

Employee Reference Wage and Tax
Statement
Copy C for employee's records.

age and Tax
Statement

Dept. | Corp. | Employer use only

000012 KH/EF8 c Employer's name, address, and ZIP code

d Control number

TECHMINDS GROUP LLC 365 W PASSAIC ST SUITE 228 ROCHELLE PARK, NJ 07662 3017

Batch #92705

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

RAMYA DHARMAGARI 7 SOUTH LAKE DRIVE HACKENSACK, NJ 07601

b	Emplo	yer's FED II 26-0357		а	Emple		e's SS/			
1	Wages	s, tips, other	r comp.	2	Feder	al	income	tax w	ithhe	ld
		74	1381.49					104	43.8	34
3	Social	security wa	ages	4	Socia	l s	security	tax w	ithhel	d
5	Medica	are wages a	and tips	6	Medic	are	e tax wi	thheld	I	
7	Social	security tip	os	8	Alloca	ate	d tips			
9				10	Depen	de	nt care	benef	its	
11	Nonqu	alified plans	s			str	uctionsfo	r box '	12	
14	Other			121		<u> </u>				
		196 72	NY PFI	120		<u> </u>				
				120		<u> </u>				
				13	Stat er	mp	Ret. plan	3rd pa	rty sic	k pay
15	State	Employer's	state ID no.	16	State	Wa	ages, tip	s, etc		
17	State	ncome tax		18	Local	w	ages, tip	s, etc	:.	
		3	3818.00							
19	Local	income tax		20	Local	ity	name			

TECHMINDS GROUP LLC 365 W PASSAIC ST SUITE 228 ROCHELLE PARK, NJ 07662 3017

b Employer's FED ID num 26-0357134	nber a Employee's SSA number XXX-XX-7590
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
196.72 NY PI	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

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

RAMYA DHARMAGARI 7 SOUTH LAKE DRIVE HACKENSACK, NJ 07601

15	State	Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.			
17	State	income tax 3818.00	18 Local wages, tips, etc.			
19	Local	income tax	20 Locality name			
	Federal Filing Conv					

Federal Filing Copy

Wage and Tax

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	NJ. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay	76,441.49	76,441.49	76,441.49	76,441.49
Less Other Cafe 125 Reported W-2 Wages	2,060.00	N/A	N/A	N/A
	74,381.49	0.00	0.00	76,441.49

2. Employee Name and Address.

74381.49

RAMYA DHARMAGARI 7 SOUTH LAKE DRIVE HACKENSACK, NJ 07601

Federal income tax withheld

10443.84

© 2020 ADP, Inc.

HACKENSACK,

17 State income tax

19 Local income tax

Social security wages 4 Social security tax withheld 6 Medicare wages and tips 6 Medicare tax withheld 1 Control number
Control number Dept. Corp. Employer use only A
Employer's FED ID number 26-0357134 Social security tips 1 Nonqualified plans Employer's name, address, and ZIP code TECHMINDS GROUP LLC 365 W PASSAIC ST SUITE 228 ROCHELLE PARK, NJ 07662 3017 Employer's FED ID number XXX-XX-7590 8 Allocated tips
Employer's name, address, and ZIP code TECHMINDS GROUP LLC 365 W PASSAIC ST SUITE 228 ROCHELLE PARK, NJ 07662 3017 Employer's FED ID number 26-0357134 XXX-XX-7590 Social security tips 8 Allocated tips 10 Dependent care benefits 1 Nonqualified plans 12a
TECHMINDS GROUP LLC 365 W PASSAIC ST SUITE 228 ROCHELLE PARK, NJ 07662 3017 Employer's FED ID number 26-0357134 XXX-XX-7590 Social security tips 8 Allocated tips 10 Dependent care benefits 1 Nonqualified plans 12a
365 W PASSAIC ST SUITE 228 ROCHELLE PARK, NJ 07662 3017 Employer's FED ID number 26-0357134
26-0357134 XXX-XX-7590 Social security tips 8 Allocated tips 10 Dependent care benefits 1 Nonqualified plans 12a
10 Dependent care benefits 1 Nonqualified plans 12a
1 Nonqualified plans 12a
4 Other 12b
12c
196.72 NY PFL
196.72 NY PFL 12d
196.72 NY PFL
- Other
196.72 NY PFL
196.72 NY PFL

NJ 07601

5 State NJ Employer's state ID no. 16 State wages, tips, etc. 76441.49

NJ.State Reference

Statement

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

Wage and Tax

18 Local wages, tips, etc.

Copy

20 Locality name

1	Wages, 1	ips, other c	omp. 31.49	2	Federal	income tax withheld 10443.84	
3	Social security wages			4 Social security tax withheld			
5	Medicare	wages and	l tips	6	Medica	re tax withheld	
d	Control i	number	Dept.		Corp.	Employer use only	
00	0012	KH/EF8				Α	
С	c Employer's name address and ZIP code						

TECHMINDS GROUP LLC 365 W PASSAIC ST SUITE 228 ROCHELLE PARK, NJ 07662 3017

b	Employer's FED ID number 26-0357134	a Employee's SSA number XXX-XX-7590
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	196.72 NY PFL	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pa

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

RAMYA DHARMAGARI 7 SOUTH LAKE DRIVE HACKENSACK, NJ 07601

15 N	State	Employer's state ID no. 260-357-134/000	16	State	wages, tips, etc. 76441.49
17	State	income tax	18	Local	wages, tips, etc.
19	Local	income tax			ity name
		NII Ctoto Fili		$\overline{}$	on.

NJ.State Filing Copy

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