



W-2 Wage and Tax Statement
 Copy C for employee's records.
 OMB No. 1545-0008
2020

d Control number 000065 Dept. K7/H4B Corp. Employer use only 24

c Employer's name, address, and ZIP code
 NINFO SYSTEMS INC
 4105 US ROUTE 1
 SUITE 14
 MONMOUTH JUNCTION, NJ 08852
 Batch #90586

e/f Employee's name, address, and ZIP code
 SHIV KUMAR JUNGELE
 2921 DISTRICT AVE
 APT 403
 FAIRFAX, VA 22031

b Employer's FED ID number 81-1227381 **a** Employee's SSA number XXX-XX-6862

1 Wages, tips, other comp. 57157.00 **2** Federal income tax withheld 6367.94
3 Social security wages 57157.00 **4** Social security tax withheld 3543.73
5 Medicare wages and tips 57157.00 **6** Medicare tax withheld 828.78
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

15 State VA **16** State wages, tips, etc. 57157.00
17 State income tax 2985.39 **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	VA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	57,157.00	57,157.00	57,157.00	57,157.00
Reported W-2 Wages	57,157.00	57,157.00	57,157.00	57,157.00

2. Employee Name and Address.

SHIV KUMAR JUNGELE
2921 DISTRICT AVE
APT 403
FAIRFAX, VA 22031

© 2020 ADP, Inc.

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

d Control number 000065 Dept. K7/H4B Corp. Employer use only 24

c Employer's name, address, and ZIP code
 NINFO SYSTEMS INC
 4105 US ROUTE 1
 SUITE 14
 MONMOUTH JUNCTION, NJ 08852

b Employer's FED ID number 81-1227381 **a** Employee's SSA number XXX-XX-6862

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

e/f Employee's name, address and ZIP code
 SHIV KUMAR JUNGELE
 2921 DISTRICT AVE
 APT 403
 FAIRFAX, VA 22031

15 State VA **16** State wages, tips, etc. 57157.00
17 State income tax 2985.39 **18** Local wages, tips, etc.
19 Local 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.
 OMB No. 1545-0008
2020

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

d Control number 000065 Dept. K7/H4B Corp. Employer use only 24

c Employer's name, address, and ZIP code
 NINFO SYSTEMS INC
 4105 US ROUTE 1
 SUITE 14
 MONMOUTH JUNCTION, NJ 08852

b Employer's FED ID number 81-1227381 **a** Employee's SSA number XXX-XX-6862

7 Social security tips **8** Allocated tips
9 **10** Dependent care benefits
11 Nonqualified plans **12a** |
14 Other **12b** | **12c** | **12d** |
13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
 SHIV KUMAR JUNGELE
 2921 DISTRICT AVE
 APT 403
 FAIRFAX, VA 22031

15 State VA **16** State wages, tips, etc. 57157.00
17 State income tax 2985.39 **18** Local wages, tips, etc.
19 Local income tax **20** Locality name

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

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

d Control number 000065 Dept. K7/H4B Corp. Employer use only 24

c Employer's name, address, and ZIP code
 NINFO SYSTEMS INC
 4105 US ROUTE 1
 SUITE 14
 MONMOUTH JUNCTION, NJ 08852

b Employer's FED ID number 81-1227381 **a** Employee's SSA number XXX-XX-6862

7 Social security tips **8** Allocated tips
9 **10** Dependent care benefits
11 Nonqualified plans **12a** |
14 Other **12b** | **12c** | **12d** |
13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
 SHIV KUMAR JUNGELE
 2921 DISTRICT AVE
 APT 403
 FAIRFAX, VA 22031

15 State VA **16** State wages, tips, etc. 57157.00
17 State income tax 2985.39 **18** Local wages, tips, etc.
19 Local income tax **20** Locality name

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