2020 W-2 and EARNINGS SUMMARY

Employee Reference Wage and Tax Statement

Copy

Copy C for employee's records. Control number 011509 BOST/7KK

Employer use only

Employer's name, address, and ZIP code

REVEREIT LLC 45640WILLOW POND PLZ#200 STERLING VA 20164

Batch #01289

e/f Employee's name, address, and ZIP code YALLAMANDAREDDY SANGATI 111 EAST WINCHESTER

LIBERTYVILLE IL 60048

Employer's FED ID number a Employee's SSA number 01-0832135 XXX-XX-3848 Wages, tips, other comp. Federal income tax withheld 52190.00 6024.37 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 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 1 63 ORSTT W/H 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. TOTAL STATE 17 State income tax 18 Local wages, tips, etc. 2584.70 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	OR. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	52,190.00	52,190.00	52,190.00	1,632.00
Less Exempt Wages	N/A	52,190.00	52,190.00	N/A
Reported W-2 Wages	52,190.00	0.00	0.00	1,632.00

2. Employee Name and Address.

YALLAMANDAREDDY SANGATI 111 EAST WINCHESTER APT E LIBERTYVILLE IL 60048

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1	Wages, tips, other c	2 Federal	income tax	withheld 6024.37		
3	Social security wage	4 Social security tax withheld				
5	Medicare wages and	6 Medicare tax withheld				
d	Control number	Dept.	Corp.	Employer	use only	
01	1509 BOST/7KK		A 159			
c Employer's name, address, and ZIP code						

REVEREIT LLC 45640WILLOW POND PLZ#200 STERLING VA 20164

b	Employer's FED ID number 01-0832135	a Employee's SSA number XXX-XX-3848						
<u> </u>								
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See instructions for box 12						
14	Other	12b						
	1.63 ORSTT W/H	12c						
		12d						
		13 Stat emp. Ret. plan 3rd party sick pay						
e/f	Employee's name, address a	and ZIP code						

YALLAMANDAREDDY SANGATI 111 EAST WINCHESTER LIBERTYVILLE IL 60048

16 State wages, tips, etc.
18 Local wages, tips, etc.
20 Locality name

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

1 Wages, tips, other of 521:	2 Federa	income ta	withheld 6024.37				
3 Social security wag	es	4 Social	security tax	withheld			
5 Medicare wages and	6 Medicare tax withheld						
d Control number	Dept.	Corp.	Employer	use only			
011509 BOST/7KK			A	159			
c Employer's name, address, and ZIP code							

REVEREIT LLC 45640WILLOW POND PLZ#200 STERLING VA 20164

b	Employer's FED ID number 01-0832135	a Employee's SSA number XXX-XX-3848					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a					
14	Other	12b					
	1.63 ORSTT W/H	12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
e/f	Employee's name, address	and ZIP code					

YALLAMANDAREDDY SANGATI 111 EAST WINCHESTER LIBERTYVILLE IL 60048

15 State	Employer's state ID no.	16 State wages, tips, etc.
OR	01758369-7	1632.00
17 State	income tax	18 Local wages, tips, etc.
	82.08	
19 Local	income tax	20 Locality name

OR.State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return

1	1 Wages, tips, other comp. 52190.00			Federa	l income tax 6	withheld 024.37		
3	3 Social security wages			4 Social security tax withheld				
5	5 Medicare wages and tips		6	6 Medicare tax withheld				
d	Control number	Dept.		Corp.	Employer	use only		
01	1509 BOST/7KK				A	159		
С	c Employer's name, address, and ZIP code							

REVEREIT LLC 45640WILLOW POND PLZ#200 STERLING VA 20164

b	Employer's FED ID number	a Employee's SSA number					
	01-0832135	XXX-XX-3848					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a					
14	Other	12b					
	1.63 ORSTT W/H	12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick p					

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

YALLAMANDAREDDY SANGATI 111 EAST WINCHESTER APT E LIBERTYVILLE IL 60048

		Employer's		ID no.	16	State	wages,	
0	R	01758369	-7					1632.00
17	State	income tax			18	Local	wages,	tips, etc.
			82.	80				
19	Local	income tax			20	Local	ity nam	е

OR.State Filing Copy Wage and Tax Statement

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

2020 W-2 and EARNINGS SUMMARY

IL.State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return. Corp. Dept. Employer

011509 BOST/7KK c Employer's name, address, and ZIP code

REVEREIT LLC 45640WILLOW POND PLZ#200 STERLING VA 20164

Batch #01289

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

111 EAST WINCHESTER

		YVILLE			48						
b	Emplo	yer's FED ID) numbe	er	а	Emple	оує	e's	SS	A number	
		01-08321	135				х	XX-	XX	-3848	
1	Wages	s, tips, other	comp.		2 Federal income tax withheld				tax withheld	i	
		52	190.0	0						6024.3	7
3	Social	security wa	ges		4	Socia	l s	ecuri	ty	tax withheld	ı
5	Medica	are wages a	nd tips		6	Medic	are	e tax	wi	thheld	
7	Social	security tips	S		8	Alloca	ate	d tips	5		
9					10	Deper	nde	ent ca	are	benefits	
11	Nonqu	alified plans		ľ	12a	See in	str 	uction	sfo	r box 12	
14	Other				12k						
'*	Other			Ŀ	12c	;					
				-	12c	ı					
					13	Stat er	np.	Ret. p	lan	3rd party sick	pa
15	State	Employer's	state ID	no.	16	State	wa	iges,	tip	s, etc.	
1	L	01-08321	35 00	0 7						50558.0	0
17	State i	income tax 2	502.6	2	18	Local	W	ages,	tip	s, etc.	
19	Local	income tax			20	Local	ity	name	е		

1	Wages, tips, other comp.			Federal	I income tax	withheld
	52190.00				6	5024.37
3	3 Social security wages			Social	security tax	withheld
5	5 Medicare wages and tips		6	Medica	re tax withh	eld
d	Control number	Dept.		Corp.	Employer	use only
01	.1509 BOST/7KK				A	160

c Employer's name, address, and ZIP code

REVEREIT LLC 45640WILLOW POND PLZ#200 STERLING VA 20164

_		
b	Employer's FED ID number	a Employee's SSA number
	01-0832135	XXX-XX-3848
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
- 16	Employee's name address a	nd ZID code

YALLAMANDAREDDY SANGATI 111 EAST WINCHESTER APT E

LIBERTYVILLE IL 60048

15 State Employer's state ID 01-0832135 00	no. 16 State wages, tips, etc. 50558.00
17 State income tax	18 Local wages, tips, etc.
2502.63	2
19 Local income tax	20 Locality name

IL.State Filing Copy Wage and Tax Statement

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

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.

IL. State Wages, Tips, Etc. Box 16 of W-2

50,558.00

50,558.00

Gross Pav Reported W-2 Wages

2. Employee Name and Address.

YALLAMANDAREDDY SANGATI 111 EAST WINCHESTER APT E LIBERTYVILLE IL 60048

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