2020 W-2 and EARNINGS SUMMARY



3rd party sick pay

Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Control number Corp. Employer use only 001170 CLIF/QAL

Employer's name, address, and ZIP code

FEDERAL SOFT SYSTEMS 3101 SW I ST SUITE 31 BENTONVILLE AR 72712

Batch #03197

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

MOUNIKA MANYAM

6308 N MACARTHUR **BLVD**

APT# 2027

IRVING TX 75039 Employer's FED ID number a Employee's SSA number 81-0964194 XXX-XX-3462 Wages, tips, other comp. Federal income tax withheld 74200.00 12200.31 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. FT. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Wages, tips, other comp. Federal income tax withheld 74200.00 12200.31 Social security wages Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only 001170 CLIF/QAL 128 Employer's name, address, and ZIP code

FEDERAL SOFT SYSTEMS INC 3101 SW I ST SUITE 31 BENTONVILLE AR 72712

b	Employer's FED ID number 81-0964194	a Employee's SSA number XXX-XX-3462						
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						

MOUNIKA MANYAM 6308 N MACARTHUR BLVD APT# 2027 IRVING TX 75039

	State 'L	Employer's	state ID no.	16 State	wages, tips, etc.
17	State	income tax		18 Local	wages, tips, etc.
19	Local	income tax		20 Locali	ty name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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 Social Security Medicare Compensation Wages Box 3 of W-2 Box 1 of W-2 Box 5 of W-2 74,200.00 74,200.00 74,200.00 Gross Pav Less Exempt Wages N/A 74,200.00 74,200.00 Reported W-2 Wages 0.00 74,200.00 0.00

2. Employee Name and Address.

MOUNIKA MANYAM 6308 N MACARTHUR BLVD APT# 2027 **IRVING TX 75039**

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1 Wages, tips, other comp.	2 Federal income tax withheld
74200.00	12200.31
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept	. Corp. Employer use only
001170 CLIF/QAL	A 128
c Employer's name, address,	and ZIP code
3101 SW I ST BENTONVILLE	
b Employer's FED ID number 81-0964194	a Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address	and ZIP code
MOUNIKA MANYAM 6308 N MACARTHUR APT# 2027 IRVING TX 75039	R BLVD

15 State Employer's state ID no. 16 State wages, tips, etc.

State Reference

Statement

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

Wage and Tax

18 Local wages, tips, etc.

Copy

20 Locality name

17 State income tax

19 Local income tax

	Wages, tips, other c	omp.	2 Feder	al	income	tax v	withheld
74200.00		12200.33					
3	3 Social security wages		4 Social security tax withheld				
5 Medicare wages and tips		6 Medicare tax withheld					
d	Control number	Dept.	Corp.	Τ	Emplo	yer	use only
00	1170 CLIF/QAL				A		128
С	Employer's name, a	ddress, ar	nd ZIP co	de			
	FEDERAL 3101 SW BENTONVIL	I ST S	SYST SUITE AR 72	3	1	IIVC	
b	Employer's FED ID		a Emplo		e's SSA XX-XX		
7	Social security tips	<u> </u>	8 Alloca			-34	02
9			10 Dependent care benefits				
11	Nonqualified plans		12a	ı			
14	Other		12b				
			12c	l			
			12d				
			13 Stat e	mp.	Ret. plan	3rd p	arty sick
_	Employee's name, a	ddraee ar	nd 7ID 00	dе			
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63 AF IR	OUNIKA MANY 08 N MACART PT# 2027	YAM THUR 39	BLVD)	nges, tip	s, et	c.
M63 AF IR	OUNIKA MAN 08 N MACAR PT# 2027 VING TX 7503 State Employer's st	YAM THUR 39	BLVD	wa			
15 17	OUNIKA MANY 08 N MACAR PT# 2027 VING TX 7503 State Employer's st	YAM THUR 39	BLVD	wa	ages, ti		
15 17	OUNIKA MAN' 08 N MACAR' PT# 2027 VING TX 7503 State Employer's st	YAM THUR 39 ate ID no.	BLVD 16 State 18 Local 20 Local	wa	ages, ti	ps, e	tc.