

15 STATE EMPLOYER'S STATE I.D. NO. OH 540901477		16 STATE WAGES, TIPS, ETC. 6211.54	17 STATE INCOME TAX 185.79	18 LOCAL WAGES, TIPS, ETC. 6211.54	19 LOCAL INCOME TAX 111.81	20 LOCALITY NAME CINCINNATI RES OTHER
D. CONTROL NUMBER 81-3763469		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION 6211.54	2 FEDERAL INCOME TAX WITHHELD 978.38	
B. EMPLOYER IDENTIFICATION NUMBER 81-3763469		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 782-46-1125		3 SOCIAL SECURITY WAGES	4 SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE PROLOGIX 5901 N HONORE AVE SUITE 200 SARASOTA, FL 34243				5 MEDICARE WAGES AND TIPS	6 MEDICARE TAX WITHHELD	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME BALAJI DAMA				7 SOCIAL SECURITY TIPS	8 ALLOCATED TIPS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE 3413 WHITFIELD AVE, 5 CINCINNATI, OH 45220				9	10 DEPENDANT CARE BENEFITS	
SUFF.				11 NONQUALIFIED PLANS	12 a-d	
				14 OTHER	13 Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-Party Sick pay <input type="checkbox"/>	
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Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return 2020  
FORM **W-2 Wage and Tax Statement**  
Dept. of the Treasury - Internal Revenue Service  
FOLD AND TEAR ALONG PERFORATION

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# W-2 AND WAGE SUMMARY

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