## 2020 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy OMB No. 1545-0008

Copy C for employee's records.

d Control number Dept. Corp. Employer use only A

Employer's name, address, and ZIP code

ALLWYN CORPORATION
459 HERNDON PKWY SUITE 13
HERNDON, VA 20170 6220

Batch #92719

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

ADITYA KANTHALA 24329 PINE SPRING LANE ALDIE, VA 20105

a Employee's SSA number XXX-XX-5376 b Employer's FED ID number 57-1153631 Wages, tips, other comp. Federal income tax withheld 11507.19 1375.25 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 12a See instructions for box 12 11 Nonqualified plans 12b 14 Other 13 Stat emp Ret. plan 3rd party sick pay 15 State | Employer's state ID no. 16 State wages, tips, etc. VA | 30571153631F001 | 115 11507.19 17 State income tax 8 Local wages, tips, etc. 19 Local income tax 20 Locality name

1 Wages, tips, other comp.
11507.19
2 Federal income tax withheld
1375.25
3 Social security wages
4 Social security tax withheld
5 Medicare wages and tips
6 Medicare tax withheld
d Control number
000016 KH/H4T
C Employer's name, address, and ZIP code

ALLWYN CORPORATION 459 HERNDON PKWY SUITE 13 HERNDON, VA 20170 6220

b	Employer's FED ID number 57-1153631	a Employee's SSA number XXX-XX-5376					
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

ADITYA KANTHALA 24329 PINE SPRING LANE ALDIE, VA 20105

15 State Employer's state ID no. 30571153631F001	16 State wages, tips, etc. 11507.19
17 State income tax 575.63	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Federal Fili	ing Copy

Federal Filing Copy

Wage and Tax 2020

Statement
Copy B to be filed with employee's Federal 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.

Wages, Tips, other Social Security Medicare VA. State Wages, Wages Wages Box 3 of W-2 Box 5 of W-2 Box 16 of W-2 Box 1 of W-2 11,724.80 11,724.80 11,724.80 11,724.80 Gross Pay Less Other Cafe 125 217.61 N/A N/A217.61 Reported W-2 Wages 11,507.19 0.00 0.00 11,507.19

2. Employee Name and Address.

## ADITYA KANTHALA 24329 PINE SPRING LANE ALDIE, VA 20105

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1 Wages, tips	Wages, tips, other comp. 11507.19			2 Federal income tax withheld 1375.25				
3 Social secu	Social security wages			4 Social security tax withheld				
5 Medicare w	Medicare wages and tips			6 Medicare tax withheld				
d Control nun	nber TH/H4T	Dept.	Corp.	Employ	er use only			
c Employer's		lroce ar	d ZID cod					
459	VYN C HERND NDON,	ON	PKWY	SUITE	13			
	FED ID nu	ımber	a Employ	/ee's SS/				
7 Social secu	rity tips		8 Allocat	ed tips				
9			10 Dependent care benefits					
11 Nonqualified	d plans		<b>12</b> a					
14 Other			12b					
			12c					
			12d					
			13 Stat emp	p. Ret. plan	3rd party sick pay			
e/f Employee's ADITYA K 24329 PIN ALDIE, V <i>A</i>	(ANTHA	LA ING	d ZIP cod	e				
15 State Empl	oyer's stat 7115363	e ID no. 1F001	16 State v	wages, tip	s, etc. 11507.19			
17 State incom		5.63	18 Local	wages, tip	os, etc.			
19 Local incon	ne tax		20 Localit	ty name				
W-2	■ Stat	ge ar	nd Tax	2	020 No. 1545-0008			

	11507.1	19				1375.25	
3	Social security wages		4	Social	security	tax withheld	
5	Medicare wages and tipe	S	6 Medicare tax withheld				
d	Control number	ept.		Corp.	Emplo	yer use only	
00	0016 KH/H4T				Α		
С	Employer's name, addre	ss, ar	nd .	ZIP cod	de		
b	459 HERNDON HERNDON, \	/A :					
	57-1153631		XXX-XX-5376				
7	Social security tips		8	Alloca	ted tips		
9			10	Depen	dent care	benefits	
11	Nonqualified plans		12:	a			
14	Other		12	b			
			12	С			
			12	d			
			13	Stat en	np. Ret. plan	3rd party sick pay	
e/f	Employee's name, addre	ss an	id 2	ZIP cod	le		
	DITYA KANTHALA 329 PINE SPRIN	•	L/	NE			

5 State | Employer's state ID no. 16 State wages, tips, etc. VA 30571153631F001 11507.19

VA.State Filing Copy
Wage and Tax

Statement

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

18 Local wages, tips, etc.

20 Locality name

2 Federal income tax withheld

Wages, tips, other comp.

**ALDIE, VA 20105** 

17 State income tax

19 Local income tax