



**W-2** Employee Reference Copy  
Wage and Tax Statement  
2020  
OMB No. 1545-0008

Copy C for employee's records.

d Control number 000018	Dept. RB/ZIH	Corp.	Employer use only 20
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c Employer's name, address, and ZIP code  
IT PREMIA GROUP INC  
825 GEORGES ROAD SUITE 4  
NORTH BRUNSWICK, NJ 08902  
  
Batch #90514

e/f Employee's name, address, and ZIP code  
DEERAJ REDDY KASIREDDY  
615 J B HUNT CORPORATE DR  
LOWELL, AR 72745

b Employer's FED ID number 46-3227229	a Employee's SSA number XXX-XX-3979	
1 Wages, tips, other comp. 40162.80	2 Federal income tax withheld 5959.30	
3 Social security wages	4 Social security tax withheld	
5 Medicare wages and tips	6 Medicare tax withheld	
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	
15 State AR	Employer's state ID no. 85186532WHW	16 State wages, tips, etc. 40162.80
17 State income tax 2258.67	18 Local wages, tips, etc.	19 Local income tax
	20 Locality name	

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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	AR. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	40,162.80	40,162.80	40,162.80	40,162.80
Reported W-2 Wages	40,162.80	0.00	0.00	40,162.80

2. Employee Name and Address.

DEERAJ REDDY KASIREDDY  
615 J B HUNT CORPORATE DR  
LOWELL, AR 72745

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5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000018	Dept. RB/ZIH	Corp.	Employer use only 20
c Employer's name, address, and ZIP code IT PREMIA GROUP INC 825 GEORGES ROAD SUITE 4 NORTH BRUNSWICK, NJ 08902			
b Employer's FED ID number 46-3227229	a Employee's SSA number XXX-XX-3979		
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 DEERAJ REDDY KASIREDDY 615 J B HUNT CORPORATE DR LOWELL, AR 72745			
15 State AR	Employer's state ID no. 85186532WHW	16 State wages, tips, etc. 40162.80	
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	20 Locality name		

Federal Filing Copy  
**W-2** Wage and Tax Statement  
2020  
OMB No. 1545-0008  
Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 40162.80	2 Federal income tax withheld 5959.30		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000018	Dept. RB/ZIH	Corp.	Employer use only 20
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b Employer's FED ID number 46-3227229	a Employee's SSA number XXX-XX-3979		
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 DEERAJ REDDY KASIREDDY 615 J B HUNT CORPORATE DR LOWELL, AR 72745			
15 State AR	Employer's state ID no. 85186532WHW	16 State wages, tips, etc. 40162.80	
17 State income tax 2258.67	18 Local wages, tips, etc.	19 Local income tax	
	20 Locality name		

AR.State Reference Copy  
**W-2** Wage and Tax Statement  
2020  
OMB No. 1545-0008  
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 40162.80	2 Federal income tax withheld 5959.30		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000018	Dept. RB/ZIH	Corp.	Employer use only 20
c Employer's name, address, and ZIP code IT PREMIA GROUP INC 825 GEORGES ROAD SUITE 4 NORTH BRUNSWICK, NJ 08902			
b Employer's FED ID number 46-3227229	a Employee's SSA number XXX-XX-3979		
7 Social security tips	8 Allocated tips		
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11 Nonqualified plans	12a		
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e/f Employee's name, address and ZIP code DEERAJ REDDY KASIREDDY 615 J B HUNT CORPORATE DR LOWELL, AR 72745			
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17 State income tax 2258.67	18 Local wages, tips, etc.	19 Local income tax	
	20 Locality name		

AR.State Filing Copy  
**W-2** Wage and Tax Statement  
2020  
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Copy 2 to be filed with employee's State Income Tax Return.