

# 2020 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

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
<b>GROSS PAY</b>	75,089.50	75,089.50	75,089.50
OneFirmSpa	-250.00	-250.00	-250.00
Dental	-120.00	-120.00	-120.00
Vision	-20.00	-20.00	-20.00
Uhc Hdp	-770.00	-770.00	-770.00
401K	-5,000.00		
<b>Other W-2 WAGES</b>	<b>68,929.50</b>	<b>-73,929.50</b>	<b>-73,929.50</b>

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

SARALA SPANDANA GORANTLA  
8461 SOUTHWESTERN BLVD.  
APT 6166  
DALLAS, TX 75206

Social Security Number: XXX-XX-9770



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Employee Reference Copy <b>W-2</b> Wage and Tax Statement <b>2020</b>			
Copy C for employee's records. OMB No. 1545-0008			
d Control number 1079049167 WGK	Dept US0000	Corp.	Employer use only S 9000
c Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC P O BOX 30004 TAMPA, FL 33630-3004			
e/f Employee's name, address, and ZIP code SARALA SPANDANA GORANTLA 8461 SOUTHWESTERN BLVD. APT 6166 DALLAS, TX 75206			
b Employer's FED ID number 46-4958214	a Employee's SSA number XXX-XX-9770		
1 Wages, tips, other comp. 68929.50	2 Federal income tax withheld 9105.95		
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 D   5000.00		
14 Other	12b DD 4542.00		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State Employer's state ID no. MD 15953809	16 State wages, tips, etc. 12187.50		
17 State income tax 1018.24	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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Federal Filing Copy  
**W-2** Wage and Tax Statement **2020**  
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

MD. State Filing Copy  
**W-2** Wage and Tax Statement **2020**  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

City or Local Filing Copy  
**W-2** Wage and Tax Statement **2020**  
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008