2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy
Wage and Tax
Statement
Copy C for employee's records.

Dept. Copp. Copp.

000077 RK/893 Employer's name, address, and ZIP code

NOVISYS LIMITED LIABILITY COMP 24155 DRAKE ROAD STE 210

FARMINGTON HILLS, MI 48335 Batch #91320

e/f Employee's name, address, and ZIP code SURYA NARAYANA MU VEMURI 17030 N 49TH STREET APT#1038

SCOTTSDALE, AZ 85254

31	2011	SUALE	, AZ	0020	4				
b	Emplo	yer's FED 26-185	ID number 7153	а	Emple			\ number <-1642	
1	Wages	s, tips, otl	ner comp.	2	Feder	al	income	tax withheld	
			18140.00)				2394.00	1
3	Social	security	wages	4	Socia	l s	security	tax withheld	
			18140.00)				1124.68	,
5	Medica	are wages	and tips	6	Medic	are	e tax wi	thheld	
			18140.00)				263.03	
7	Social	security	tips	8	Alloca	ate	d tips		
9				10	Depen	de	nt care	benefits	
11	Nonqu	alified pla	ins	12	See in	str	uctionsfo	r box 12	
11	Other			121					
14	Other			120					
				120		<u> </u>			
				13	Stat er	np.	Ret. plan	3rd party sick	pay
		Employer 26-185 7	's state ID 7153	no. 16	State	wa	ages, tip	s, etc. 18140.00)
17	State	income ta			Local	W	ages, tip	s, etc.	
			489.78	;					
19	Local	income ta	ıx	20	Local	ity	name		

1 Wages, tips, other comp.
18140.00
2 Federal income tax withheld
2394.00
3 Social security wages
18140.00
4 Social security tax withheld
18140.00
5 Medicare wages and tips
18140.00
6 Medicare tax withheld
263.03
d Control number
000077 RK/893
C Employer's name, address, and ZIP code

NOVISYS LIMITED LIABILITY COMP 24155 DRAKE ROAD

STE 210

FARMINGTON HILLS, MI 48335

b	Employer's FED ID number 26-1857153	a Employee's SSA number XXX-XX-1642
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 ar	nd ZIP code

SURYA NARAYANA MU VEMURI 17030 N 49TH STREET APT#1038

SCOTTSDALE, AZ 85254

15 State Employer's state ID no. 16 State wages, tips, etc.
26-1857153 18140.00

17 State income tax
489.78 18 Local wages, tips, etc.
20 Locality name

Federal Filing Copy

Wage and Tax 2020
Statement OMB No. 1545-0008
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 Compensation Box 1 of W-2 Social Security Wages Wages Tips, Etc.

Box 2 of W-2 Box 3 of W-2 Box 5 of W-2 Box 16 of W-2

Gross Pay 18,140.00 18,140.00 18,140.00 18,140.00 Reported W-2 Wages 18,140.00 18,140.00 18,140.00

2. Employee Name and Address.

SURYA NARAYANA MU VEMURI 17030 N 49TH STREET APT#1038 SCOTTSDALE, AZ 85254

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1 Wages, tips, other comp 18140.		2 Federal	income tax	withheld 2394.00
3 Social security wages 18140.	00	4 Social	security tax	withheld 124.68
Medicare wages and tip 18140.	s 00	6 Medica	re tax withh	eld 263.03
d Control number	Dept.	Corp.	Employer	use only
000077 RK/893				23

Employer's name, address, and ZIP code

NOVISYS LIMITED LIABILITY COMP 24155 DRAKE ROAD STE 210 FARMINGTON HILLS, MI 48335

b	26-1857153	XXX-XX-1642
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

SURYA NARAYANA MU VEMURI 17030 N 49TH STREET APT#1038 SCOTTSDALE, AZ 85254

	State AZ	Employer's state ID no. 26-1857153	16	State wages, tips, etc. 18140.00
13	7 State	income tax	18	Local wages, tips, etc.
		489.78		
19	9 Local	income tax	20	Locality name

AZ.State Reference Copy

— Wage and Tax

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

2020 OMB No. 1545-0008

1	Wages, tips, other of 1814	omp. 40.00	2 Federa	income tax withheld 2394.00
3	Social security wage	es 40.00	4 Social	security tax withheld 1124.68
5	Medicare wages and 1814	d tips 40.00	6 Medica	are tax withheld 263.03
d	Control number	Dept.	Corp.	Employer use only
00	0077 RK/893			23
С	Employer's name, a	ddress, ar	nd ZIP cod	le
	LIABILITY 24155 DR STE 210	AKE F	ROAD	MI 40225
b	24155 DR, STE 210 FARMINGTO	AKE F	ROAD ILLS,	MI 48335
	24155 DR STE 210 FARMINGTO	AKE F	ROAD ILLS,	yee's SSA number XXX-XX-1642
b 7	24155 DR. STE 210 FARMINGTO Employer's FED ID 26-185715	AKE F	ROAD ILLS, a Emplo	yee's SSA number XXX-XX-1642
7	24155 DR. STE 210 FARMINGTO Employer's FED ID 26-185715	AKE F	ROAD ILLS, a Emplo	yee's SSA number XXX-XX-1642 ted tips
7 9 11	24155 DR. STE 210 FARMINGTO Employer's FED ID 26-185715 Social security tips	AKE F	a Emplo 8 Alloca	yee's SSA number XXX-XX-1642 ted tips

12d

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

| 15 | State | Employer's | state ID no. | 16 | State | wages, tips, etc. | 18140.00 |
| 17 | State | income tax | 18 | Local | wages, tips, etc. | 489.78 |
| 19 | Local | income tax | 20 | Locality | name

AZ 85254

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

17030 N 49TH STREET

APT#1038

SCOTTSDALE,

SURYA NARAYANA MU VEMURI

AZ.State Filing Copy

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