2020 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy OMB No. 1545-0008 of Control number O00055 R6/6VW Dept. Corp. Employer use only A 27

Employer's name, address, and ZIP code

HANCE INCORPORATED
200 CENTENNIAL AVE SUITE 202
PISCATAWAY, NJ 08854

Batch #93247

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

SREEKANTH YARRA 6726 DELEON ST IRVING, TX 75039

b	Employer's FED ID number 31-1825499	a Employee's SSA number XXX-XX-3445
1	Wages, tips, other comp.	2 Federal income tax withheld
	30720.00	5148.69
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
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
'-	Other	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick par
15	State Employer's state ID no.	. 16 State wages, tips, etc.
17	State income tax	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

Gross Pay

Reported W-2 Wages

30,720.00 **30,720.00**

2 Federal income tax withheld

5148.69

30,720.00 **0.00** 30,720.00 **0.00**

2. Employee Name and Address.

30720.00

SREEKANTH YARRA 6726 DELEON ST IRVING, TX 75039

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1 Wages, tips, other cor 30720	2 Federal income tax withheld 5148.69					
3 Social security wages	4 Social security tax withheld					
5 Medicare wages and t	6 Medicare tax withheld					
Control number Dept.		Corp. Employer use on				
000055 R6/6VW			Α	27		
c Employer's name, address, and ZIP code						

HANCE INCORPORATED

200 CENTENNIAL AVE SUITE 202 PISCATAWAY, NJ 08854

b	Employer's FED ID number 31-1825499	a Employee's SSA number XXX-XX-3445
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 ar	nd ZIP code

SREEKANTH YARRA 6726 DELEON ST IRVING, TX 75039

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

Federal Filing Copy

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

3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
d Control number Dept. 000055 R6/6VW	Corp. Employer use only A 27				
c Employer's name, address, a HANCE INCORPO 200 CENTENNIAL PISCATAWAY, I	ORATED . AVE SUITE 202				
b Employer's FED ID number 31-1825499	a Employee's SSA number XXX-XX-3445				
7 Social security tips	8 Allocated tips 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 at SREEKANTH YARRA 6726 DELEON ST IRVING, TX 75039	I I				
15 State Employer's state ID no.	. 16 State wages, tips, etc.				
17 State income tax	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				
State Refe Wage a Statemer Copy 2 to be filed with employee's State	nd Tax 2020				

1 Wages, tips, other comp. 30720.00			2 Federal income tax withheld 5148.69				
3	3 Social security wages			4 Social security tax withheld			
5	5 Medicare wages and tips			6 Medicare tax withheld			
d	Control number	Dept.		Corp.	Employer	use only	
000055 R6/6VW					Α	27	
	c Employer's name, address, and ZIP code						
С	Employer's name, a	ddress, ar	nd 2	ZIP cod	е		

HANCE INCORPORATED
200 CENTENNIAL AVE SUITE 202
PISCATAWAY, NJ 08854

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	3 AI	locate	d tips		
2000000000000000000000		8 Allocated tips			
·	0 De	pende	nt care	benefit	5
1	12a				
1	12b 12c 12d 13 Stat emp. Ret. plan 3rd party si				
1					
1					
1			y sick pay		
	1 1	12b 12c 12d	12b 12c 12d	12b 12c 12d	12b 12c 12d

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

SREEKANTH YARRA 6726 DELEON ST IRVING, TX 75039

				_	
15	State	Employer's	state ID no.	16	State wages, tips, etc.
17	State	income tax		18	Local wages, tips, etc.
19	Local	income tax		20	Locality name

City or Local Reference Copy

Wage and Tax

Statement
Copy 2 to be filed with employee's City or Local Income Tax Refurn.