2020 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy C for employee's records. d Control number Corp. Employer use only 000029 RB/282 Employer's name, address, and ZIP code **EMETEORS INC**

150 RIVER ROAD BUILDING G3B MONTVILLE, NJ 07045

Batch #97443

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

MANOJ KUMAR DULAM 38345 W 10 MILE RD FARMINGTONHILLS, MI 48335

Employer's FED ID number a Employee's SSA number 01-0976538 139-91-0252 Wages, tips, other comp. Federal income tax withheld 7000.00 961.83 Social security wages 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. 700 7000.00 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Wages, tips, other comp 7000.00 961.83 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Dept. Employer use only 000029 RB/282 4 Employer's name, address, and ZIP code

EMETEORS INC 150 RIVER ROAD BUILDING MONTVILLE, NJ 07045

| b | Employer's FED ID number 01-0976538 | a Employee's SSA number 139-91-0252 | | | |
|----|-------------------------------------|--|--|--|--|
| 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

MANOJ KUMAR DULAM 38345 W 10 MILE RD

FARMINGTONHILLS, MI 48335

| 15 N | State VII | Employer's state ID no. 01-0976538 | 16 State wages, tips, etc. 7000.00 |
|----------------|---------------------|------------------------------------|------------------------------------|
| 17 | State | income tax 297.50 | 18 Local wages, tips, etc. |
| 19 | Local | income tax | 20 Locality name |
| | | Federal Fili | ina 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 MI. State Wages, Compensation Wages Wages Box 3 of W-2 Box 5 of W-2 Box 16 of W-2 Box 1 of W-2

7,000.00 7,000.00 7,000.00 7,000.00 Gross Pav Reported W-2 Wages 7,000.00 0.00 0.00 7,000.00

2. Employee Name and Address.

MANOJ KUMAR DULAM 38345 W 10 MILE RD FARMINGTONHILLS, MI 48335

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| 1 Wages, tips, other co | 2 Federal income tax withheld 961.83 | | | | | |
|--|--------------------------------------|-------|----------|----------|--|--|
| 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 | | |
| 000029 RB/282 | | | Α | 4 | | |
| c Employer's name, address, and ZIP code | | | | | | |

EMETEORS INC 150 RIVER ROAD BUILDING G3B MONTVILLE, NJ 07045

| Employer's FED ID number 01-0976538 | a Employee's SSA number 139-91-0252 8 Allocated tips | | | |
|-------------------------------------|--|--|--|--|
| Social security tips | | | | |
| | 10 Dependent care benefits | | | |
| Nonqualified plans | 12 a | | | |
| Other | 12b | | | |
| | 12c | | | |
| | 12d | | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | | |
| | Nonqualified plans | | | |

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

MANOJ KUMAR DULAM 38345 W 10 MILE RD **FARMINGTONHILLS,** MI 48335

| | 15 State | Employer's state ID no. 01-0976538 | 16 | State wages, tips, etc. 7000.00 |
|--|----------|------------------------------------|----|---------------------------------|
| | 17 State | income tax | 18 | Local wages, tips, etc. |
| | | 297.50 | | |
| | 19 Loca | I income tax | 20 | Locality name |
| | | | | |

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

| 1 Wages, tips, other comp. 7000.00 | | | 2 Federal income tax withheld 961.83 | | | | | |
|------------------------------------|-------------------------|-------------------------|--------------------------------------|--------------------------------|----------|----------|--|--|
| 3 | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | | | | |
| d | Control number | Dept. | | Corp. | Employer | use only | | |
| 00 | 0029 RB/282 | | | | Α | 4 | | |
| _ | | | | | | | | |

c Employer's name, address, and ZIP code

EMETEORS INC 150 RIVER ROAD BUILDING G3B MONTVILLE, NJ 07045

| b | Employer's FED ID number 01-0976538 | a Employee's SSA number 139-91-0252 | | | |
|----|-------------------------------------|---|--|--|--|
| 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

MANOJ KUMAR DULAM 38345 W 10 MILE RD FARMINGTONHILLS,

| 15 | State | Employer's state 01-0976538 | e ID no. | 16 | State | wages, | tips, etc. |
|----|-------|-----------------------------|----------|----|-------|---------|------------|
| M | II | 01-0976538 | | | | | 7000.00 |
| 17 | State | income tax | | 18 | Local | wages, | tips, etc. |
| | | 297 | .50 | | | | |
| 19 | Local | income tax | | 20 | Local | ity nam | е |
| | | | | | | | |

MI.State Filing Copy Wage and Tax Statement

Copy 2 to be filed with employee'sState IncomeTax Return