## 2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only 000030 RU/3ZI Employer's name, address, and ZIP code VBRIDGEIT INC

416 MCCULLOUGH DR SUITE 130 CHARLOTTE, NC 28262 4385

Batch #92665

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

9613 GROVE CREST LN APT 1701

CHARLOTTE, NC 28262

Employer's FED ID number a Employee's SSA number 81-4671623 XXX-XX-2998 Wages, tips, other comp. Federal income tax withheld 79771.44 13498.89 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 1386 00 HEALTH 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. NC 601131607 79771.44 17 State income tax 18 Local wages, tips, etc. 3788.00

Wages, tips, other comp 79771.44 13498.89 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Dept. Employer use only 000030 RU/3ZI

20 Locality name

Employer's name, address, and ZIP code

19 Local income tax

VBRIDGEIT INC 416 MCCULLOUGH DR SUITE 130 CHARLOTTE, NC 28262 4385

| b   | Employer's FED ID number 81-4671623 | a Employee's SSA number XXX-XX-2998      |  |  |  |  |
|-----|-------------------------------------|--|--|--|--|--|
| 7   | Social security tips                | 8 Allocated tips                         |  |  |  |  |
| 9   |                                     | 10 Dependent care benefits               |  |  |  |  |
| 11  | Nonqualified plans                  | 12a See instructions for box 12          |  |  |  |  |
| 14  | Other                               | 12b                                      |  |  |  |  |
|     | 1386.00 HEALTH                      | 12c                                      |  |  |  |  |
|     |                                     | 12d                                      |  |  |  |  |
|     |                                     | 13 Stat emp Ret. plan 3rd party sick pay |  |  |  |  |
| e/f | Employee's name, address a          | nd ZIP code                              |  |  |  |  |

SHRINIVAS VINOD KALE 9613 GROVE CREST LN APT 1701 CHARLOTTE, NC 28262

State Employer's state ID no. 16 State wages, tips, etc. 79771.44 NC 601131607

17 State income tax 18 Local wages, tips, etc. 3788.00 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.

Medicare Wages, Tips, other Social Security NC. State Wages, Compensation Wages Wages Box 3 of W-2 Box 16 of W-2 Box 1 of W-2 Box 5 of W-2 81,157.44 81,157.44 81,157.44 81,157.44 Gross Pav Less Other Cafe 125 1,386.00 N/A N/A 1,386.00 Reported W-2 Wages 0.00 79,771.44 0.00 79,771.44

2. Employee Name and Address.

SHRINIVAS VINOD KALE 9613 GROVE CREST LN APT 1701 CHARLOTTE, NC 28262

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| 1 Wages, tips, other comp. <b>79771.44</b> |                      | 2 Federal income tax withheld 13498.89 |                                |                   |  |
|--|----------------------|--|--------------------------------|-------------------|--|
| 3  | Social security wage | es                                     | 4 Social security tax withheld |                   |  |
| 5  | Medicare wages and   | l tips                                 | 6 Medicare tax withheld        |                   |  |
| d  | Control number       | Dept.                                  | Corp.                          | Employer use only |  |
| 00   | 00030 RU/3ZI         |  |                                | Α                 |  |
| c Employer's name, address, and ZIP code   |                      |  |                                |                   |  |
| VBRIDGEIT INC                              |                      |  |                                |                   |  |

DR SUITE CHARLOTTE, NC 28262 4385

| b  | Employer's FED ID number 81-4671623 | a Employee's SSA number XXX-XX-2998       |  |  |  |
|----|-------------------------------------|---|--|--|--|
| 7  | Social security tips                | 8 Allocated tips                          |  |  |  |
| 9  |                                     | 10 Dependent care benefits                |  |  |  |
| 11 | Nonqualified plans                  | 12a                                       |  |  |  |
| 14 | Other                               | 12b                                       |  |  |  |
|    | 1386.00 HEALTH                      | 12c                                       |  |  |  |
|    |                                     | 12d                                       |  |  |  |
|    |                                     | 13 Stat emp. Ret. plan 3rd party sick pay |  |  |  |
|    |                                     |   |  |  |  |

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

SHRINIVAS VINOD KALE 9613 GROVE CREST LN APT 1701 CHARLOTTE, NC 28262

| 15 State | Employer's state ID no. 601131607 | 16 | State | wages,  | tips, etc.<br>79771.44 |
|----------|-----------------------------------|----|-------|---------|------------------------|
| 17 State | income tax                        | 18 | Local | wages,  | tips, etc.             |
|          | 3788.00                           |    |       |         |                        |
| 19 Local | income tax                        | 20 | Local | ity nam | e                      |

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

| 1  | Wages, tips, other comp. 79771.44 |        |   | 2 Federal income tax withheld 13498.89 |                   |  |  |
|----|-----------------------------------|--------|---|--|-------------------|--|--|
| 3  | Social security wage              | es     | 4 | Social security tax withheld           |                   |  |  |
| 5  | Medicare wages and                | l tips | 6 | Medica                                 | re tax withheld   |  |  |
| d  | Control number                    | Dept.  |   | Corp.                                  | Employer use only |  |  |
| 00 | 0030 RU/3ZI                       |        |   |  | Α                 |  |  |

c Employer's name, address, and ZIP code

VBRIDGEIT INC DR SUITE 130 416 MCCULLOUGH CHARLOTTE, NC 28262 4385

| b  | Employer's FED ID number 81-4671623 | a Employee's SSA number XXX-XX-2998      |  |  |  |  |
|----|-------------------------------------|--|--|--|--|--|
| 7  | Social security tips                | 8 Allocated tips                         |  |  |  |  |
| 9  |                                     | 10 Dependent care benefits               |  |  |  |  |
| 11 | Nonqualified plans                  | 12a                                      |  |  |  |  |
| 14 | Other                               | 12b                                      |  |  |  |  |
|    | 1386.00 HEALTH                      | 12c                                      |  |  |  |  |
|    |                                     | 12d                                      |  |  |  |  |
|    |                                     | 13 Stat emp. Ret. plan 3rd party sick pa |  |  |  |  |

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

SHRINIVAS VINOD KALE 9613 GROVE CREST LN APT 1701 CHARLOTTE, NC 28262

| 15 State<br>NC | Employer's state ID no. 601131607 | 16 | State | wages, tips, etc.<br>79771.44 |
|----------------|-----------------------------------|----|-------|-------------------------------|
| 17 State       | income tax                        | 18 | Local | wages, tips, etc.             |
|                | 3788.00                           |    |       |                               |
| 19 Local       | income tax                        | 20 | Local | ity name                      |
|                |                                   | l  |       |                               |

NC.State Filing Copy Wage and Tax Statement

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