| Employee Re | ference Copy | | | |
|---------------------------------|---|--|--|--|
| \\/_? Wage a | Ind Tax 7777 | | | |
| VV-Z Statem | | | | |
| Copy C for employee's records. | OMB No. 1545-0008 | | | |
| d Control number Dept. | Corp. Employer use only | | | |
| 000233 ATLA/UMM | A 61 | | | |
| c Employer's name, address, | and ZIP code | | | |
| SIGNATURE IT | SOLUTIONS | | | |
| INC | | | | |
| 3057 PEACHTRE | E IND BLVD | | | |
| DULUTH GA 30 | 0097 | | | |
| | | | | |
| | Batch #04238 | | | |
| | | | | |
| e/f Employee's name, address, | and ZIP code | | | |
| DEAN RICHARDS YE | EDA | | | |
| 3415 W HILLSBOROU | GH AVE | | | |
| TAMPA FL 33614 | | | | |
| | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | |
| 46-5672722 | a Employee's SSA number XXX-XX-6749 | | | |
| 1 Wages, tips, other comp. | ² Federal income tax withheld | | | |
| 35783.80 | 1649.51 | | | |
| 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 Nongualified plans | 12a See instructions for box 12 | | | |
| i Nonquaimed plans | | | | |
| 14 Other | 12b | | | |
| | 12c | | | |
| | 12d 13 Stat emp, Ret. plan 3rd party sick pa | | | |
| | 13 Stat emp. Ret. plan Srd party sick pa | | | |
| 15 State Employer's state ID no | . 16 State wages, tips, etc. | | | |
| FL | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | |
| | | | | |
| 19 Local income tax | 20 Locality name | | | |
| | | | | |

2020 W-2 and EARNINGS SUMMARY



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 | FL. State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|--|--|-----------------------------------|---|
| Gross Pay | 35,783.80 | 35,783.80 | 35,783.80 | |
| Less Exempt Wages | N/A | 35,783.80 | 35,783.80 | |
| Reported W-2 Wages | 35,783.80 | 0.00 | 0.00 | |

2. Employee Name and Address.

DEAN RICHARDS YEEDA 3415 W HILLSBOROUGH AVE TAMPA FL 33614

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| 1 Wages, tips, other comp. 35783.80 | 2 Federal income tax withheld 1649.51 | 1 Wages, tips, other comp. 35783.80 | 2 Federal income tax withheld 1649.51 | 1 Wages, tips, other comp. 35783.80 | 2 Federal income tax withheld 1649.51 | |
|--|---|---|---|---|---|--|
| 3 Social security wages | 4 Social security tax withheld | 3 Social security wages | 4 Social security tax withheld | 3 Social security wages | 4 Social security tax withheld | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | 5 Medicare wages and tips | 6 Medicare tax withheld | 5 Medicare wages and tips | 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 | |
| 000233 ATLA/UMM | A 61 | 000233 ATLA/UMM | A 61 | 000233 ATLA/UMM | A 61 | |
| c Employer's name, address, a | and ZIP code | c Employer's name, address, and ZIP code | | c Employer's name, address, and ZIP code | | |
| INC IN 3057 PEACHTREE IND BLVD 30 | | INC 3057 PEACHTRE | | | SIGNATURE IT SOLUTIONS INC 3057 PEACHTREE IND BLVD DULUTH GA 30097 | |
| b Employer's FED ID number | a Employee's SSA number | b Employer's FED ID number | a Employee's SSA number | b Employer's FED ID number | a Employee's SSA number | |
| 46-5672722 7 Social security tips | 8 Allocated tips | 46-5672722 7 Social security tips | XXX-XX-6749 8 Allocated tips | 46-5672722 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 | | 12c | | 12c | |
| | 12d | | 12d | | 12d | |
| | 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 a | and ZIP code | e/f Employee's name, address a | nd ZIP code | |
| DEAN RICHARDS YEEDA DEAN RICHARDS YEEDA | | DEAN RICHARDS YEEDA | | | | |
| 3415 W HILLSBOROUGH AVE 3415 W HILLSBOROUGH AVE | | 3415 W HILLSBOROUGH AVE | | | | |
| TAMPA FL 33614 | TAMPA FL 33614 TAMPA FL 33614 | | TAMPA FL 33614 | | | |
| 15 State Employer's state ID no FL | . 16 State wages, tips, etc. | 15 State Employer's state ID no FL | b. 16 State wages, tips, etc. | 15 State Employer's state ID no FL | . 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 Fi Wage a Statem Copy B to be filed with employee's F | Ind Tax 2020 | FL.State Re Wage a Stateme Copy 2 to be filed with employee's Stat | and Tax 2020 | FL.State Fil Wage a Statem Copy 2 to be filed with employee's stat | and Tax 2020 | |