Internal Revenue Service

a Employee's social security number 885-63-3245		OMB No. 1545-0008		Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 20-5128355			1 Wages, tips, other compensation 53765.20		2 Federal income tax withheld 4184.38	
c Employer's name, address, and ZIP code SOFT LABSNA INC 182 TURNPIKE ROAD SUITE 260 WESTBOROUGH MA 01581			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	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial TRINADH SIVA NAG		Last name NANUPATHRUNI		Suff.		
1009 SEVERIN DR			11 Nonqualified plans		12a See instructions for box 12	
BRIDGEWATER TOWNSHIP NJ 08807			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other MAPFL 59.69		12c	
			MAPML 113.99		12d	
f Employee's address and ZIP code						
15 State Employer's state ID number MA 205-128-355		16 State wages, tips, etc. 53765.20	17 State income tax 2466.79	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2020

Department of the Treasury—Internal Revenue Service

		a Employee's social security number 885-63-3245		OMB No. 1545-0008		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 imposed on you if this income is taxable and you fail to report it.					
b Employer identification number (EIN) 20-5128355				1 Wages, tips, other compensation 53765.20		2 Federal income tax withheld 4184.38					
c Employer's name, address, and ZIP code SOFT LABSNA INC 182 TURNPIKE ROAD SUITE 260 WESTBOROUGH MA 01581				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					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial TRINADH SIVA NAG 1009 SEVERIN DR BRIDGEWATER TOWNSHIP NJ 08807		Last name NANUPATHRUNI		Suff.		11 Nonqualified plans		12a See instructions for box 12			
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
						14 Other MAPFL 59.69		12c			
						MAPML 113.99		12d			
f Employee's address and ZIP code											
15 State Employer's state ID number MA 205-128-355		16 State wages, tips, etc. 53765.20		17 State income tax 2466.79		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of Copy B.)

2020

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use



		a Employee's social security number 885-63-3245		OMB No. 1545-0008							
b Employer identification number (EIN) 20-5128355				1 Wages, tips, other compensation 53765.20		2 Federal income tax withheld 4184.38					
c Employer's name, address, and ZIP code SOFT LABSNA INC 182 TURNPIKE ROAD SUITE 260 WESTBOROUGH MA 01581				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					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial TRINADH SIVA NAG 1009 SEVERIN DR BRIDGEWATER TOWNSHIP NJ 08807		Last name NANUPATHRUNI		Suff.		11 Nonqualified plans		12a			
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
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						MAPML 113.99		12d			
f Employee's address and ZIP code											
15 State Employer's state ID number MA 205-128-355		16 State wages, tips, etc. 53765.20		17 State income tax 2466.79		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement
**Copy 2—To Be Filed With Employee's State, City, or Local
Income Tax Return**

2020

Department of the Treasury—Internal Revenue Service