2020 W-2 and EARNINGS SUMMARY



W-2 W	e Ref age a Staten	nd Tax	2020
Copy C for employee's record			OMB No. 1545-0008
Control number 000391 RM/NYR	Dept.	Corp.	Employer use only 90
Employer's name, a	ddress, a	nd ZIP cod	е

NEO PRISM SOLUTIONS LLC 8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

Batch #91062

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

MANGA VISHNU PRIY MANUKONDA 1117 SANDY BOTTOM DR CHARLOTTE, NC 28027

b	Employer's FED ID number 45-3507182	a Employee's SSA number XXX-XX-9676
1	Wages, tips, other comp.	2 Federal income tax withheld
	10000.00	497.70
3	Social security wages	4 Social security tax withheld
	6000.00	372.00
5	Medicare wages and tips	6 Medicare tax withheld
	6000.00	87.00
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
		12b
14	Other	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no.		16 State wages, tips, etc. 10000.00
17	State income tax 185.00	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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NC. State Wages, Tips, Etc. Box 16 of W-2	
10,000.00	10,000.00	10,000.00	10,000.00	
10,000.00	6,000.00	6,000.00	10,000.00	
	Compensation Box 1 of W-2	Compensation Box 1 of W-2 Box 3 of W-2 Box 3 of W-2 Box 3 of W-2	Compensation Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 Box 5 of W-2 Box 5 of W-2	Compensation Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 Box 16 of W-2 10,000.00 10,000.00 10,000.00 10,000.00

2. Employee Name and Address.

MANGA VISHNU PRIY MANUKONDA 1117 SANDY BOTTOM DR CHARLOTTE, NC 28027

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1	Wages, tips, other c	omp. 00.00	2 Federa	al income tax withheld 497.70	
3	3 Social security wages 6000.00		4 Social security tax withheld 372.00		
5	Medicare wages and 600	tips 00.00	6 Medica	are tax withheld 87.00	
d	Control number	Dept.	Corp.	Employer use only	
00	00391 RM/NYR			90	

Employer's name, address, and ZIP code

NEO PRISM SOLUTIONS LLC 8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

b	Employer's FED ID number 45-3507182	a Employee's SSA number XXX-XX-9676	
7	Social security tips	8 Allocated tips	
g		10 Dependent care benefits	
11	Nonqualified plans	12a See instructions for box 12	
14	14 Other	12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pay	
e/f	f Employee's name, address a	nd ZIP code	

MANGA VISHNU PRIY MANUKONDA 1117 SANDY BOTTOM DR CHARLOTTE, NC 28027

	Employer's state ID no. 601055174	16 State wages, tips, etc. 10000.00	
17 State income tax 185.00		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
	Endaval Ei	ling Conv	

FE	derai	Filing Co	ру	
W-2	Wage	and Tax	20	20
WW Z	Stat	ement	CMB No	1545-0008
Copy B to be filed with	employee's	Federal Income Ta	ax Return.	1545-0008

1	Wages, tips, other co	omp. 0.00	2 Federa	l income tax withheld 497.70
3	6000.00		4 Social security tax withheld 372.00 6 Medicare tax withheld 87.00	
5				
d 00	Control number 00391 RM/NYR	Dept.	Corp.	Employer use only 90

Fold and Detach Here -

NEO PRISM SOLUTIONS LLC

8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

Employer's FED ID number 45 - 3507182	a Employee's SSA number XXX-XX-9676	
Social security tips	8 Allocated tips	
	10 Dependent care benefits	
Nonqualified plans	12a	
Other	12b	
	12c	
	12d	
	13 Stat emp. Ret. plan 3rd party sick pay	
	45-3507182 Social security tips	

MANGA VISHNU PRIY MANUKONDA 1117 SANDY BOTTOM DR CHARLOTTE, NC 28027

15 State Employer's state ID no NC 601055174	. 16 State wages, tips, etc. 10000.00
17 State income tax 185.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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

1	1 Wages, tips, other comp. 10000.00		2 Federal income tax with 497		
3 Social security wages 6000.00		4	4 Social security tax withheld 372.00		
5 Medicare wages and tips 6000.00		6	Medicar	e tax withheld 87.00	
d 00	Control number 00391 RM/NYR	Dept.		Corp.	Employer use only 90

c Employer's name, address, and ZIP code

NEO PRISM SOLUTIONS LLC 8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

b	Employer's FED ID number 45-3507182	a Employee's SSA number XXX-XX-9676	
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 p	

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

MANGA VISHNU PRIY MANUKONDA 1117 SANDY BOTTOM DR CHARLOTTE, NC 28027

15 State NC	Employer's state ID no. 601055174	16 State wages, tips, etc. 10000.00
17 State income tax 185.00		18 Local wages, tips, etc.
19 Loca	l income tax	20 Locality name

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