



**W-2** Wage and Tax Statement  
 Copy C for employee's records.  
 Reference Copy 2020  
 OMB No. 1545-0008

d Control number 000087	Dept. RP/JBB	Corp.	Employer use only A	17
c Employer's name, address, and ZIP code <b>ENSYMBIOS INC</b> <b>2601 E CHAPMAN AVE</b> <b>SUITE 214</b> <b>FULLERTON, CA 92831</b>  Batch #92227				
e/f Employee's name, address, and ZIP code <b>ABDUL KALAM AZAD SHAIK</b> <b>405 CANAL VIEW CIR</b> <b>APT I</b> <b>INDIANAPOLIS, IN 46202</b>				
b Employer's FED ID number 83-0504393	a Employee's SSA number XXX-XX-1733			
1 Wages, tips, other comp. 17280.00	2 Federal income tax withheld 2067.12			
3 Social security wages 17280.00	4 Social security tax withheld 1071.36			
5 Medicare wages and tips 17280.00	6 Medicare tax withheld 250.56			
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	
15 State IN	Employer's state ID no. 0144743892 001	16 State wages, tips, etc. 17280.00		
17 State income tax 541.98	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	IN. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	17,280.00	17,280.00	17,280.00	17,280.00
Reported W-2 Wages	17,280.00	17,280.00	17,280.00	17,280.00

2. Employee Name and Address.

**ABDUL KALAM AZAD SHAIK**  
**405 CANAL VIEW CIR**  
**APT I**  
**INDIANAPOLIS, IN 46202**

© 2020 ADP, Inc.

1 Wages, tips, other comp. 17280.00	2 Federal income tax withheld 2067.12			
3 Social security wages 17280.00	4 Social security tax withheld 1071.36			
5 Medicare wages and tips 17280.00	6 Medicare tax withheld 250.56			
d Control number 000087	Dept. RP/JBB	Corp.	Employer use only A	17
c Employer's name, address, and ZIP code <b>ENSYMBIOS INC</b> <b>2601 E CHAPMAN AVE</b> <b>SUITE 214</b> <b>FULLERTON, CA 92831</b>				
b Employer's FED ID number 83-0504393	a Employee's SSA number XXX-XX-1733			
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	
15 State IN	Employer's state ID no. 0144743892 001	16 State wages, tips, etc. 17280.00		
17 State income tax 541.98	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

Federal Filing Copy  
**W-2** Wage and Tax Statement  
 Copy B to be filed with employee's Federal Income Tax Return.  
 OMB No. 1545-0008

1 Wages, tips, other comp. 17280.00	2 Federal income tax withheld 2067.12			
3 Social security wages 17280.00	4 Social security tax withheld 1071.36			
5 Medicare wages and tips 17280.00	6 Medicare tax withheld 250.56			
d Control number 000087	Dept. RP/JBB	Corp.	Employer use only A	17
c Employer's name, address, and ZIP code <b>ENSYMBIOS INC</b> <b>2601 E CHAPMAN AVE</b> <b>SUITE 214</b> <b>FULLERTON, CA 92831</b>				
b Employer's FED ID number 83-0504393	a Employee's SSA number XXX-XX-1733			
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	
15 State IN	Employer's state ID no. 0144743892 001	16 State wages, tips, etc. 17280.00		
17 State income tax 541.98	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

IN.State Reference Copy  
**W-2** Wage and Tax Statement  
 Copy 2 to be filed with employee's State Income Tax Return.  
 OMB No. 1545-0008

1 Wages, tips, other comp. 17280.00	2 Federal income tax withheld 2067.12			
3 Social security wages 17280.00	4 Social security tax withheld 1071.36			
5 Medicare wages and tips 17280.00	6 Medicare tax withheld 250.56			
d Control number 000087	Dept. RP/JBB	Corp.	Employer use only A	17
c Employer's name, address, and ZIP code <b>ENSYMBIOS INC</b> <b>2601 E CHAPMAN AVE</b> <b>SUITE 214</b> <b>FULLERTON, CA 92831</b>				
b Employer's FED ID number 83-0504393	a Employee's SSA number XXX-XX-1733			
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	
15 State IN	Employer's state ID no. 0144743892 001	16 State wages, tips, etc. 17280.00		
17 State income tax 541.98	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

IN.State Filing Copy  
**W-2** Wage and Tax Statement  
 Copy 2 to be filed with employee's State Income Tax Return.  
 OMB No. 1545-0008