Copy B To Be Filed FEDERAL Tax Retu		2020	OMB No. 1545-0008						
a. Employee's SSN	1 Wages,	tips, c	other comp. 86146.00	2 Fe	Federal income tax withheld 11215.96				
899-76-4664 b. Employer ID number	3 Social s	ecurit	ty wages 86146.00	4 So	Social security tax withheld 5341.06				
26-1206788	5 Medicar	5 Medicare wages and tips 86146.00				6 Medicare tax withheld 1249.11			
c. Employer's name, add	ress, and ZIP	code							
CONFLUX SYS'	TEMS IN	C							
11539 PARK 1	WOODS C	IRC	LE						
SUITE 302									
ALPHARETTA,	GA 300	05							
d. Control number									
e. Employee's name, add	ress, and ZIP	code							
1014 GRAND A		704	.7						
7 Social security tips	8 A	llocate	ed tips						
10 Dependent care benefit	s 11 N	Nonqualified plans			12a Code See inst. for box 12				
13 Statutory employee	14 Other NJ FLI		142.09	12	12b Code				
Retirement plan	NJ SDI NJ SUI	NJ SDI 230.91 NJ SUI 150.02							
Third party sick pay	Sec. 1	25	2,664.00	12	2d Code				
NJ 261-206-788/000			88810.	88810.00 392					
15 State Emplr.'s state ID #			ate wages, tips, etc.		17 State income tax				
18 Local wages, tips,etc. 19 L			come tax	20) Locality name	e			
Form W-2 Wage and Tax	Statement				Don't of the	Treasury IRS			

Copy 2 To Be Filed W City, or Local Income			State,			2020		/IB No 45-000
a. Employee's SSN	1 Wages	s,tips, oth	ner comp. 86146	.00	2 Fe	deral income	tax with	
b. Employer ID number	3 Social	security	wages 86146	.00	4 So	cial security	tax withhe	
b. Emproyer 15 humber	5 Medica	are wages	and tips		6 Me	dicare tax w	ithheld	
26-1206788			86146	.00			1249	9.11
c. Employer's name, addres	s, and ZIP	code						
CONFLUX SYSTE	MS IN	C						
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SUITE 302								
ALPHARETTA, G	A 300	05						
d. Control number 40								
e. Employee's name, address	s, and ZIP	code						
SUDEER K GADW 1014 GRAND AV NORTH BERGEN,	Έ		ER					
7 Social security tips	8	Allocated	tips					
10 Dependent care benefits	11	Nonqualif	ied plans		12	2a Code See	inst. for	box 12
13 Statutory employee	14 Other				12	2b Code		
	NJ FL		142					
Retirement plan	NJ SD		230		12	2c Code		
	NJ SU		150					
Third party sick pay	Sec.	125	2,664	.00	12	2d Code		
NJ 261-206-78	8/000		888	310.	00		392	1.49
15 State Emplr.'s state ID 18 Local wages, tips, etc.		16 State wages, tips, etc.			120	20 Locality name		
To Local wages, ups, etc.	19	LUCAT INC	one tax		20	Locality II	anie	
Form W-2 Wage and Tax	State ment					Dept. of the		
							39-	190864

Dept. of the Treasury -- IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C For EMPLOYEE'S RECORDS
(See Notice to Employee)

OMB No. 1545-000

penalty/other sanction ma	y be imp	osea on you	ii triis income is taxa	ule a	you rail to rept	III.		
Copy C For EMPLOY (See Notice to Empl			2020	OMB No. 1545-0008				
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13 Statutory employee	14 Othe		140.00		12b Code			
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Third party sick pay	Sec	. 125	2,664.00	1	2d Code			
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18 Local wages, tips, etc.		19 Local in	come tax	2	0 Locality nar	ne		

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Form W-2 Wage and Tax Statement

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008									
a. Employee's SSN 899-76-4664	1 Wage	s,tips, o	ther comp. 86146.00	2 Fe	deral income	tax withheld 11215.96			
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Form W-2 Wage and Tax S	 State me n	t	39-1908647		Dept. of the	Treasury IRS			