2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Corp. Employer use only KH/EAF Employer's name, address, and ZIP code VRK IT VISION INC 1030 STELTON RD SUITE 203B PISCATAWAY, NJ 08854 Batch #99927 e/f Employee's name, address, and ZIP code USHA KIRAN MARICHETTY 5881TOWN BAY DR APT # 9-33 BOCA RATON, FL 33486 a Employee's SSA number XXX-XX-5236 b Employer's FED ID number 84-3377790 Wages, tips, other comp. Federal income tax withheld 8860.00 641.82 4 Social security tax withheld Social security wages 5 Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans 14 Other 14.18 FLI 23.04 NJ DI 37.66 UI/WF/SWF 13 Stat emp Ret. plan 3rd party sick pa 15 State Employer's state ID no. 16 State wages, tips, etc. NJ 843-377-790/000 886 8860.00 17 State income tax 8 Local wages, tips, etc. 171.06 19 Local income tax 20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Compensation Wages Wages Wages Tips, Etc.

Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 Box 16 of W-2

 Gross Pay
 8,860.00
 8,860.00
 8,860.00
 8,860.00
 8,860.00
 8,860.00

 Reported W-2 Wages
 8,860.00
 0.00
 0.00
 8,860.00

2. Employee Name and Address.

USHA KIRAN MARICHETTY 5881TOWN BAY DR APT # 9-33 BOCA RATON, FL 33486

2020 ADP, Inc.

| Wages, tips, other comp. 8860.00 | | 2 Federal income tax withheld 641.82 | | |
|--|--|--------------------------------------|--------------|--------------------|
| 3 Social security wages | | 4 Social security tax withheld | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | |
| d Control number Dept. | | Corp. | Employ | er use only |
| Employer's name, a | SION .TON | INC | UITE 2 | |
| Employer's FED ID r 84-337779 Social security tips | a Employee's SSA number XXX-XX-5236 8 Allocated tips | | | |
| 9 | | 10 Dependent care benefits | | |
| 1 Nonqualified plans | | 12a See i | nstructions | for box 12 |
| 4 Other 14.18 FL 23.04 NJ 37.66 UI/V | DI . | 12b 12c 12d 13 Stat em | p. Ret. plan | 3rd party sick pay |
| 5881TOWN BAY APT # 9-33 BOCA RATON, | MARICH 'DR FL 33 | ETTY 486 | | |
| 5 State Employer's st NJ 843-377-79 | 16 State wages, tips, etc. 8860.00 | | | |
| 17 State income tax 171.06 | | 18 Local wages, tips, etc. | | |
| 9 Local income tax | | 20 Locali | • | |
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| 1 Wages, tips, other comp. 8860.00 | 2 Federal income tax withheld 641.82 | 1 Wages, t |
|--|---|-------------------|
| 3 Social security wages | 4 Social security tax withheld | 3 Social se |
| 5 Medicare wages and tips | 6 Medicare tax withheld | 5 Medicare |
| d Control number Dept. | Corp. Employer use only A 3 | d Control I |
| c Employer's name, address, a VRK IT VISION 1030 STELTON | 1 | c Employer VR 103 |
| b Employer's FED ID number 84-3377790 | a Employee's SSA number XXX-XX-5236 | b Employer |
| 7 Social security tips | 8 Allocated tips | 7 Social se |
| 9 | 10 Dependent care benefits | 9 |
| 11 Nonqualified plans | 12a | 11 Nonquali |
| 14. Other 14.18 FLI 23.04 NJ DI 37.66 UI/WF/SWF | 12b 12c 12d 13 Stat emp Ret. plan 3rd party sick pay | 14 Other |
| e/f Employee's name, address a | nd ZIP code | e/f Employee |
| USHA KIRAN MARICH 5881TOWN BAY DR APT # 9-33 BOCA RATON, FL 33 | USHA K 5881TOW APT # 9 BOCA F | |
| 15 State Employer's state ID no NJ 843-377-790/000 | 15 State En | |
| 17 State income tax 171.06 19 Local income tax | 18 Local wages, tips, etc. 20 Locality name | 17 State inc |
| NJ.State Re W-2 Wage a Statemer Copy 2 to be filed with employee's State | nd Tax 2020 | Copy 2 to be fill |

| 1 Wages, tips, other comp. 8860.00 | 2 Federal income tax withheld 641.82 | | | | |
|--|--|--|--|--|--|
| 3 Social security wages | 4 Social security tax withheld | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| d Control number Dept. | Corp. Employer use only | | | | |
| 000008 KH/EAF | A 3 | | | | |
| c Employer's name, address, and ZIP code | | | | | |
| VRK IT VISION 1030 STELTON PISCATAWAY, I | INC RD SUITE 203B NJ 08854 | | | | |
| b Employer's FED ID number 84-3377790 7 Social security tips | a Employee's SSA number XXX-XX-5236 8 Allocated tips | | | | |
| , design essentity tips | Anocated tips | | | | |
| 9 | 10 Dependent care benefits | | | | |
| 11 Nonqualified plans | 12a | | | | |
| 14 Other | 12b | | | | |
| 14.18 FLI | 12c | | | | |
| 23.04 NJ DI | 12d | | | | |
| 37.66 UI/WF/SWF | 13 Stat emp. Ret. plan 3rd party sick pa | | | | |
| e/f Employee's name, address and ZIP code USHA KIRAN MARICHETTY 5881TOWN BAY DR APT # 9-33 BOCA RATON, FL 33486 | | | | | |
| 15 State Employer's state ID no. 843-377-790/000 | 16 State wages, tips, etc. 8860.00 | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 19 Local income tax | 20 Locality name | | | | |
| NJ.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return. 1545-0008 | | | | | |