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 000018 R7/OLK

Employer's name, address, and ZIP code

ONTOS HEALTHCARE INC 6200 STONERIDGE MALL RD SUITE 300 CA 94588 PLEASANTON,

Batch #92139

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

SOUMYA SRIRAMOJU APT 9 1150 FAIRVIEW AVE

ARCADIA, CA 91007 b Employer's FED ID number a Employee's SSA number 47-2547816 XXX-XX-9695 Wages, tips, other comp. Federal income tax withheld 18000.00 2625.75 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans 12b 14 Other 180 00 SDI 13 Stat emp Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. CA 046-5401 8 180 18000.00 17 State income tax 18 Local wages, tips, etc. 1101.50 19 Local income tax 20 Locality name

Wages, tips, other 18000.00 2625.75 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only 5 000018 R7/OLK Employer's name, address, and ZIP code

ONTOS HEALTHCARE INC 6200 STONERIDGE SUITE 300 MALL RD PLEASANTON, CA 94588

b	Employer's FED ID number 47-2547816	a Employee's SSA number XXX-XX-9695		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a See instructions for box 12		
14	Other 180.00 SDI	12b		
		12c		
		12d		
		13 Stat emp Ret. plan 3rd party sick pay		

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

SOUMYA SRIRAMOJU APT 9 1150 FAIRVIEW AVE ARCADIA, CA 91007

15 State CA	Employer's state ID no. 046-5401 8	16 State wages, tips, et	c. 000.00	
17 State	income tax 1101.50	18 Local wages, tips, e	tc.	
19 Local	income tax	20 Locality name		
	Endoral Eili	na Conv		

ederal Filing Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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 CA. State Wages, Compensation Wages Wages Box 3 of W-2 Box 5 of W-2 Box 16 of W-2 Box 1 of W-2

18,000.00 18,000.00 18,000.00 18,000.00 Gross Pav Reported W-2 Wages 18,000.00 0.00 0.00 18,000.00

2. Employee Name and Address.

SOUMYA SRIRAMOJU APT 9 1150 FAIRVIEW AVE ARCADIA, CA 91007

© 2020 ADP, Inc.

1 Wages, tips, other comp. 18000.00 3 Social security wages 5 Medicare wages and tips		2 Federal income tax withheld 2625.75 4 Social security tax withheld			
		d Control number	Dept.	Corp.	Employer
000018 R7/OLK				5	
c Employer's name, a	ddress, aı	nd ZIP cod	e		
ONTOS H 6200 STOI SUITE 300 PLEASANT	NERIDG	SE MA	ALL RD		

Employer's FED ID number 47-2547816	a Employee's SSA number XXX-XX-9695		
Social security tips	8 Allocated tips		
	10 Dependent care benefits		
Nonqualified plans	12a		
Other 180.00 CA SDI	12b		
	12c		
	12d		
	13 Stat emp Ret. plan 3rd party sick pay		
	Social security tips Nonqualified plans Other		

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

SOUMYA SRIRAMOJU APT 9 1150 FAIRVIEW AVE ARCADIA, CA 91007

15 State CA	Employer's state ID no. 046-5401 8	16	State	wages,	tips, etc. 18000.00
17 State	income tax	18	Local	wages,	tips, etc.
1101.50					
19 Local	income tax	20	Local	ity nam	е

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

1 Wages, tips, other comp. 18000.00	2 Federal income tax withheld 2625.75			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number Dept.	Corp. Employer use only			
000018 R7/OLK	5			
c Employer's name, address, a	nd ZIP code			
ONTOS HEALTHCARE INC 6200 STONERIDGE MALL RD SUITE 300 PLEASANTON, CA 94588				
b Employer's FED ID number 47-2547816	a Employee's SSA number XXX-XX-9695			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a			
14 Other	12b			
180.00 CA SDI	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address a	nd ZIP code			
SOUMYA SRIRAMOJU				
APT 9				
1150 FAIRVIEW AVE				
ARCADIA, CA 91007				
15 State Employer's state ID no O46-5401 8	. 16 State wages, tips, etc. 18000.00			
17 State income tax	18 Local wages, tips, etc.			
1101.50	20 1 114			
19 Local income tax	20 Locality name			

CA.State Filing

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

Wage and Tax

Statement

Сору