Г		r				
22222	a Employee's social security number					
	880-41-9246	-9246 OMB No. 1545-0008				
b Employer identification number (EIN)			1 Was	1 Wages, tips, other compensation 2 Federal income tax with		
20-4602898			2959.35			11.77
c Employer's name, address, and ZIP code			3 500	cial security wages	urity tax withheld	
			2959.35		183.48	
CASTLE ACADEMY INC						
5416 BETHELVIEW RD			5 Medicare wages and tips		6 Medicare tax withheld	
			2959.35		42.91	
			7 Social security tips		8 Allocated tips	
CUMMING GA 30040						
d Control number			9	9 10 Dependent care benefits		t care benefits
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a	
C =					C I	
RAJESWARI	VELIGATLA		13 State	utory Retirement Third-party	0	
			13 Statutory Retirement Third-party employee plan sick pay		[2B	
4620 DANDELION WAY					d e	
			14 Other		12c	
					d e	
CUMMING GA 30040					12d	
COMMINIO GA 30040					8	
f Employee's address and ZIP code						
15 State Employer's state ID number		17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income	tax 20 Locality name
GA 2325537-QU	2959.35		33.05	To Local Hagos, apo, o.c.		
		<u>'</u>				

Form **W-2** Wage and Tax Statement

5055

Department of the Treasury-Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

	Employee's social security number 80-41-9246	OMB No. 154	5-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 20-4602898			1 Wages, tips, other compensation 2959.35		2 Federal income tax withheld 11.77	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
CASTLE ACADEMY INC				2959.35	183.48	
5416 BETHELVIEW RD			5 Medicare wages and tips 2959.35		6 Medicare tax withheld 42.91	
CUMMING GA 30040			7 Social security tips		8 Allocated tips	
d Control number			9 10 Dependent care benefits			
e Employee's first name and initial Last name Suff.		11 Nonqualified plans 12a See instructions for box 1		12a See instructions for box 12		
RAJESWARI	VELIGATLA		13 State	utory Retirement Third-party	12b	
4620 DANDELION WAY				loyee plan sick pay	C od	
			14 Oth	er	12c	
CUMMING GA 30040					12d	
f Employee's address and ZIP code						
15 State Employer's state ID number	16 State wages, tips, etc.			18 Local wages, tips, etc.	19 Local income tax 20 Locality name	
GA 2325537-QU	2959.35		133.05			

Form **W-2** Wage and Tax Statement

5055

Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.