2020 W-2 and EARNINGS SUMMARY



Employee Reference
W-2 Wage and Tax
Statement
Copy C for employee's records.
d Control number
000010 RU/SDI

Employer use only

Employer's name, address, and ZIP code
CALIBER IT SOLUTIONS INC
454 S ANDERSON RD 310
310

310 ROCK HILL CITY, SC 29730

Batch #92639

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

AKILA PALAMOOR 1156 WEST SIDE DR GAITHERSBURG, MD 20878

b	Emplo	yer's FED II 81-5470		а	Emplo		e's SS/			
1	Wages	s, tips, other	r comp.	2	Feder	al	income	tax	withhel	ld
		14	239.20					10	611.9	1
3	Social	security wa	ages	4	Socia	ls	ecurity	tax v	withhel	d
5	Medica	are wages a	and tips	6	Medic	are	e tax wi	thhel	ld	
7	Social	security tip	s	8	Alloca	ite	d tips			
9				10	Depen	de	nt care	bene	efits	
11	Nonqu	alified plans	· [str	uctionsfo	r box	12	
14	Other	Other			b	_				
•	Other			120	•	_				
			-	120		Ц				
				13	Stat er	np.	Ret. plan	3rd p	arty sic	k pay
	State MD	Employer's 1760615	state ID no.	16	State	wa	iges, tip		c. 239.2	20
17	State i	income tax	961.09	18	Local	W	ages, tip	s, et	tc.	
19	19 Local income tax			20 Locality name						

1 Wages, tips, other comp.
14239.20
2 Federal income tax withheld
1611.91
3 Social security wages
4 Social security tax withheld
5 Medicare wages and tips
6 Medicare tax withheld
d Control number
000010 RU/SDI
C Employer's name, address, and ZIP code

CALIBER IT SOLUTIONS INC 454 S ANDERSON RD 310 310 ROCK HILL CITY, SC 29730

b	Employer's FED ID number 81-5470017	a Employee's SSA number XXX-XX-6568					
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 and ZIP code							

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

AKILA PALAMOOR 1156 WEST SIDE DR GAITHERSBURG, MD 20878

15 N	State MD	Employer's 1760615	state 4	ID no.	16 Sta	te wages,	tips, etc. 14239.20
17	State	income tax			18 Lo c	al wages,	tips, etc.
			961.	09			
19	Local	income tax				ality nam	е
		Fed	leral	Fili	ng	Copy	

Wage and Tax 2020
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 Compensation Wages Wages Tips, Etc.

Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 Box 16 of W-2

 Gross Pay
 14,239.20
 14,239.20
 14,239.20
 14,239.20
 14,239.20

 Reported W-2
 Wages
 14,239.20
 0.00
 0.00
 14,239.20

2. Employee Name and Address.

AKILA PALAMOOR 1156 WEST SIDE DR GAITHERSBURG, MD 20878

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17 State income tax

19 Local income tax

961.09

MD.State Reference

Statement

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

Wage and Tax

1 Wages, tips, other com 14239.		2 Federal income tax withheld 1611.91						
3 Social security wages	4	4 Social security tax withheld						
5 Medicare wages and tip	os (6 Medicare tax withheld						
d Control number	Dept.	Corp.	Employ	er use only				
000010 RU/SDI			Α					
c Employer's name, addre	ess, and	I ZIP cod	ie					
CALIBER IT SOLUTIONS INC 454 S ANDERSON RD 310 310 ROCK HILL CITY, SC 29730								
b Employer's FED ID nun 81-5470017								
7 Social security tips	ps 8 Allocated tips							
9 10 Dependent care benefits								
11 Nonqualified plans	1	2 a						
14 Other	1	2b						
	1	2c						
	1	2d						
	1	3 Stat em	p. Ret. plan	3rd party sick pay				
e/f Employee's name, addr	ess and	I ZIP cod	le					
AKILA PALAMOOR								
1156 WEST SIDE DR								
GAITHERSBURG, MD 20878								
15 State Employer's state 1760615 4	ID no. 1	6 State	wages, tip	s, etc. 14239.20				

18 Local wages, tips, etc.

Copy

20 Locality name

142	239.20				1611.91				
3 Social security was	4 Social security tax withheld								
5 Medicare wages ar	Medicare wages and tips			6 Medicare tax withheld					
d Control number	Dept.		Corp.	Emplo	yer use only				
000010 RU/SDI				Α					
c Employer's name,	address, ar	nd Z	IP cod	le					
CALIBER 454 S AN 310 ROCK HI	IDERSO	N	RD	310	;				
o Employer's FED ID		а		yee's SSA					
81-54700 ^o 7 Social security tips			XXX-XX-6568 8 Allocated tips						
, occiai scounty tipo	'	١	Allocal	ieu tips					
9	10 Dependent care benefits								
11 Nonqualified plans		12a	1						
14 Other		12b	'n						
		12c	- 1						
		12d	- 						
		13	Stat em	p. Ret. plan	3rd party sick pay				
e/f Employee's name,	address an	d Z	IP cod	e					
AKILA PALAMO 1156 WEST SI GAITHERSBURG	DE DR	20	0878						
15 State Employer's 1760615 4	state ID no.	16	State	wages, tip	s, etc. 14239.20				

18 Local wages, tips, etc.

20 Locality name

2 Federal income tax withheld

1611.91

Wages, tips, other comp.

17 State income tax

19 Local income tax

961.09

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

MD.State Filing Copy

Statement

Wage and Tax