

To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.				Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5
				Gross Wages	115457.78	115457.78
				Txbl Benefits		
				Group Term Life	141.57	141.57
				Adoption		
				Deferred Comp	(6927.48)	
				Section 125		
				Other Pretax/Wage Limit	(19200.23)	(19200.23)
				W-2 Wages	108671.87	96399.12
D. CONTROL NUMBER	This Information is being furnished to the Internal Revenue Service	2020	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD	
000168910501				108671.87	19192.21	
B. EMPLOYER IDENTIFICATION NUMBER	A. EMPLOYEE'S SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD	
95-2775732	861-02-4376			96399.12	5976.75	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD	
Environmental Systems Research Institute Inc				96399.12	1397.79	
380 New York St				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS	
Redlands CA 92373				9.	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL				11. NONQUALIFIED PLANS	12.a-d C	
Sukeshreddy					D	
LAST NAME					DD	
Kasireddy				14. OTHER CA SDI	141.57	
SUFF.				1154.57	6927.48	
1176 Woodbury Ln					5712.00	
Mentone CA 92359						
USA						
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>		
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. LOCALITY NAME
CA	215-8029-5	108671.87	7514.01			

D. CONTROL NUMBER	This Information is being furnished to the Internal Revenue Service	2020	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD	
000168910501				108671.87	19192.21	
B. EMPLOYER IDENTIFICATION NUMBER	A. EMPLOYEE'S SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD	
95-2775732	861-02-4376			96399.12	5976.75	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD	
Environmental Systems Research Institute Inc				96399.12	1397.79	
380 New York St				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS	
Redlands CA 92373				9.	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL				11. NONQUALIFIED PLANS	12.a-d C	
Sukeshreddy					D	
LAST NAME					DD	
Kasireddy				14. OTHER CA SDI	141.57	
SUFF.				1154.57	6927.48	
1176 Woodbury Ln					5712.00	
Mentone CA 92359						
USA						
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>		
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. LOCALITY NAME
CA	215-8029-5	108671.87	7514.01			

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return 2020 Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER	This Information is being furnished to the Internal Revenue Service	2020	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD	
000168910501				108671.87	19192.21	
B. EMPLOYER IDENTIFICATION NUMBER	A. EMPLOYEE'S SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD	
95-2775732	861-02-4376			96399.12	5976.75	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD	
Environmental Systems Research Institute Inc				96399.12	1397.79	
380 New York St				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS	
Redlands CA 92373				9.	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL				11. NONQUALIFIED PLANS	12.a-d C	
Sukeshreddy					D	
LAST NAME					DD	
Kasireddy				14. OTHER CA SDI	141.57	
SUFF.				1154.57	6927.48	
1176 Woodbury Ln					5712.00	
Mentone CA 92359						
USA						
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>		
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. LOCALITY NAME
CA	215-8029-5	108671.87	7514.01			

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return 2020 Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER	This Information is being furnished to the Internal Revenue Service	2020	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD	
000168910501				108671.87	19192.21	
B. EMPLOYER IDENTIFICATION NUMBER	A. EMPLOYEE'S SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD	
95-2775732	861-02-4376			96399.12	5976.75	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD	
Environmental Systems Research Institute Inc				96399.12	1397.79	
380 New York St				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS	
Redlands CA 92373				9.	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL				11. NONQUALIFIED PLANS	12.a-d C	
Sukeshreddy					D	
LAST NAME					DD	
Kasireddy				14. OTHER CA SDI	141.57	
SUFF.				1154.57	6927.48	
1176 Woodbury Ln					5712.00	
Mentone CA 92359						
USA						
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>		
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. LOCALITY NAME
CA	215-8029-5	108671.87	7514.01			

Copy B To be filed with Employee's FEDERAL tax return 2020 Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement