



Employee Reference Copy
W-2 Wage and Tax Statement 2020
OMB No. 1545-0048

Copy C for employee's records
d Control number Dept. Corp. Employer use only
011552 CL12/BD9 T 6036

c Employer's name, address, and ZIP code
BARCLAYS SERVICES CORPORATION
BARCLAYS
745 SEVENTH AVE 18TH FLR
NEW YORK NY 10019
Batch #02156

e/f Employee's name, address, and ZIP code
MEGHNA TIWARI
3162 GOLDEN CREST COMMON
UNIT - 2
LIVERMORE CA 94551

b Employer's FED ID number 13-3714398	a Employee's SSA number XXX-XX-3369
1 Wages, tips, other comp. 23333.31	2 Federal income tax withheld 4943.64
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
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 99.17 UI/WF/SWF 37.33 FLI 08872198 DI PP#	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no. NJ 133714398/000	16 State wages, tips, etc. 23333.31
17 State income tax 1343.37	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	NJ State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	23,333.31	23,333.31	23,333.31	23,333.31
Less Exempt Wages	N/A	23,333.31	23,333.31	N/A
Reported W-2 Wages	23,333.31	0.00	0.00	23,333.31

2. Employee Name and Address.

MEGHNA TIWARI
3162 GOLDEN CREST COMMON
UNIT - 2
LIVERMORE CA 94551

© 2020 ADP, Inc.

Fold and Detach Here

1 Wages, tips, other comp. 23333.31	2 Federal income tax withheld 4943.64
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
011552 CL12/BD9 T 6036

c Employer's name, address, and ZIP code
BARCLAYS SERVICES CORPORATION
BARCLAYS
745 SEVENTH AVE 18TH FLR
NEW YORK NY 10019

b Employer's FED ID number 13-3714398	a Employee's SSA number XXX-XX-3369
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 99.17 UI/WF/SWF 37.33 FLI 08872198 DI PP#	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
MEGHNA TIWARI
3162 GOLDEN CREST COMMON
UNIT - 2
LIVERMORE CA 94551

15 State Employer's state ID no. NJ 133714398/000	16 State wages, tips, etc. 23333.31
17 State income tax 1343.37	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2020
OMB No. 1545-0048
Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 23333.31	2 Federal income tax withheld 4943.64
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
011552 CL12/BD9 T 6036

c Employer's name, address, and ZIP code
BARCLAYS SERVICES CORPORATION
BARCLAYS
745 SEVENTH AVE 18TH FLR
NEW YORK NY 10019

b Employer's FED ID number 13-3714398	a Employee's SSA number XXX-XX-3369
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 99.17 UI/WF/SWF 37.33 FLI 08872198 DI PP#	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
MEGHNA TIWARI
3162 GOLDEN CREST COMMON
UNIT - 2
LIVERMORE CA 94551

15 State Employer's state ID no. NJ 133714398/000	16 State wages, tips, etc. 23333.31
17 State income tax 1343.37	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NJ State Reference Copy
W-2 Wage and Tax Statement 2020
OMB No. 1545-0048
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 23333.31	2 Federal income tax withheld 4943.64
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
011552 CL12/BD9 T 6036

c Employer's name, address, and ZIP code
BARCLAYS SERVICES CORPORATION
BARCLAYS
745 SEVENTH AVE 18TH FLR
NEW YORK NY 10019

b Employer's FED ID number 13-3714398	a Employee's SSA number XXX-XX-3369
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 99.17 UI/WF/SWF 37.33 FLI 08872198 DI PP#	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
MEGHNA TIWARI
3162 GOLDEN CREST COMMON
UNIT - 2
LIVERMORE CA 94551

15 State Employer's state ID no. NJ 133714398/000	16 State wages, tips, etc. 23333.31
17 State income tax 1343.37	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NJ State Filing Copy
W-2 Wage and Tax Statement 2020
OMB No. 1545-0048
Copy 2 to be filed with employee's State Income Tax Return.