b Employer's Identification number	12a See instructions for Box 12	1 Wagas tine other companyation	2 Endoral income tax withhold
b Employer's Identification number c Employer's name, address, and ZIP code	\$	1 Wages, tips, other compensation 43598.08	5249.28
IP-HEIGHTS	12b	3 Social security wages	4 Social security tax withheld
	\$ 12c	5 Medicare wages and tips	6 Medicare tax withheld
2 KILMER RD	\$	o modioaro magoo ana apo	o modical o tax mamora
EDICON NI 00017	12d	7 Social security tips	8 Allocated tips
EDISON NJ 08817 [e Employee's first name and initial Last name	\$	9	10 Dependent care benefits
10805213	This information is being furnished to the Internal Revenue Service		
SHIVA KUMAR YERUKALA		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
12649 SE 60TH ST	Copy B To Be Filed with	4400	
	Employee's FEDERAL Tax Return	14 Other	
BELLEVUE WA 98006			
6 Employee's address and 7ID code	a Employee's soc. sec. no 712-38-3373		
f Employee's address and ZIP 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
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	I Vith Employee's FEDERAL Tax Retur
2020			
b Employer's Identification number AG 5741051	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Endoral income tax withhold
c Employer's name, address, and ZIP code 46-5741051	\$	43598.08	5249.28
IP-HEIGHTS	12b	3 Social security wages	4 Social security tax withheld
	\$ 12c	5 Medicare wages and tips	6 Medicare tax withheld
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SHIVA KUMAR YERUKALA	Local Tax Departments		employee plan sick pay
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BELLEVUE WA 98006	a Employee's soc. sec. no		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	712-38-3373 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE. CITY. or LOCAL Tax Department
2020			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
REV 01/07/21 OSP			
b Employer's Identification number c Employer's name, address, and ZIP code 46-5741051	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$ 12b	43598.08 3 Social security wages	5249.28 4 Social security tax withheld
IP-HEIGHTS	120	3 Social Security Wages	4 Social Security tax withheld
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e Employee's first name and initial Last name		9	10 Dependent care benefits
10805213		11 Nonqualified plans	40 -
SHIVA KUMAR YERUKALA	Copy 2 for State, City, or	11 Nonqualineu pians	13 Statutory Retirement Third-party employee plan sick pay
12649 SE 60TH ST	Local Tax Departments	14 Other	
BELLEVUE WA 98006	a Employee's soc. sec. no		
f Employee's address and ZIP code	712-38-3373		
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
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Department
b Employer's Identification number c Employer's name, address, and ZIP code 46-5741051	12a See instructions for Box 12	1 Wages, tips, other compensation	
	\$ 12b	43598.08 3 Social security wages	5249.28 4 Social security tax withheld
IP-HEIGHTS	\$,,
2 KILMER RD	12c	5 Medicare wages and tips	6 Medicare tax withheld
Z KILKILK KD	\$ 12d	7 Social security tips	8 Allocated tips
EDISON NJ 08817	\$	7 Social Security tips	O Allocated tips
e Employee's first name and initial Last name	This information is being furnished to the Internal Revenue Service. If you are	9	10 Dependent care benefits
10805213	required to file a tax return, a negligence penalty or other sanction may be imposed	11 Nongualified plans	13 Ctatutani Baliana
SHIVA KUMAR YERUKALA	on you if this income is taxable and you fail to report it.	i i Honguaimeu pians	13 Statutory Retirement Third-party employee plan sick pay
12649 SE 60TH ST	Copy C for Employee's	14 Other	
	Records (see notice to Employee on back.)		
BELLEVUE WA 98006	a Employee's soc. sec. no		
f Employee's address and ZIP code	712-38-3373		
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