2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only K5/JOJ

Employer's name, address, and ZIP code

ITIYAM LLC 44790 MAYNARD SQ STE 230 ASHBURN, VA 20147 6514

Batch #94125

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

KISHORE PULIGUNDLA 687 E ROYAL LN **APT 2111**

IRVING TX 75039

II	VING, IA 15059	
b	Employer's FED ID number 27-5278201	a Employee's SSA number XXX-XX-8072
1	Wages, tips, other comp.	2 Federal income tax withheld
	93933.00	9627.24
3	Social security wages	4 Social security tax withheld
	93933.00	5823.85
5	Medicare wages and tips 93933.00	6 Medicare tax withheld 1362.03
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
'-	Other	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
15	State Employer's state ID no	. 16 State wages, tips, etc.
17	State income tax	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

1	Wages, tips, other c	omp. 33.00	Federal income tax withheld 9627.24				
3	Social security wage 9393	33.00	4 Social security tax withheld 5823.85				
5	Medicare wages and 939	l tips 33.00	6 Medica	re tax withheld 1362.03			
d	Control number	Dept.	Corp.	Employer use only			
00	00071 K5/JOJ			A 4			

Employer's name, address, and ZIP code

ITIYAM LLC 44790 MAYNARD SQ STE 230 ASHBURN, VA 20147 6514

b	Employer's FED ID number 27-5278201	a Emp			A number X-8072	
7	Social security tips	8 Alloc	ate	ed tips		
9		10 Depe	nd	ent care	benefits	
11	Nonqualified plans	12a See	in	struction	s for box 12	
14	Other	12b	i			
		12c	i			
		12d	ī			
		13 Stat e	mp	Ret. plan	3rd party sick p	ay
e/f	Employee's name, address an	d ZIP co	de			

KISHORE PULIGUNDLA 687 E ROYAL LN APT 2111 IRVING, TX 75039

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

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.

93,933.00

93,933.00

Wages, Tips, other Social Security Medicare Compensation Wages Wages Box 3 of W-2 Box 5 of W-2 Box 1 of W-2

93,933.00

93,933.00

93,933.00

93,933.00

Gross Pay

Reported W-2 Wages

2. Employee Name and Address.

KISHORE PULIGUNDLA 687 E ROYAL LN APT 2111 **IRVING, TX 75039**

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1	Wages, tips, other of 939	2 Federal income tax withheld 9627.24				
3	Social security wag	4 Social security tax withheld 5823.85				
5	Medicare wages and 939	6 Medica	re tax withh	eld 362.03		
d	Control number	Dept.	Corp.	Employer	use only	
0.0	00071 K5/JOJ			Α	4	

c Employer's name, address, and ZIP code

ITIYAM LLC 44790 MAYNARD SQ STE 230 ASHBURN, VA 20147 6514

b	Employer's FED ID number 27-5278201	a Employee's SSA number XXX-XX-8072				
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

KISHORE PULIGUNDLA 687 E ROYAL LN APT 2111 IRVING, TX 75039

15	State	Employer's	state I	D no.	16	State	wages,	tips,	etc.
17	State	income tax			18	Local	wages,	tips,	etc.
19	Local	income tax			20	Local	ity nam	е	

State Reference

Wage and Tax Statement Copy 2 to be filed with employee's State Incom

С	c Employer's name, address, and ZIP code							
00	0071	K5/JOJ				Α	4	ļ
d	Control	number	Dept.		Corp.	Employer	use only	/
5	Medicare wages and tips 93933.00			6 Medicare tax withheld 1362.03				3
3	Social security wages 93933.00			4 Social security tax withheld 5823.85				
	wages,	939	33.00	2	reuerai	9	627.24	

2 Federal income tax withheld

ITIYAM LLC 44790 MAYNARD SQ STE 230 ASHBURN, VA 20147 6514

b	Employer's FED ID number 27-5278201	a Employee's SSA number XXX-XX-8072
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

KISHORE PULIGUNDLA 687 E ROYAL LN APT 2111 IRVING, TX 75039

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

or Local Reference Wage and Tax Statement

Copy 2 to be filed with employee's City or Local Income Tax Retur