b Employer's Identification number 26-1181940	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	ls.	18960.00	1966.66
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	 \$		
4229 LAFAYETTE CENTER DR, SUITE #1750	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$ 12d	7 Social security tips	8 Allocated tips
CHANTILLY VA 20151	Is		·
e Employee's first name and initial Last name	This information is being furnished to the	9 Verification code	10 Dependent care benefits
4182712	Internal Revenue Service	22.11	
ASHRITHA DANDAM		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
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	Employee's FEDERAL	14 Other	
CHANTILLY VA 20151	Tax Return		
CHAVIIIII VA 20131	a Employee's soc. sec. no		
f Employee's address and ZIP code	336-33-0766		ion i Pr
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Form W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed \	With Employee's FEDERAL Tax Return
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4182712		11 Nonqualified plans	42
ASHRITHA DANDAM	Copy 2 for State, City, or	11 Nonquaimed plans	13 Statutory Retirement Third-party employee plan sick pay
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Form W-2 Wage and Tax Statement 2019 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
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