b Employer's Identification number	- 20−2468651	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer's Identification number c Employer's name, address, and ZIP cod	de 20 2100001	\$	32136.00	3824.27
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OO MAGETO TANE		12c	5 Medicare wages and tips	6 Medicare tax withheld
20 MYSTIC LANE		 \$	32136.00	465.97
2ND FLOOR MALVERN PA 19355		12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial	Last name		9	10 Dependent care benefits
	3392323	This information is being furnished to the Internal Revenue Service		
SAI KUMAR KETHEPAL	LI		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
9519 STELLA DR, AP	Γ#5206	Copy B To Be Filed with Employee's FEDERAL	14 Other	
		Tax Return	14 Other	
CHARLOTTE NC 28262				
6 Employee's address and 7ID ands		a Employee's soc. sec. no 057-77-6407	!	
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Form W-2 Wage and Tax Statement	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Vith Employee's FEDERAL Tax Return
202				
h Employer's Identification number		12a See instructions for Box 12	1 Wages tips other compansation	2 Fodoral income tax withhold
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Form W-2 Wage and Tax Statement 202	2.1 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Departments
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h Employer's Identification number		12a Socinstructions for Box 12	4 Warran time ather commencedies	2 Endard income toy withhold
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