## 2020 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy C for employee's records. d Control number Corp. Employer use only KG/BHM

Employer's name, address, and ZIP code

ADDEPTO IT SOLUTIONS 454 SOUTH ANDERSON ROAD SUITE 214 ROCK HILL, SC 29730

Batch #93009

e/f Employee's name, address, and ZIP code

GAYATHRIDEVI **KONDA** 5314 CARNABY ST#249

| 0.112.0                               |   |  |  |
|---------------------------------------|---|--|--|
| IRVING, TX 75038                      |   |  |  |
| b Employer's FED ID number 83-3389649 | a Employee's SSA number XXX-XX-3005     |  |  |
| 1 Wages, tips, other comp.            | 2 Federal income tax withheld           |  |  |
| 56555.00                              | 7420.28                                 |  |  |
| 3 Social security wages               | 4 Social security tax withheld          |  |  |
| 13035.00                              | 808.17                                  |  |  |
| 5 Medicare wages and tips             | 6 Medicare tax withheld                 |  |  |
| 13035.00                              | 189.01                                  |  |  |
| 7 Social security tips                | 8 Allocated tips                        |  |  |
| 9                                     | 10 Dependent care benefits              |  |  |
| 11 Nonqualified plans                 | 12a See instructions for box 12         |  |  |
| 14 Other                              | 12b                                     |  |  |
| 14 Other                              | 12c                                     |  |  |
|                                       | 12d                                     |  |  |
|                                       | 13 Stat emp Ret. plan 3rd party sick pa |  |  |
| 15 State Employer's state ID no       | 16 State wages, tips, etc.              |  |  |
| 17 State income tax                   | 18 Local wages, tips, etc.              |  |  |
| 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 Social Security Medicare Compensation Wages Box 5 of W-2 Box 1 of W-2 Box 3 of W-2 56,640.00 56,640.00 56,640.00 Gross Pay Less Other Cafe 125 85.00 85.00 85.00 Reported W-2 Wages 56,555.00 13,035.00 13,035.00

2. Employee Name and Address.

GAYATHRIDEVI KONDA 5314 CARNABY ST#249 IRVING, TX 75038

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| 1                                | Wages, tips, other comp. 56555.00        |                                       |                                   | 2 Federal income tax withheld 7420.28 |                   |  |
|----------------------------------|--|---------------------------------------|-----------------------------------|---------------------------------------|-------------------|--|
| 3 Social security wages 13035.00 |  | 4 Social security tax withheld 808.17 |                                   |                                       |                   |  |
| 5                                | 5 Medicare wages and tips<br>13035.00    |                                       | 6 Medicare tax withheld<br>189.01 |                                       |                   |  |
| d                                | Control                                  | number                                | Dept.                             | Corp.                                 | Employer use only |  |
| 00                               | 0057                                     | KG/BHM                                |                                   |                                       | Α                 |  |
| С                                | c Employer's name, address, and ZIP code |                                       |                                   |                                       |                   |  |

ADDEPTO IT SOLUTIONS 454 SOUTH ANDERSON ROAD SUITE 214 ROCK HILL, SC 29730

| b   | Employer's FED ID number 83-3389649 | a Employee's SSA number XXX=XX=3005       |
|-----|-------------------------------------|---|
| 7   | Social security tips                | 8 Allocated tips                          |
| 9   |                                     | 10 Dependent care benefits                |
| 11  | Nonqualified plans                  | 12a See instructions for box 12           |
| 14  | Other                               | 12b                                       |
|     |                                     | 12c                                       |
|     |                                     | 12d                                       |
|     |                                     | 13 Stat emp. Ret. plan 3rd party sick pay |
| e/f | Employee's name address ar          | nd ZIP code                               |

**GAYATHRIDEVI** KONDA 5314 CARNABY ST#249 IRVING, TX 75038

| 15 | State | Employer's | state ID | no. | 16 State wages, tips, etc. |
|----|-------|------------|----------|-----|----------------------------|
| 17 | State | income tax |          |     | 18 Local wages, tips, etc. |
| 19 | Local | income tax |          |     | 20 Locality name           |
|    |       |            |          |     | ļ                          |

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return

| 1 Wages, tips, other comp. 56555.00   |       | 2 Federa | I income tax withheld<br>7420.28 |
|---------------------------------------|-------|----------|----------------------------------|
| 3 Social security wages 13035.00      |       | 4 Social | security tax withheld 808.17     |
| 5 Medicare wages and tips<br>13035.00 |       | 6 Medica | re tax withheld<br>189.01        |
| d Control number                      | Dept. | Corp.    | Employer use only                |
| 000057 KG/BHM                         |       |          | Α                                |

Employer's name, address, and ZIP code ADDEPTO IT SOLUTIONS LLC 454 SOUTH ANDERSON ROAD SUITE 214 ROCK HILL, SC 29730

| b   | Employer's FED ID number 83-3389649 | a Employee's SSA number XXX-XX-3005       |
|-----|-------------------------------------|---|
| 7   | Social security tips                | 8 Allocated tips                          |
| 9   |                                     | 10 Dependent care benefits                |
| 11  | Nonqualified plans                  | 12a                                       |
| 14  | Other                               | 12b                                       |
|     |                                     | 12c                                       |
|     |                                     | 12d                                       |
|     |                                     | 13 Stat emp. Ret. plan 3rd party sick pay |
| ۵/f | Employee's name address a           | and ZIP code                              |

GAYATHRIDEVI **KONDA** 5314 CARNABY ST#249

| IKVING   | i, IX /5038             |                            |
|----------|-------------------------|----------------------------|
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. |
| 17 State | income tax              | 18 Local wages, tips, etc. |
| 19 Loca  | income tax              | 20 Locality name           |
|          | Ctoto Dofo              | rance Canu                 |

State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

| Wages, tips, other comp. 56555.00   |  |       | 2 Federa | income tax withheld 7420.28     |  |  |
|-------------------------------------|--|-------|----------|---------------------------------|--|--|
| Social security wages 13035.00      |  |       | 4 Social | security tax withheld<br>808.17 |  |  |
| Medicare wages and tips<br>13035₌00 |  |       | 6 Medica | re tax withheld<br>189.01       |  |  |
| 1                                   | Control number                         | Dept. | Corp.    | Employer use only               |  |  |
| 000057 KG/BHM                       |  |       |          | A                               |  |  |
| :                                   | Employer's name, address, and ZIP code |       |          |                                 |  |  |
|                                     | ADDEPTO IT SOLUTIONS LLC               |       |          |                                 |  |  |

SUITE 214 ROCK HILL, SC 29730

| b  | Employer's FED ID number 83-3389649 | a Employee's SSA number XXX-XX-3005       |
|----|-------------------------------------|---|
| 7  | Social security tips                | 8 Allocated tips                          |
| 9  |                                     | 10 Dependent care benefits                |
| 11 | Nonqualified plans                  | 12a                                       |
| 14 | Other                               | 12b                                       |
|    |                                     | 12c                                       |
|    |                                     | 12d                                       |
|    |                                     | 13 Stat emp. Ret. plan 3rd party sick pay |

e/f Employee's name, address and ZIP code

GAYATHRIDEVI 5314 CARNABY ST#249 IRVING, TX 75038

| 15 | State | Employer's | state | ID no. | 16 | State wages, tips, etc. |
|----|-------|------------|-------|--------|----|-------------------------|
|    |       |            |       |        |    |                         |
| 17 | State | income tax |       |        | 18 | Local wages, tips, etc. |
| 19 | Local | income tax |       |        | 20 | Locality name           |

or Local Reference Wage and Tax Statement OMB No. 1