## 2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement

Copy C for employee's records. Control number Corp. Employer use only KB/DY2

BINARY COMPUTER INTL 50 CRAGWOOD RD S PLAINFIELD, NJ 07080 2433

Employer's name, address, and ZIP code

Batch #91570

e/f Employee's name, address, and ZIP code

BHAVANA KASHIBHATLA 11048 GRANDE PINES CIRCLE **APT 911** 

FL 32821

ORLANDO, b Employer's FED ID number a Employee's SSA number 45-3614196 XXX-XX-6264 Wages, tips, other comp. Federal income tax withheld 13800.00 1879.66 Social security wages Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans 12b 14 Other 13 Stat emp Ret. plan 3rd party sick pay 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 Wages Box 1 of W-2

Social Security Medicare Wages Box 3 of W-2 Box 5 of W-2

Gross Pay 13,800.00 13,800.00 13,800.00 Reported W-2 Wages 13,800.00 0.00 0.00

2. Employee Name and Address.

## BHAVANA KASHIBHATLA 11048 GRANDE PINES CIRCLE APT 911 ORLANDO, FL 32821

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17 State income tax

19 Local income tax

1	1 Wages, tips, other comp. 13800.00			2 Federal income tax withheld 1879.66			
3	Social security wages			4 Social security tax withheld			
5	Medicare wages and tips			6 Medicare tax withheld			
d	Control num	ber	Dept.	Corp.	Employer	use only	
0.0	00082 K	B/DY2				16	
c Employer's name, address, and ZIP code							

BINARY COMPUTER INTL CORP 50 CRAGWOOD RD S PLAINFIELD, NJ 07080 2433

b	Employer's FED ID number 45-3614196	a Employee's SSA number XXX-XX-6264			
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 an	d ZIP code			

BHAVANA KASHIBHATLA 11048 GRANDE PINES CIRCLE **APT 911** ORLANDO, FL 32821

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

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

1 Wages, tips, other co	2 Federal income tax withheld 1879.66				
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and	6 Medicare tax withheld				
d Control number	Dept.	Corp.	Employ	er use only	
000082 KB/DY2				16	
c Employer's name, ad	dress, ar	nd ZIP cod	le		
50 CRAGW S PLAINFIE			080 24	133	
b Employer's FED ID n 45-3614196		a Emplo	yee's SS/	A number <b>X-6264</b>	
7 Social security tips		8 Allocated tips			
4.000.000.000.000.000.000.000.000.000.0	5555555555555	10 Daman	dent care	benefits	
9		To Depen	uent care		
9 11 Nonqualified plans		10 Depen	uent care		
			uem care		
11 Nonqualified plans		12a	uent care		
11 Nonqualified plans		12a	dent care		
11 Nonqualified plans		12a   12b   12c   12d		3rd party sick pa	

18 Local wages, tips, etc.

Copy

20 Locality name

State Reference

Statement

Copy 2 to be filed with employee's State Income Tax Return.

Wage and Tax

1	wages, tips, other comp.			2 Federal income tax withheld 1879.66					
3	Social security wages			4 Social security tax withheld					
5	Medicare wages and tips			6 Medicare tax withheld					
d	Control number	Dept.		Corp.	Emplo	yer use	only		
00	0082 KB/DY2						16		
С	Employer's name, a	ddress, a	nd	ZIP cod	е				
	BINARY C CORP 50 CRAGW S PLAINFII	/00D	F	RD	NTL 180 24	133			
b	Employer's FED ID number 45-3614196 a Employee's SSA number XXX-XX-6264								
7				8 Allocated tips					
9				10 Dependent care benefits					
11	Nonqualified plans		12	a					
14	Other			b i					
			12	c i					
			12	d i					
			13	Stat em	p. Ret. plan	3rd part	y sick pay		
e/f	Employee's name, a	ddress ar	nd .	ZIP code	e	1			
11 AF OF	HAVANA KAS 048 GRANDE PT 911 RLANDO, FL	PINE:	S	CIRC		os, etc.			
17	State income tax		18	Local	wages, ti <sub>l</sub>	ps, etc.			
19	Local income tax		20	Localit	v name				

City or Local Reference

Statement

Copy 2 to be filed with employee's City or Local Income Tax Return

Wage and Tax