2020 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy C for employee's records. Control number Corp. Employer use only RO/6H4 Employer's name, address, and ZIP code

APPSBOAT INC 27620 FARMINGTON RD STE B-9 FARMINGTON HILLS, MI 48334

Batch #92615

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

PHANI AKKIRAJU 12204 SOLSTICE LOPP SANDFORD, FL 32771

Employer's FED ID number a Employee's SSA numb 81-2370100 XXX-XX-4919 Wages, tips, other comp Federal income tax withheld 73788.00 4967.52 Social security wages Social security tax withheld 73788.00 4574.86 Medicare wages and tips 6 Medicare tax withheld 1069.93 73788.00 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. NC 601105855 6240.00 17 State income tax 18 Local wages, tips, etc. 241.00 19 Local income tax 20 Locality name

Wages, tips, other cor 73788.00 4967.52 Social security wages 73788.00 Social security tax withheld 4574.86 Medicare tax withheld 1069.93 Medicare wages and tips 73788.00 Control number Dept. Employer use only 000076 RO/6H4

Employer's name, address, and ZIP code

APPSBOAT INC 27620 FARMINGTON RD STE B-9 FARMINGTON HILLS, MI 48334

b Employer's FED ID num 81-2370100	a Employee's SSA number XXX-XX-4919
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, addre	ess and ZIP code

PHANI AKKIRAJU 12204 SOLSTICE LOPP SANDFORD, FL 32771

15	State VC	Employer's state ID no. 601105855	16 State wages, tips, etc. 6240.00
17	State	income tax 241.00	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name
		Federal Fili	ing 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.

73,788.00

Wages, Tips, other Social Security Medicare NC. State Wages, Compensation Wages Wages Box 16 of W-2 Box 3 of W-2 Box 1 of W-2 Box 5 of W-2 73,788.00 73,788.00 73,788.00 6,240.00

73,788.00

6,240.00

73,788.00

2. Employee Name and Address.

PHANI AKKIRAJU 12204 SOLSTICE LOPF SANDFORD, FL 32771 LOPP

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Gross Pay

Reported W-2 Wages

1 Wages, tips, other comp. 73788.00			Prederal income tax withheld 4967.52			
3 Social security wages 73788.00			4 Social security tax withheld 4574.86			
5 Medicare wages and tips 73788.00			6 Medicare tax withheld 1069.93			
d	Control number	Dept.	Corp.	Employer use only		
00	0076 RO/6H4			Α		

c Employer's name, address, and ZIP code

APPSBOAT INC 27620 FARMINGTON RD STE B-9 FARMINGTON HILLS, MI 48334

b	Employer's FED ID number 81-2370100	a Employee's SSA number XXX-XX-4919			
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

PHANI AKKIRAJU 12204 SOLSTICE LOPP SANDFORD, FL 32771

15 State Employer's state ID no. 601105855	16 State wages, tips, etc. 6240.00
17 State income tax	18 Local wages, tips, etc.
241.00	
19 Local income tax	20 Locality name

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

1	1 Wages, tips, other comp. 73788.00			2 Federal income tax withheld 4967.52				
3	3 Social security wages 73788.00			4 Social security tax withheld 4574.86				
5 Medicare wages and tips 73788.00			6 Medicare tax withheld 1069.93					
d	Control	number	Dept.		Corp.	Employer use only		
00	0076	RO/6H4				Α		

c Employer's name, address, and ZIP code

APPSBOAT INC 27620 FARMINGTON RD STE B-9 **FARMINGTON HILLS, MI 48334**

b	Employer's FED ID number 81-2370100	a Employee's SSA number XXX-XX-4919					
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					
$\overline{}$							

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

PHANI AKKIRAJU 12204 SOLSTICE LOPP SANDFORD, FL 32771

15 N	State IC	Employer's state ID no. 601105855	16	State	wages,	tips, etc. 6240.00
17	State	income tax	18	Local	wages,	tips, etc.
		241.00				
19	Local	income tax	20	Local	ity nam	е
			1			

NC.State Filing Copy Wage and Tax

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