2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement

Copy C for employee's records.
d Control number Dept. 000077 ATLA/5AV 100100

Employer use only

Employer's name, address, and ZIP code

12U SYSTEMS INC 7070 KNIGHTS COURT MISSOURI CITY TX 77459

Batch #04032

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

JYOTHIKA JAGILINKI 8 MASS AVE WOBURN MA 01801

••	020.		0.00.							
b	b Employer's FED ID number			a Employee's SSA number						
45-3835324			XXX-XX-6994							
1 Wages, tips, other comp.			2 Federal income tax withheld							
	15480.62				2256.10					
3	3 Social security wages				4 Social security tax withheld					
5	5 Medicare wages and tips			6 Medicare tax withheld						
7	7 Social security tips			8 Allocated tips						
9			10 Dependent care benefits							
11 Nonqualified plans		12a	See in	str	uctionsfo	r box 1	2			
	Other			12k)					
14	59.55 MAPFML		120	; [
			120	1						
			13	Stat en	np.	Ret. plan	3rd par	rty sick pay		
15	State	Employer's	state ID no.	16	State	wa	ges, tip	s, etc.		
1	Δì	WTH19063	459-002					1548	30.62	
17 State income tax		18	Local	w	ages, tip	s, etc.				
		7	774.04							
19	19 Local income tax			20 Locality name						

Wages, tips, other comp. Federal income tax withheld 15480.62 Social security wages Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only 000077 ATLA/5AV 100100 Т Employer's name, address, and ZIP code

I2U SYSTEMS INC 7070 KNIGHTS COURT # MISSOURI CITY TX 77459 #803

b	Employer's FED ID number 45-3835324	a Employee's SSA number XXX-XX-6994					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a See instructions for box 12					
14	Other	12b					
	59.55 MAPFML	12c					
		12d					
		13 Stat emp Ret. plan 3rd party sick pay					
e/f	Employee's name, address ar	nd ZIP code					

JYOTHIKA JAGILINKI 8 MASS AVE WOBURN MA 01801

15 State	Employer's state ID no.	16 State wages, tips, etc.					
MA	WTH19063459-002	15480.62					
17 State	income tax	18 Local wages, tips, etc.					
	774.04						
19 Local	income tax	20 Locality name					
	Fodoral Fili	ina Conv					

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 Wages Box 5 of W-2	MA. State Wages, Tips, Etc. Box 16 of W-2	
Gross Pay	15,753.60	15,753.60	15,753.60	15,753.60	
Less Other Cafe 125	272.98	272.98	272.98	272.98	
Less Exempt Wages	N/A	15,480.62	15,480.62	N/A	
Reported W-2 Wages	15,480.62	0.00	0.00	15,480.62	

2. Employee Name and Address.

JYOTHIKA JAGILINKI 8 MASS AVE WOBURN MA 01801

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17 State income tax

19 Local income tax

1	Wages, tips, other comp. 15480.62	2 Federa	I income tax withheld 2256.10	1	Wages, tips, other o	omp.			
3	Social security wages	4 Social security tax withheld			3 Social security wages				
5	Medicare wages and tips	6 Medicare tax withheld			5 Medicare wages and tips				
d	Control number Dept.	Corp.	Employer use only	d	Control number	Dep			
00	00077 ATLA/5AV 100100		т 29	0.0	00077 ATLA/5AV	1001			
С	Employer's name, address, a	nd ZIP cod	е	С	Employer's name, a	ddress			
	I2U SYSTEMS I 7070 KNIGHTS MISSOURI CITY	NC COURT TX 77			12U SYSTE 7070 KNIO MISSOURI	EMS EHTS CIT			
b	b Employer's FED ID number a Employee's SSA number 45-3835324				b Employer's FED ID numbe 45-3835324				
7	Social security tips	8 Allocated tips			7 Social security tips				
9		10 Depend	dent care benefits	9					
11	Nonqualified plans	12a		11	Nonqualified plans	*******			
14	Other 59.55 MAPFML	12b 12c 12d 13 Stat emp	p. Ret. plan 3rd party sick pay	14	Other 59.55 M.	APFML			
e/f	Employee's name, address a	nd ZIP cod	e	e/f	Employee's name, a	ddress			
J١	OTHIKA JAGILINKI	JYOTHIKA JAGILINK							
8 MASS AVE					8 MASS AVE				
w	OBURN MA 01801			1 -	OBURN MA	01801			
	State Employer's state ID no WTH19063459-002		wages, tips, etc. 15480.62		State Employer's s 4A WTH190634				

18 Local wages, tips, etc.

20 Locality name

MA.State Reference

Statement

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

Wage and Tax

15480.62			2256.10					
3 Social security wages			4 Social security tax withheld					
5 Medicare wages and tips			6 Medicare tax withheld					
d Control num	ber	Dept.		Corp.	Employer	use only		
000077 ATLA/5AV 100100					T	29		
c Employer's	name, a	ddress, ar	nd :	ZIP code	•			
I2U SYSTEMS INC 7070 KNIGHTS COURT #803 MISSOURI CITY TX 77459								
Employer's FED ID number 45-3835324			a Employee's SSA number XXX-XX-6994					
7 Social secur	security tips			8 Allocated tips				
9			10 Dependent care benefits					

12a

12b 12c

12d

2 Federal income tax withheld

15 State Employer's state ID no. 16 State wages, tips, etc. MA WTH19063459-002 15480.62 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

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

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

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