## 2020 W-2 and EARNINGS SUMMARY



Employee Reference
W-2 Wage and Tax
Statement

Copy C for employee's records.

Copy C for employee's name, address, and ZIP code

TELLIGEN INFOTECH INC 1101 PENNSYLVANIA AVE NW SUITE 300 WASHINGTON, DC 20004

Batch #93866

e/f Employee's name, address, and ZIP code PHANI BHARGAVA MADALA 8638 HUEBNER RD 4219 SAN ANTANIO, TX 78240

b	Employer's FED ID number 82-5293753	a Employee's SSA number XXX-XX-3448				
1	Wages, tips, other comp.	2 Federal income tax withheld				
	51500.00	5548.30				
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				
11	Other	12b				
'*	Other	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				

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 Wages Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 Wages Box 5 of W-2

 Gross Pay
 51,500.00
 51,500.00
 51,500.00

 Reported W-2
 Wages
 51,500.00
 0.00
 0.00

2. Employee Name and Address.

## PHANI BHARGAVA MADALA 8638 HUEBNER RD 4219 SAN ANTANIO, TX 78240

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19 Local income tax

1 Wages, tips, other co	omp. <b>00.00</b>	2 Federal	income tax withheld 5548.30				
3 Social security wage	s	4 Social security tax withheld					
5 Medicare wages and	tips	6 Medicare tax withheld					
d Control number	Dept.	Corp.	Employer use only				
000013 RL/9J4			Α				
c Employer's name, address, and ZIP code TELLIGEN INFOTECH INC 1101 PENNSYLVANIA AVE NW SUITE 300 WASHINGTON, DC 20004							

b	Employer's FED ID number 82-5293753	a Employee's SSA number XXX-XX-3448					
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	e/f Employee's name, address and ZIP code						

PHANI BHARGAVA MADALA 8638 HUEBNER RD 4219 SAN ANTANIO, TX 78240

15	State	Employer's	state	ID no.	16 <b>S</b> 1	tate wages, tips, etc.
17	State	income tax			18 <b>L</b> o	ocal wages, tips, etc.
19	Local	income tax			20 <b>L</b> o	ocality name
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Federal Filing Copy

Wage and Tax 2020
Statement
Copy B to be filed with employee's Federal Income Tax Return.

d Control number  000013 RL/9J4  c Employer's name, address, an  TELLIGEN INFOT 1101 PENNSYLVA SUITE 300 WASHINGTON, INFOT  b Employer's FED ID number 82-5293753  7 Social security tips  11 Nonqualified plans	Corp.  d ZIP coc ECH NIA  DC 200  a Emplo 8 Alloca	Employ A de INC AVE 004	NW A number X-3448
d Control number  000013 RL/9J4 c Employer's name, address, an  TELLIGEN INFOT 1101 PENNSYLVA SUITE 300 WASHINGTON, INFOT  b Employer's FED ID number 82-5293753 7 Social security tips 9  11 Nonqualified plans 14 Other	Corp.  d ZIP coo ECH INIA  DC 200 a Emplo 8 Alloca	Employ A le INC AVE 004	NW A number X-3448
000013 RL/9J4  c Employer's name, address, an  TELLIGEN INFOT 1101 PENNSYLVA SUITE 300 WASHINGTON, [Incomplete of the complete	d ZIP coor ECH NIA DC 200 a Emplo 8 Alloca	A le INC AVE 004	NW A number X-3448
c Employer's name, address, an TELLIGEN INFOT 1101 PENNSYLVA SUITE 300 WASHINGTON, [] b Employer's FED ID number 82-5293753 7 Social security tips 9 11 Nonqualified plans 14 Other	ECH NIA  DC 200  a Emplo  8 Alloca  10 Depen	de INC AVE 004 yee's SS. XXX-X	A number X-3448
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82-5293753 7 Social security tips 9 11 Nonqualified plans 14 Other	8 Alloca	XXX-XX ted tips	X-3448
9 11 Nonqualified plans 14 Other	10 Depen	•	e benefits
11 Nonqualified plans 14 Other		dent care	benefits
14 Other	<b>12</b> a		
14 0000			
r	12b		
	12c		
	12d		
	13 Stat em	p. Ret. plan	3rd party sick pa
e/f Employee's name, address and PHANI BHARGAVA M 8638 HUEBNER RD 4 SAN ANTANIO, TX 78	ADALA 219		
15 State Employer's state ID no.	16 State	wages, tip	ps, etc.

20 Locality name

Copy

State Reference

Statement

Copy 2 to be filed with employee's State Incom

Wage and Tax

1 Wages, tips, other comp. 51500.00			2 Federal income tax withheld 5548.30						
3 Social se	3 Social security wages			4 Social security tax withheld					
5 Medicare	Medicare wages and tips			6 Medicare tax withheld					
d Control	number	Dept.		Corp.	Emplo	yer use only			
000013	RL/9J4				Α				
c Employe	r's name, a	ddress, a	nd	ZIP code	е				
110 SU	LLIGEN )1 PENI ITE 300 ASHINGT	NSYLVA	۱N	IA		NW			
	Employer's FED ID number 82-5293753				a Employee's SSA number XXX-XX-3448				
				8 Allocated tips					
9	9			10 Dependent care benefits					
11 Nonquali	fied plans	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	a					
14 Other	Other			b					
			12	c i					
			12	d					
			13	Stat em	p. Ret. plan	3rd party sick pa			
e/f Employer PHANI I 8638 HU SAN AN 15 State Er 17 State inc	BHARGA JEBNER ITANIO,	VA N RD 4 TX 7	1A 42 <sup>-</sup> 82 <sup>-</sup>	DALA 19 40 State v					
19 Local in	come tax		20	Locality	y name				

or Local Reference

Wage and Tax

Statement

OMB No.
Copy 2 to be filed with employee's City or Local Income Tax Return