| Employee Reference Copy | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| W-2 Wage and Tax 2020 | | | | | | | | |
| Copy C for employee'srecords. | OMB No. 1545-0008 | | | | | | | |
| d Control number Dept. | Corp. Employer use only A 29 | | | | | | | |
| | | | | | | | | |
| CSXTECH INC | c Employer's name, address, and ZIP code | | | | | | | |
| | PARK BLVD STE 55 | | | | | | | |
| PLANO, TX 75093 | | | | | | | | |
| | | | | | | | | |
| Batch #90774 | | | | | | | | |
| | Batch #90774 | | | | | | | |
| e/f Employee's name, address, | | | | | | | | |
| VINODKUMAR KANDI | | | | | | | | |
| 11 S CENTRAL AVE | NUE | | | | | | | |
| APT 4 | | | | | | | | |
| QUINCY, MA 02170 b Employer's FED ID number | | | | | | | | |
| b Employer's FED ID number 46-4859679 | a Employee's SSA number XXX-XX-3685 | | | | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | | |
| 85641.08 | 12253.59 | | | | | | | |
| 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 | | | | | | | |
| Ad Name Read and an an | 12a See instructions for box 12 | | | | | | | |
| 11 Nonqualified plans | | | | | | | | |
| 14 Other | 12b | | | | | | | |
| 332.07 MAPFML | 12d | | | | | | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | | | | | | |
| 15 State Employer's state ID no | | | | | | | | |
| MA WTH-11503790-0 | 03 85641.08 | | | | | | | |
| 17 State income tax 4282.10 | 18 Local wages, tips, etc. | | | | | | | |
| 19 Local income tax | 20 Locality name | | | | | | | |
| 1 | | | | | | | | |

2020 W-2 and EARNINGS SUMMARY



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 | 87,850.00 | 87,850.00 | 87,850.00 | 87,850.00 |
| Less Other Cafe 125 | 2,208.92 | N/A | N/A | 2,208.92 |
| Reported W-2 Wages | 85,641.08 | 0.00 | 0.00 | 85,641.08 |

2. Employee Name and Address.

VINODKUMAR KANDIMALLA 11 S CENTRAL AVENUE APT 4 QUINCY, MA 02170

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| 1 Wages, tips, other comp. 85641.08 | 2 Federal income tax withheld 12253.59 | 1 Wages, tips, other comp. 85641.08 | 2 Federal income tax withheld 12253.59 | 1 Wages, tips, other comp. 85641.08 | 2 Federal income tax withheld 12253.59 |
|---|--|---|--|---|--|
| 3 Social security wages | 4 Social security tax withheld | 3 Social security wages | 4 Social security tax withheld | 3 Social security wages | 4 Social security tax withheld |
| 5 Medicare wages and tips | 6 Medicare tax withheld | 5 Medicare wages and tips | 6 Medicare tax withheld | 5 Medicare wages and tips | 6 Medicare tax withheld |
| d Control number Dept. 000190 RN/8IT | Corp. Employer use only A 29 | d Control number Dept. 000190 RN/8IT | Corp. Employer use only A 29 | d Control number Dept. 000190 RN/8IT | Corp. Employer use only A 29 |
| c Employer's name, address, a CSXTECH INC 4975 PRESTON PLANO, TX 7509 | PARK BLVD STE 55 | c Employer's name, address, a CSXTECH INC 4975 PRESTON PLANO, TX 750 | PARK BLVD STE 55 | c Employer's name, address, a CSXTECH INC 4975 PRESTON PLANO, TX 750 | PARK BLVD STE 55 |
| b Employer's FED ID number 46-4859679 7 Social security tips | a Employee's SSA number XXX-XX-3685 8 Allocated tips | b Employer's FED ID number 46-4859679 7 Social security tips | a Employee's SSA number XXX-XX-3685 8 Allocated tips | b Employer's FED ID number 46-4859679 7 Social security tips | a Employee's SSA number XXX-XX-3685 8 Allocated tips |
| 9 | 10 Dependent care benefits | 9 | 10 Dependent care benefits | 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 | 11 Nonqualified plans | 12a | 11 Nonqualified plans | 12a |
| 14 Other 332.07 MAPFML | 12b 12c 12d 13 Stat empl Ret. plan 3rd party sick pay | 14 Other 332.07 MAPFML | 12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay | 14 Other 332.07 MAPFML | 12b 12c 12d 13 Stat emp.Ret. plan 3rd party sick pa |
| e/f Employee's name, address an VINODKUMAR KANDI 11 S CENTRAL AVEI APT 4 QUINCY, MA 02170 | MALLA | e/f Employee's name, address a VINODKUMAR KANDI 11 S CENTRAL AVE APT 4 QUINCY, MA 02170 | MALLA | e/f Employee's name, address a VINODKUMAR KANDI 11 S CENTRAL AVE APT 4 QUINCY, MA 02170 | MALLA |
| 15 State Employer's state ID no MA WTH-11503790-00 | 03 85641.08 | 15 State Employer's state ID no. 16 State wages, tips, etc. MA WTH-11503790-008 85641.08 | | 15 State Employer's state ID no.16 State wages, tips, etc. MA WTH-11503790-003 85641.08 | |
| 17 State income tax 4282.10 19 Local income tax | 18 Local wages, tips, etc. 20 Locality name | 17 State income tax 4282.10 19 Local income tax | 18 Local wages, tips, etc. 20 Locality name | 17 State income tax 4282.10 19 Local income tax | 18 Local wages, tips, etc. 20 Locality name |
| Federal Fi Wage a Statem Copy B to be filed with employee's F | and Tax 2020 | MA.State R W-2 Wage a Stateme Copy 2 to be filed with employee's Stat | nd Tax 2020 nt 1 | | OMB No 1545-0008 |