2020 W-2 and EARNINGS SUMMARY

Employee Re	eference Copy
W-2 Wage a State Copy C for employee's records.	
d Control number Dept.	Corp. Employer use only
0000015958 RP3 94101	PF35 A S 14741
c Employer's name, address,	and ZIP code
MEDLINE INDUSTRIE THREE LAKES DRIV NORTHFIELD, IL 60	
e/l Employee's name, address,	
SURYA K KODEBOY 1340 DERBY LN MUNDELEIN, IL 600	ANA 060
b Employer's FED ID number 36-2596612	a Employee's SSA number XXX-XX-5988
1 Wages, tips, other comp.	2 Federal income tax withheld
106097.78	14119.70
3 Social security wages	4 Social security tax withheld
117406.09	7279.18
5 Medicare wages and tips	6 Medicare tax withheld
117406.09	1702.39
7 Social security tipa	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 90.88
14 Other 885.17 RELOCATION	12b D 1 11308.31 12c DD 1 15902.40 12d 1 13 Stat emp Ret. plan 3rd party sick pay
15 State Employer's state ID no	o. 16 State wages, tips, etc.
IL 36-2596612 000 6	106097.78
17 State income tax	18 Local wages, tips, etc.

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

any adjustments made by your employer. SOCIAL SECURITY 7,279.18 GROSS PAY 106,097.78 TAX WITHHELD BOX 04 OF W-2 FED. INCOME 14,119.70 MEDICARE TAX 1,702.39 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 SUI/SDI 0.00 STATE INCOME TAX 4,906.87 BOX 14 OF W-2 BOX 17 OF W-2 LOCAL INCOME TAX 0.00

To change your employee W-4 profile information file a new W-4 with your payroll department

SURYA K KODEBOYANA 1340 DERBY LN MUNDELEIN, IL 60060 Social Security Number: XXX-XX-5988

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BOX 19 OF W-2

PAGE 01 OF 01

1 Wages, tips, other comp. 106097.78 3 Social security wages 117406.09		2 Federal income tax withheld 14119.70 4 Social security tax withheld 7279.18			
					5 Medicare wages and tips 117406.09
d	Control number 000015958 RP3	Dept. 94101	Corp. PF35	Employ A	er use only 1474

20 Locality name

Employer's name, address, and ZIP code
MEDLINE INDUSTRIES INC
THREE LAKES DRIVE
NORTHFIELD, IL 60093

19 Local income tax

b	Employer's FED ID number 36-2596612	a Employee	SSA number	
7	Social security tips	8 Allocated tips		
9		10 Depender	nt care benefits	
11	Nonqualified plans	12a See instr	uctions for box 12 90.88	
14	Other 885.17 RELOCATION	12b D	11308.31	
		12c DD	15902.40	
		12d		
		13 Stat emp. Ret	plan 3rd party sick pay	

e/I Employee's name, address and ZIP code SURYA K KODEBOYANA 1340 DERBY LN

MUNDELEIN, IL 60060

15	State	Employer's state ID no. 36-2596612 000 6	16 State wages, tips, etc. 106097.78
17	State	income tax 4906.87	18 Local wages, tips, etc.
19	Loca	I income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax
Statement
Copy B to be filed with employee's Federal Income Tax Return.

1	Wages, tips, other 106	comp. 097.78	2 Federa		tax withheld 4119.70
3 Social security wages 117406.09		Social security wages 117406.09 4 Social security tax withhel 7279.18			
5	5 Medicare wages and tips 117406.09				
d	Control number 000015958 RP3	Dept. 94101	Corp. PF35	Emplo A	yer use only 14741

Employer's name, address, and ZIP co MEDLINE INDUSTRIES INC THREE LAKES DRIVE NORTHFIELD, IL 60093

b	Employer's FED ID number 36-2596612	a Employee's	SSA number XX-XX-5988
7	Social security tips	8 Allocated ti	ps.
9		10 Dependent	care benefits
11	Nonqualified plans	12a C	90.88
14	Other 885.17 RELOCATION	12b D	11308.31
		12c DD	15902.40
		12d	TO TO SERVICE STATE OF THE SER
		13 Stat emp. Ret.	plan 3rd party sick pay

SURYA K KODEBOYANA 1340 DERBY LN MUNDELEIN, IL 60060

15	State	Employer's state ID no. 36-2596612 000 6	16 State wages, tips, etc. 106097.78
17	State	income tax 4906.87	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

IL. State Filing Copy

W-2 Wage and Tax
Statement
Copy 2 to be filed with employee's State Income Tax Return

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

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

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

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

1	1 Wages, tips, other comp. 106097.78				
3 Social security wages 117406.09 5 Medicare wages and tips 117406.09		4 Social security tax withheld 7279.18			
d	Control number 000015958 RP3	Dept. 94101	Corp. PF35	Employer use only A 14741	

Employer's name, address, and ZIP code MEDLINE INDUSTRIES INC THREE LAKES DRIVE NORTHFIELD, IL 60093

b	Employer's FED ID number 36-2596612	a Employee	s SSA number XX - XX - 5988	
7	Social security tips	8 Allocated tips		
9		10 Depender	it care benefits	
11	Nonqualified plans	12a C	90.88	
14	Other 885.17 RELOCATION	1401	11308.31	
		12c DD	15902.40	
		12d		
		13 Stat emp. Re	et. plan 3rd party sick pay	

ef Employee's name, address and ZIP cod SURYA K KODEBOYANA 1340 DERBY LN

MUNDELEIN, IL

15	State	Employer's state ID no. 36-2596612 000 6	16	State wages, tips, etc. 106097.78
17	State	income tax 4906.87	18 Local wages, tips, etc.	
19	Local	income tax	20	Locality name

City or Local Filing Copy

V-2 Wage and Tax
Statement
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ON 1645-0008