2020 W-2 and EARNINGS SUMMARY

Employee Reference Wage and Tax Statement Statement Dept. Corp. Employee 'srecords. Control number 000048 RN/IAM Dept. Corp. Employee use only A 6

I NET SOFTWARE TECHNOLOGIES INC 9901 VALLEY RANCH PKWY E SUITE 2029 IRVING, TX 75063

Batch #90689

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

SREEDHAR GADDIPATI 24967 WOODVIEW CT APT 207 FARMINGTON HILLS, MI 48335

b	Emplo	yer's FED ID 26-16094		а	Emple		e's SS/		
1	1 Wages, tips, other comp.		2 Federal income tax withheld					held	
		73	250.00	8231.00					1.00
3	Social	security wa	ges	4	Socia	ls	security	tax with	held
5	Medic	are wages a	nd tips	6	Medic	are	e tax wi	thheld	
7	Social	security tip	S	8	Alloca	ate	d tips		
9				10	Depen	de	nt care	benefits	
11	Nonqu	alified plans		12a	See in	str	uctionsfo	r box 12	
14	Other			12k					
'	Other			120					
				120		<u> </u>			
				13	Stat er	np.	Ret. plan	3rd party	sick pay
	State VII	Employer's 26-16094		16	State	Wa	ages, tip	s, etc. 73250	0.00
17	State	income tax 2	507.52	18	Local	W	ages, tip	s, etc.	
19	Local	income tax		20	Local	ity	name		

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Compensation Wages Wages Wages Wages Tips, Etc.

Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 Box 16 of W-2

Gross Pay

Reported W-2 Wages

73,250.00 **73,250.00** 73,250.00

73,250.00

73,250.00

0.00 0.00 73,250.00

2. Employee Name and Address.

SREEDHAR GADDIPATI 24967 WOODVIEW CT APT 207 FARMINGTON HILLS, MI 48335

2020 ADP, Inc.

1 Wages, tips, other comp. 73250.00			2 Federal income tax withheld 8231.00			
3 Social security wages			4 Social security tax withheld			
5 Medicare wages and tips		6 Medicare tax withheld				
d	Control number	Dept.	Corp.	Employer use	only	
000048 RN/IAM				Α	6	
c Employer's name, address, and ZIP code						
I NET SOFTWARE						

TECHNOLOGIES INC
9901 VALLEY RANCH PKWY E
SUITE 2029

IRVING, TX 75063

b	Employer's FED ID number 26-1609485	a Employee's SSA number XXX-XX-9369				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12				
14	Other	12b				
		12c				
		12d				
		13 Stat emp Ret. plan 3rd party sick pay				
_ /f	Employee's name address ar	d ZID code				

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

SREEDHAR GADDIPATI 24967 WOODVIEW CT APT 207 FARMINGTON HILLS, MI 48335

15 N	State VII	Employer's state ID no. 26-1609485	16 State wages, tips, etc. 73250.00
17	State		18 Local wages, tips, etc.
		2507.52	
19	Local	income tax	20 Locality name
		Federal Fili	ng Copy

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

1 Wages, tips, other comp. 73250.00	2 Federal income tax withheld 8231.00			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number Dept.	Corp. Employer use only			
000048 RN/IAM	A 6			
c Employer's name, address, I NET SOFTWAI TECHNOLOGIES 9901 VALLEY SUITE 2029 IRVING, TX 750	RE INC RANCH PKWY E			
b Employer's FED ID number 26-1609485 7 Social security tips	a Employee's SSA number XXX-XX-9369			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12 a			
14 Other	12b			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick party			
e/f Employee's name, address	and ZIP code			
SREEDHAR GADDIPA 24967 WOODVIEW (FARMINGTON HILLS,	CT APT 207			
15 State Employer's state ID no. 26-1609485	73250.00			
17 State income tax 2507.52	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			
MI.State Re	eference Copy			

Wage and Tax

Statement

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

Wages, tips, other 732	2 Federal income tax withheld 8231.00							
3 Social security wag	Social security wages			4 Social security tax withheld				
5 Medicare wages an	Medicare wages and tips			6 Medicare tax withheld				
d Control number	Dept.	Corp.	Employ	er use only				
000048 RN/IAM			Α	6				
Employer's name, a	ıddress, ar	nd ZIP cod	de					
TECHNOLO 9901 VAL SUITE 202 IRVING, T	LEY R 29	_	PKWY	E				
Employer's FED ID 26-160948			yee's SSA XXX-XX					
7 Social security tips				3000				
)		10 Depen	dent care	benefits				
11 Nonqualified plans		12a						
14 Other		12b						
		12c						
		12d						
		13 Stat en	np. Ret. plan	3rd party sick pa				
e/f Employee's name,	address an	d ZIP con	 e					
SREEDHAR GA								
24967 WOODVIE		ГАРТ						
15 State Employer's s MI 26-160948	tate ID no.	16 State		s, etc. 73250.00				
17 State income tax	07.52	18 Local	wages, tip	s, etc.				
19 Local income tax	07.02	20 Locali	ty name					

Wage and Tax

Statement

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