## 2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement v C for employee's records Dept. Employer use only

002494 LOSA/4R2 111 Employer's name, address, and ZIP code

DELTA COMPUTER CONSULTIN 25550 HAWTHORNE BLVD 106 **TORRANCE CA 90505** 

Batch #02639

13 Stat emp. Ret. plan 3rd party sick pay

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

SATHYA SRI NARAYAN GUDU ARI 3444 EMERALD STREET **APT. 17** TOPPANCE CA DOEDS

	URRANCE,CA 9050	13
b	Employer's FED ID number 33 - 0252871	a Employee's SSA number XXX-XX-9581
1	Wages, tips, other comp.	2 Federal income tax withheld
	106312.66	11846.32
3	Social security wages	4 Social security tax withheld
	106312.66	6591.38
5	Medicare wages and tips	6 Medicare tax withheld
	106312.66	1541.53
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
17	1063.13 SDI	12c
	1003.13 501	12d

15 State Employer's state ID no. 16 State wages, tips, etc. CA 350-3085 7 106312.66 17 State income tax 18 Local wages, tips, etc. 7882.15 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	CA. State Wages, Tips, Etc. Box 16 of W-2
114,754.76	114,754.76	114,754.76	114,754.76
8,442.10	8,442.10	8,442.10	8,442.10
106,312.66	106,312.66	106,312.66	106,312.66
	Compensation Box 1 of W-2 114,754.76 8,442.10	Compensation Box 1 of W-2 Wages Box 3 of W-2  114,754.76	Compensation Box 1 of W-2 Box 3 of W-2 Box 5 of W-2  114,754.76 114,754.76 114,754.76 8,442.10 8,442.10

2. Employee Name and Address.

SATHYA SRI NARAYAN GUDU ARI 3444 EMERALD STREET APT. 17 TORRANCE, CA 90503

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1	Wages, tips, other comp. 106312.66		2 Federa	al income ta 1	x withheld 1846.32
3	Social security wages 106312.66		4 Social	security ta	x withheld 6591.38
5	Medicare wages and tips 106312.66		6 Medic	are tax with	held 1541.53
d	Control number	Dept.	Corp.	Employe	er use only
002494 LOSA/4R2 111			Α	65	

Employer's name, address, and ZIP code

DELTA COMPUTER CONSULTIN 25550 HAWTHORNE BLVD 106 TORRANCE CA 90505

b	Employer's FED ID number 33-0252871	a Employee's SSA number XXX-XX-9581
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 DD 11997.91
14	Other	12b
	1063.13 SDI	12c
	1000.10 301	12d
		13 Stat emp. Ret. plan 3rd party sick pay
	. F	170

eff Employee's name, address and ZIP code

SATHYA SRI NARAYAN GUDU ARI 3444 EMERALD STREET **APT. 17** 

TORRANCE.CA 90503

15 State CA	Employer's state ID no 350-3085 7	n. 16 State wages, tips, etc. 106312.66	
17 State	income tax 7882.15	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

F	deral Filing	Сору
W-2	Wage and	1ax 2020
	Statemen	OMB No. 1545-0008

1	Wages, tips, other co 10631		2	Federa	il income	tax withheld 11846.32	
3	Social security wage 10631		4	Social	security	tax withheld 6591.38	
5	5 Medicare wages and tips 106312.66		dicare wages and tips 6 Medical 106312.66		are tax wi	re tax withheld 1541.53	
d	Control number	Dept.		Corp.	Emplo	yer use only	
002494 LOSA/4R2 111			120	Α	65		

Fold and Detach Here

Employer's name, address, and ZIP code

DELTA COMPUTER CONSULTIN 25550 HAWTHORNE BLVD 106 TORRANCE CA 90505

b	Employer's FED ID number 33-0252871	a Employee's SSA number XXX-XX-9581
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a DD <sub> </sub> 11997.91
14	Other	12b
	1063.13 CA SDI	12c
	1000 TO OA ODI	12d
		13 Stat emp. Ret. plan 3rd party sick pay

SATHYA SRI NARAYAN GUDU ARI 3444 EMERALD STREET **APT. 17** TORRANCE, CA 90503

15 State CA Employer's state ID no. 16 State wages, tips, etc. 106312.66

17 State income tax 18 Local wages, tips, etc. 7882.15 20 Locality name 19 Local income tax

CA.State Reference Copy 2 Wage a... Statement Wage and Tax Copy 2 to be filed with employee's State

1	Wages, tips, other co		2	Federa		ax withheld
3			4 Social security tax withheld			
5	Medicare wages and tips 106312.66		6	Medica	are tax with	held 1541.53
d	Control number	Dept.		Corp.	Employ	yer use only
OC	2494 LOSA/4R2	111			Α	65

Employer's name, address, and ZIP code

DELTA COMPUTER CONSULTIN 25550 HAWTHORNE BLVD 106 TORRANCE CA 90505

b	Employer's FED ID number 33-0252871	a Employee's SSA number XXX-XX-9581
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11	Nonqualified plans	DD <sub> </sub> 11997.91
14	Other	12b
	1063.13 CA SDI	12c
	1000,10 0/1 0/1	12d
		13 Stat emp. Ret. plan 3rd party sick p
e/f	Employee's name, address	and 7IP code

SATHYA SRI NARAYAN GUDU ARI 3444 EMERALD STREET **APT. 17** TORRANCE,CA 90503

	15%	
15 State CA	Employer's state ID no. 350-3085 7	16 State wages, tips, etc. 106312.66
17 State	income tax 7882.15	18 Local wages, tips, etc.
19 Loca	income tax	20 Locality name

CA.State Filing Copy Wage and Tax Statement OMB No.