2020 W-2 and EARNINGS SUMMARY



W-	mployee 2 W	20 OMB No.	20		
d Control		Dept.	Corp.	Employer A	use only
c Employ	er's name, a	ddress, a	nd ZIP cod	e	

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

Batch #93009

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

NAGENDRA YERRA 9939 FREDERICKSBURG APT#1605

SANANTONIO, TX 78240 a Employee's SSA number b Employer's FED ID number 83-3389649 Wages, tips, other comp. 2 Federal income tax withheld 43652.60 4097.82 3 Social security wages 4 Social security tax withheld 6 Medicare tax withheld 5 Medicare wages and tips 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 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 1 of W-2 Box 3 of W-2 Box 5 of W-2

43,737.60 43,737.60 43,737.60 Gross Pay Less Other Cafe 125 85.00 N/A N/A Reported W-2 Wages 0.00 0.00 43.652.60

2. Employee Name and Address.

NAGENDRA YERRA 9939 FREDERICKSBURG RD APT#1605 SANANTONIO, TX 78240

© 2020 ADP, Inc.

1 Wages, tips, other c 436	omp. 52.60	2 Federal income tax withheld 4097.82				
3 Social security wage	s	4 Social security tax withheld				
5 Medicare wages and	tips	6 Medicare tax withheld				
d Control number	Dept.	Corp.	Employer use only			
000058 KG/BHM			A			
c Employer's name, a	ddress, a	nd ZIP cod	le			

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-7877				
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 a	nd ZIP code				

NAGENDRA YERRA 9939 FREDERICKSBURG APT#1605 SANANTONIO, TX 78240

19 Local income tax

15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc.

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

20 Locality name

1 Wages, tips, other comp. 43652.60 3 Social security wages				2 Federal income tax withheld 4097.82				
			s	4 Social security tax withheld 6 Medicare tax withheld				
5	5 Medicare wages and tips							
d	d Control number Dept.			Corp.	Employer use only			
000058 KG/BHM					Α			

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-7877				
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				

NAGENDRA YERRA 9939 FREDERICKSBURG RD APT#1605

SANANTONIO, TX 78240										
15	State	Employer'	s state	ID no.	16	State	wages	, tips,	etc.	
17	State	income ta	(18	Local	wages	, tips,	etc.	
19	Local	income ta	х		20	Local	ity nar	ne		
		S	tate	Refe	re	nce	Co	ру		_

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

1	1 Wages, tips, other comp. 43652.60				2 Federal income tax withheld 4097.82			
3	3 Social security wages				4 Social security tax withheld			
5	5 Medicare wages and tips				6 Medicare tax withheld			
d	d Control number Dept.				Corp.	Employer use only		
00	000058 KG/BHM					Α		
c Employer's name address and					ZIP code	Α		

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=7877				
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				
- IE	Constanta name address a					

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

NAGENDRA YERRA 9939 FREDERICKSBURG RD APT#1605 SANANTONIO, TX 78240

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 Copy 2 to be filed with employee's City or Local Income Tax Return