Copy B-To Be Filed Wi Federal Tax Return.	th Employe	e's		41-0852411 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tip	os, other comp. 40656.00	2 Fede	ral income tax withheld
866-64-8155	3 Social sec	curity wages	4 Socia	al security tax withheld
b Employer ID number (EIN)		40656.00		2520.67
	5 Medicare	wages and tips	6 Medi	care tax withheld
<u>20-4590543</u>		40656.00		589.51
c Employer's name, address	and ZIP code			
GLOBAL BRIDGE 5525 N MACARTH				
IRVING		TX		75038
d Control number				
e Employee's name, address	, and ZIP code			Suff
ANUPRIYA	RAST	TOGI.		
1370 QUAIL RUN		24		
				46077
1370 QUAIL RUN		IN	9 Ve	46077
1370 QUAIL RUN ZIONSVILLE 7 Social security tips	CT APT 32	IN tips	9 Ve	rification code
1370 QUAIL RUN ZIONSVILLE 7 Social security tips 10 Dependent care benefits	8 Allocated	IN tips		rification code
1370 QUAIL RUN ZIONSVILLE 7 Social security tips 10 Dependent care benefits	8 Allocated	IN tips	12a C	rification code ode ode
1370 QUAIL RUN ZIONSVILLE 7 Social security tips 10 Dependent care benefits 13 Statutory employee 14 Or	8 Allocated	IN tips	12a C	ode ode ode
1370 QUAIL RUN ZIONSVILLE 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay	8 Allocated 11 Nonqualither	IN tips	12a C	ode ode ode
1370 QUAIL RUN ZIONSVILLE 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay	8 Allocated 11 Nonqualither	IN tips fied plans 40656.00	12a C	ode ode ode ode

This information is being furnished to the Internal Revenue Service. DAA

Copy C-For EMPLOYEE Notice to Employee on	'S RECORDS (See the back of Copy B.)	41-0852411 OMB No. 1545-0008			
a Employee's soc. sec. no.	1 Wages, tips, other comp. 40656.00	2 Federal income tax withheld 4429.00			
866-64-8155	3 Social security wages	4 Social security tax withheld			
b Employer ID number (EIN)	40656.00	2520.67			
20-4590543	5 Medicare wages and tips 40656.00	6 Medicare tax withheld 589.51			
c Employer's name, address, and ZIP code					
GLOBAL BRIDGE INFOTECH INC 5525 N MACARTHUR BLVD, STE 670 IRVING TX 75038					
111111	170	70000			
d Control number					
e Employee's name, address,	e Employee's name, address, and ZIP code Suff.				
ANUPRIYA 1370 QUAIL RUN (ZIONSVILLE	RASTOGI CT APT 324 IN	46077			
7 Social security tips	8 Allocated tips	9 Verification code			
10 Dependent care benefits	11 Nonqualified plans	12a Code			
13 Statutory employee 14 Oth	er	12b Code			
Retirement plan	12c Code				
Third-party sick pay		12d Code			
IN 0155322095 001	40656.00	1313.19			
15 State Employer's state ID no	umber 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 2019 Dept. of the Treasury -- IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

DAA

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Copy 2-To Be File	d With me Ta	Emp x Re	oloyee's State, eturn.		41-0852411 OMB No. 1545-0008
a Employee's soc. sec.			ages, tips, other comp. 40656.00	2 I	Federal income tax withheld 4429.00
866-64-8155		3 Sc	cial security wages	4 3	Social security tax withheld
b Employer ID number	(EIN)		40656.00	L	2520.67
		5 Me	edicare wages and tips	6 [Medicare tax withheld
20-4590543			40656.00	L	589.51
c Employer's name, address, and ZIP code					
GLOBAL BRIDGE INFOTECH INC 5525 N MACARTHUR BLVD, STE 670					
IRVING			TX		75038
d Control number	92				
e Employee's name, ad	ddress, a	nd Z	P code		Suff.
ANUPRIYA 1370 QUAIL R	UN C		RASTOGI PT 324		
ZIONSVILLE			IN		46077
7 Social security tips		8 AI	located tips	9	Verification code
10 Dependent care ben	efits	11 N	onqualified plans	12	2a Code
13 Statutory employee	14 Othe	er		12	2b Code
Retirement plan				12	2c Code
Third-party sick pay 12d Code					2d Code
IN 015532209	5 001		40656.00		1313.19
15 State Employer's sta	te ID nur	nber	16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, et	c.	19 L	ocal income tax	20) Locality name
J					-
Form W. 2 Wage and T			2040	_	2

Copy 2-To Be Filed With Employee's State,

2019

Dept. of the Treasury -- IRS

41-0852411

DAA

		eturn.	OMB No. 1545-0008
a Employee's soc. sec. no	1 W	ages, tips, other comp. 40656.00	2 Federal income tax withheld 4429.00
866-64-8155	3 Sc	ocial security wages	4 Social security tax withheld
b Employer ID number (EII	N)	40656.00	2520.67
	5 Me	edicare wages and tips	6 Medicare tax withheld
20-4590543		40656.00	589.51
c Employer's name, addre	ss, and ZI	P code	
GLOBAL BRIDG 5525 N MACAR			
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e Employee's name, addre	ss, and Z	IP code	Suff
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	3 11 N Other	<u> </u>	ļ ·
		<u> </u>	12a Code
13 Statutory employee 14		<u> </u>	12a Code
13 Statutory employee 14 Retirement plan	Other	<u> </u>	12a Code 12b Code 12c Code 12d Code
13 Statutory employee 14 Retirement plan Third-party sick pay	Other	lonqualified plans 40656.00	12a Code 12b Code 12c Code 12d Code
13 Statutory employee Retirement plan Third-party sick pay IN 0155322095 0	Other 001 D number	lonqualified plans 40656.00	12a Code 12b Code 12c Code 12d Code 1313.19