## 2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only 000308 KG/ELK

1400 N SPRIGG ST UNIT 4

Wages, tips, other comp

2500.00

b	Emplo	yer's FED ID nun <b>83-3519424</b>	nber a	а	Empl		e's SSA	number (-7835	
1	Wages	, tips, other com	ip. 2	2	Feder	al	income	tax withh	eld
		2500	.00					159.	54
3	Social	security wages	4	4	Socia	ıls	security	tax withh	eld
5	Medica	are wages and ti	ps 6	3	Medic	are	e tax wit	thheld	
7	Social	security tips	8	В	Alloc	ate	d tips		
9			1	0	Depen	de	nt care	benefits	
11	Nonqu	alified plans	1	28	See ir	str	uctionsfo	r box 12	
14 Other			2k						
14	14 Other		1	20	:	1			
				20	i				
			1	3	Stat e	mp.	Ret. plan	3rd party s	ick pay
15	State	Employer's state	D no.	16	State	Wa	ages, tip	s, etc.	
17	State	ncome tax	,	18	Local	w	ages, tip	s, etc.	
19	Local	income tax	2	20	Local	ity	name		

Federal income tax withheld

159.54

Employer's name, address, and ZIP code ORRBA SYSTEMS LLC 452 LAKESHORE PARKWAY STE 208 ROCK HILL, SC 29730 Batch #93052 e/f Employee's name, address, and ZIP code VISHAL CHALLAPALLI CAPE GIRARDEAU, MO 63701

Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only 000308 KG/ELK Employer's name, address, and ZIP code ORRBA SYSTEMS LLC 452 LAKESHORE PARKWAY STE 208 ROCK HILL, SC 29730 Employer's FED ID number 83-3519424 XXX-XX-7835 Social security tips Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12c 12d 13 Stat emp Ret. plan 3rd party sick pay e/f Employee's name, address and ZIP code VISHAL CHALLAPALLI 1400 N SPRIGG ST UNIT 4 CAPE GIRARDEAU, MO 63701 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.

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  $\bar{\text{Box}}$  5 of W-2

Gross Pay Reported W-2 Wages

2,500.00 2,500.00

2,500.00 0.00

2,500.00 0.00

2. Employee Name and Address.

VISHAL CHALLAPALLI 1400 N SPRIGG ST UNIT 4 CAPE GIRARDEAU, MO 63701

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1 Wages, tips, other com 2500		2 Federal income tax withheld 159.54					
3 Social security wages	4 Social security tax withheld						
5 Medicare wages and ti	6 Medicare tax withheld						
d Control number	Dept.	Corp.	Employ	er use only			
000308 KG/ELK			Α				
c Employer's name, addr			de				
ORRBA SYSTEN 452 LAKESHORE ROCK HILL, SC	PAR		STE 208				
b Employer's FED ID nur 83-3519424	a Employee's SSA number XXX-XX-7835						
7 Social security tips		8 Allocated tips					
9 10 Deper			dent care benefits				
11 Nonqualified plans		<b>12</b> a	ı				
14 Other		12b	<u>l</u>				
		12c					
		12d					
		13 Stat em	p. Ret. plan	3rd party sick pay			
eff Employee's name, address and ZIP code VISHAL CHALLAPALLI 1400 N SPRIGG ST UNIT 4 CAPE GIRARDEAU, MO 63701							
15 State Employer's state	ID no.	16 State	wages, tij	os, etc.			
17 State income tax		18 Local	wages, ti	ps, etc.			
19 Local income tax		20 Locali	ty name				
State	Refe	rence	Copy	,			
State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Copy 2 to be filed with employee's State Income Tax Copy 2 to be filed with employee's State Income Tax Refutn.							

1	Wages, tips, other c	2 Federal income tax withheld 159.54					
3	Social security wage	4 Social security tax withheld					
5	Medicare wages and	6 Medicare tax withheld					
d	Control number	Dept.	Corp.	Emplo	yer use only		
00	0308 KG/ELK			Α			
С	Employer's name, a	ddress, an	d ZIP co	de			
	452 LAKESHO ROCK HILL, S		KWAY	STE 208			
b	Employer's FED ID 83-351942	a Employee's SSA number XXX-XX-7835					
7	Social security tips		8 Allocated tips				
9			10 Depe	ndent care	benefits		
11	Nonqualified plans	***************************************	12a	1			
14	Other		12b	1			
		1	12c	i			
			12d	i			
			13 Stat e	mp. Ret. plar	3rd party sick pay		
e/f	Employee's name, a	ddress an	d ZIP co	de			
14	SHAL CHALLA 00 N SPRIGG APE GIRARDE	ST	JNIT IO 63	-			
15	State Employer's st	ate ID no.	16 State	wages, tip	os, etc.		

20 Locality name

City or Local Reference

Wage and Tax

Statement

Copy 2 to be filed with employee's City or Local Income Tax Return

19 Local income tax