2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only KE/P3V Employer's name, address, and ZIP code

CGINFOSYS LLC 320 DECKER DRIVE SUITE 100 IRVING, TX 75062

Batch #93399

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

ROOPAVANI KANDADI 1100 W CORRAL AVE APT#33

KINGSVILLE, TX 78363

	JOVILLE, IX 100	00
b Em	nployer's FED ID number	a Employee's SSA number
1 W	ages, tips, other comp.	2 Federal income tax withheld
	5000.00	521.83
3 S o	ocial security wages	4 Social security tax withheld
5 M e	edicare wages and tips	6 Medicare tax withheld
7 So	cial security tips	8 Allocated tips
9		10 Dependent care benefits
11 No	onqualified plans	12a See instructions for box 12
14 Ot	her	12b
0.		12c
		12d
		13 Stat emp Ret. plan 3rd party sick pay
15 St	ate Employer's state ID no	D. 16 State wages, tips, etc.
17 Sta	ate income tax	18 Local wages, tips, etc.
19 Lc	ocal 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

Gross Pay Reported W-2 Wages

5,000.00 5,000.00

5,000.00 0.00

5,000.00 0.00

2. Employee Name and Address.

ROOPAVANI KANDADI 1100 W CORRAL AVE APT#33 KINGSVILLE, TX 78363

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1 Wages, tips, other c	omp. 00.00	2 Federal income tax withheld 521.83			
3 Social security wage	es	4 Social security tax withheld			
5 Medicare wages and	6 Medicare tax withheld				
d Control number	Dept.	Corp.	Employer	use only	
000029 KE/P3V			Α	9	
c Employer's name, a	ddress. a	nd ZIP cod	e		

CGINFOSYS LLC 320 DECKER DRIVE SUITE 100 IRVING, TX 75062

b	Employer's FED ID number	a Employee's SSA number
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

ROOPAVANI KANDADI 1100 W CORRAL AVE APT#33 KINGSVILLE, TX 78363

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

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

Wages, tips, other comp. 5000.00			2 Federal income tax withh 521.			
3 Social security wages			Social	security ta	x with	held
5 Medicare wages and tips		6	Medica	re tax with	held	
d Control number	Dept.		Corp.	Employer	use	only
000029 KE/P3V				Α		9

CGINFOSYS LLC 320 DECKER DRIVE SUITE 100 IRVING, TX 75062

b	Employer's FED ID number	a Employee's SSA number
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

ROOPAVANI KANDADI 1100 W CORRAL AVE APT#33 KINGSVILLE, TX 78363

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

Statement

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

1	1 Wages, tips, other comp. 5000.00			2	Federa	I income tax	withheld 521.83
3	3 Social security wages			4 Social security tax withheld			withheld
5	5 Medicare wages and tips			6	Medica	re tax withhe	eld
d	Control	number	Dept.		Corp.	Employer	use only
00	00029	KE/P3V				Α	9

c Employer's name, address, and ZIP code

CGINFOSYS LLC 320 DECKER DRIVE SUITE 100 IRVING, TX 75062

b	Employer's FED ID number	a Employee's SSA number
7	Social security ups	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

ROOPAVANI KANDADI 1100 W CORRAL AVE APT#33 KINGSVILLE, TX 78363

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	Local	ity name

or Local Reference Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return