Employee Re				
W_2 Wage a				
Statem	nent <u>OMB No. 1545-0008</u>			
Copy C for employee'srecords. d Control number Dept.	Corp. Employer use only			
000020 K1/5LJ	10			
c Employer's name, address,	and ZIP code			
VIRTUOSO INFO	O SYSTEMS			
INC				
	ORP PKWY 350			
FORT MYERS,	FL 33905 7805			
	Batch #91217			
e/f Employee's name, address,	and ZIP code			
SRIKANTH KAIRAMKO	ONDA			
8649N MACARTHUR	BLVD			
APT 207				
IRVING, TX 75063				
b Employer's FED ID number 82-3642704	a Employee's SSA number XXX-XX-0148			
1 Wages, tips, other comp.	² Federal income tax withheld			
38000.00	5485.95			
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	40 Dependent			
3	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 pa			
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			

2020 W-2 and EARNINGS SUMMARY

Medicare

Wages Box 5 of W-2

38,000.00

0.00



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.

			Box 1 of
Gross	Pay		3
Reported	W-2	Wages	3

Wages, Tips, other
Compensation
Box 1 of W-2Social Security
Wages
Box 3 of W-238,000.0038,000.0038,000.000.00

2. Employee Name and Address.

SRIKANTH KAIRAMKONDA 8649N MACARTHUR BLVD APT 207 IRVING, TX 75063

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1 Wages, tips, other comp. 38000.00	2 Federal income tax withheld 5485.95	1 Wages, tips, other comp. 38000.00 2 Federal income tax withheld 5485.95 3 Social security wages 4 Social security tax withheld		95 38000.00 5485.95	
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	Medicare wages and tips 6 Medicare tax withheld 5 Medicare wages and tips 6 Medicare tax with		6 Medicare tax withheld		
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only
000020 K1/5LJ	10	000020 K1/5LJ	10	000020 K1/5LJ	10
c Employer's name, address,	and ZIP code	c Employer's name, address,	and ZIP code	c Employer's name, address, a	and ZIP code
	D SYSTEMS	VIRTUOSO INFO SYSTEMS		VIRTUOSO INFO SYSTEMS	
INC				INC	
FORT MYERS,	ORP PKWY 350	9160 FORUM C FORT MYERS.	CORP PKWY 350 FL 33905 7805	9160 FORUM C FORT MYERS,	
	12 33303 7003		12 33303 7003		12 33303 7003
b Employer's FED ID number 82-3642704	a Employee's SSA number XXX-XX-0148	b Employer's FED ID number 82-3642704	a Employee's SSA number XXX-XX-0148	b Employer's FED ID number 82-3642704	a Employee's SSA number XXX-XX-0148
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a	11 Nonqualified plans	12a
14 Other	12b	14 Other	12b	14 Other	12b
	12c	1	12c		12c
	12d	1	12d		12d
13 Stat emp Ret	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pa
e/f Employee's name, address a	nd ZIP code	e/f Employee's name, address and ZIP code		e/f Employee's name, address a	and ZIP code
SRIKANTH KAIRAMKO	ONDA	SRIKANTH KAIRAMKO	ONDA	SRIKANTH KAIRAMKO	ONDA
8649N MACARTHUR	BLVD	8649N MACARTHUR BLVD		8649N MACARTHUR BLVD	
APT 207		APT 207		APT 207	
IRVING, TX 75063		IRVING, TX 75063		IRVING, TX 75063	
15 State Employer's state ID no	b. 16 State wages, tips, etc.	15 State Employer's state ID no	o. 16 State wages, tips, etc.	15 State Employer's state ID no	D. 16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
Federal F	iling Copy	State Ref	erence Copy	City or Local	Reference Copy
W-2 Wage a Staten Copy B to be filed with employee's F	and Tax 2020 nent OMB No. 1545-0008 rederal Income Tax Return.	W-2 Wage a Stateme		W-2 Wage a Statem Copy 2 to be filed with employee's City	and Tax 2020 nent Or Local Income Tax Return.