



Employee Reference Copy W-2 Wage and Tax Statement Copy C for employee's records.		2020 OMB No. 1545-0008	
d Control number 000072 ATLA/85Y	Dept.	Corp.	Employer use only T 44
c Employer's name, address, and ZIP code SOLUTIONSOFT INC 5 COMPUTER DR WEST #204 ALBANY NY 12205 Batch #04251			
e/f Employee's name, address, and ZIP code ANNAM TEJASVI 5619 BLACK ONYX DRIVE APT - 310 MADISON WI 53718			
b Employer's FED ID number 84-1764320	a Employee's SSA number XXX-XX-4831		
1 Wages, tips, other comp. 74615.40	2 Federal income tax withheld 10658.12		
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 10.40 SDI 72.07 PFL	12b		
	12c		
	12d		
	13 Stat emp.	Ret. plan	3rd party sick pay
15 State TOTAL STATE	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax 4188.42	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	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	74,615.40	74,615.40	74,615.40	26,692.20
Less Exempt Wages	N/A	74,615.40	74,615.40	N/A
Reported W-2 Wages	74,615.40	0.00	0.00	26,692.20

2. Employee Name and Address.

**ANNAM TEJASVI
5619 BLACK ONYX DRIVE
APT - 310
MADISON WI 53718**

* New York requires total Federal wages to be reported in Box 16.

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c Employer's name, address, and ZIP code SOLUTIONSOFT INC 5 COMPUTER DR WEST #204 ALBANY NY 12205			
b Employer's FED ID number 84-1764320	a Employee's SSA number XXX-XX-4831		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other 10.40 SDI 72.07 PFL	12b		
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	13 Stat emp.	Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code ANNAM TEJASVI 5619 BLACK ONYX DRIVE APT - 310 MADISON WI 53718			
15 State TOTAL STATE	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax 4188.42	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
W-2 Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.		2020 OMB No. 1545-0008	

1 Wages, tips, other comp. 74615.40	2 Federal income tax withheld 10658.12		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
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b Employer's FED ID number 84-1764320	a Employee's SSA number XXX-XX-4831		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a		
14 Other 10.40 NY SDI 72.07 NY PFL	12b		
	12c		
	12d		
	13 Stat emp.	Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code ANNAM TEJASVI 5619 BLACK ONYX DRIVE APT - 310 MADISON WI 53718			
15 State NY	Employer's state ID no. 84-1764320	16 State wages, tips, etc. 74615.40	
17 State income tax 1355.85	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
W-2 NY 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 comp. 74615.40	2 Federal income tax withheld 10658.12		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000072 ATLA/85Y	Dept.	Corp.	Employer use only T 44
c Employer's name, address, and ZIP code SOLUTIONSOFT INC 5 COMPUTER DR WEST #204 ALBANY NY 12205			
b Employer's FED ID number 84-1764320	a Employee's SSA number XXX-XX-4831		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a		
14 Other 10.40 NY SDI 72.07 NY PFL	12b		
	12c		
	12d		
	13 Stat emp.	Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code ANNAM TEJASVI 5619 BLACK ONYX DRIVE APT - 310 MADISON WI 53718			
15 State NY	Employer's state ID no. 84-1764320	16 State wages, tips, etc. 74615.40	
17 State income tax 1355.85	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
W-2 NY State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.		2020 OMB No. 1545-0008	