

1 Wages, tips, other compensation 27235.80		2 Federal income tax withheld 2186.45	
3 Social security wages 27235.80		4 Social security tax withheld 1688.62	
5 Medicare wages and tips 27235.80		6 Medicare tax withheld 394.92	
a Employee's SSA number 361-06-0700		Employer use only	
b Employer's FED ID number 59-0324412		d Control number 01001974	
c Employer's name, address, and ZIP code PUBLIX SUPER MARKETS INC P.O. Box 32024 Lakeland FL 33802-2024 00-B026-ISBUSAPP2			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 DD 1117.48	
13 Statutory Employee Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b C 58.71	
14 Other MISC 74.71		12c	
		12d	
e Employee's first name and initial Last name Suff. Thimmaiah Mallepalli Gajula 10741 PLEASANT KNOLL DR TAMPA FL 33647			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
16 State wages, tips, etc		19 Local income tax	
17 State income tax		20 Locality name	

Form OMB No 1545-0008
W-2 Wage and Tax Statement 2019
Copy C for Employee's records

Dept. of the Treasury - Internal Revenue Service
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.

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f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
16 State wages, tips, etc		19 Local income tax	
17 State income tax		20 Locality name	

Form OMB No 1545-0008
W-2 Wage and Tax Statement 2019
Copy 2 To Be Filed With Employee's STATE Income Tax Return

Dept. of the Treasury - Internal Revenue Service

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e Employee's first name and initial Last name Suff. Thimmaiah Mallepalli Gajula 10741 PLEASANT KNOLL DR TAMPA FL 33647			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
16 State wages, tips, etc		19 Local income tax	
17 State income tax		20 Locality name	

Form OMB No 1545-0008
W-2 Wage and Tax Statement 2019
Copy B To Be Filed With Employee's FEDERAL Tax Return

Dept. of the Treasury - Internal Revenue Service

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7 Social security tips		8 Allocated tips	
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13 Statutory Employee Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b C 58.71	
14 Other MISC 74.71		12c	
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f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
16 State wages, tips, etc		19 Local income tax	
17 State income tax		20 Locality name	

Form OMB No 1545-0008
W-2 Wage and Tax Statement 2019
Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return

Dept. of the Treasury - Internal Revenue Service