## 2020 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Control number Dept Corp. Employer use only K7/5TQ 000006 Α Employer's name, address, and ZIP code

PROCORP SYSTEMS INC 2222 W SPRING CREEK PKWY SUITE 202 PLANO, TX 75023 4505

Batch #91986

e/f Employee's name, address, and ZIP code KASHI V KENCHANAGUNDU 12177 SYCAMORE TERRACE DR APT D

CINCINNATI, OH 45249 Employer's FED ID number a Employee's SSA number XXX-XX-8665 20-8941705 Wages, tips, other comp. 2 Federal income tax withheld 73898.40 5118.19 Social security wages 4 Social security tax withheld 73898.40 4581.70 Medicare wages and tips Medicare tax withheld 73898.40 1071.53 Social security tips 8 Allocated 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 pa 15 State Employer's state ID no. 16 State wages, tips, etc. OH 53-054144 0 73898.40 17 State income tax 18 Local wages, tips, etc. 73898.40 2078.75 20 Locality name CINCINNA 19 Local income tax

| 1 Wages, tips, other co<br>7389   | mp.<br>18.40 | 2 Feder | ral income         | tax withheld<br>5118.19 |     |
|-----------------------------------|--------------|---------|--------------------|-------------------------|-----|
| 3 Social security wages 7389      | 8.40         | 4 Socia | security           | tax withheld<br>4581.70 |     |
| Medicare wages and 7389           | tips<br>8.40 | 6 Medic | are tax w          | ithheld<br>1071.53      | _   |
| d Control number<br>000006 K7/5TQ | Dept.        | Corp.   | Employ<br><b>A</b> | yer use only            | 200 |

Employer's name, address, and ZiP code PROCORP SYSTEMS INC 2222 W SPRING CREEK PKWY SUITE 202

PLANO, TX 75023 4505

1503.24

| b        | Employer's FED ID number<br>20-8941705 | a Employee's SSA number<br>XXX-XX-8665   |
|----------|--|--|
| 7        | Social security tips                   | 8 Allocated tips                         |
| 9        |  | 10 Dependent care benefits               |
| 11       | Nonqualified plans                     | 12a See instructions for box 12          |
| 14 Other | Other                                  | 12b                                      |
|          |  | 126                                      |
|          |  | 12d                                      |
|          |  | 13 Stat emp Ret. plan 3rd party sick pay |
| e/f      | Employee's name, address ar            | nd ZIP code                              |

KASHI V KENCHANAGUNDU 12177 SYCAMORE TERRACE DR APT D

CINCINNATI. OH 45249

| 15 State Employer's state ID no OH 53-054144 0 | 16 State wages, tips, etc.<br>73898.40 |
|--|--|
| 17 State income tax 2078.75                    | 18 Local wages, tips, etc. 73898.40    |
| 19 Local income tax<br>1503.24                 | 20 Locality name<br>CINCINNA           |

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<br>Compensation<br>Box 1 of W-2 | Social Security<br>Wages<br>Box 3 of W-2 | Medicare<br>Wages<br>Box 5 of W-2 | OH. State Wages,<br>Tips, Etc.<br>Box 16 of W-2 | CINCINNA<br>Local Wages,<br>Tips, Etc.<br>Box 18 of W-2 |
|--|--|--|-----------------------------------|---|---|
| Gross Pay                              | 74,280.00  | 74,280.00                                | 74,280.00                         | 74,280.00                                       | 74,280.00   |
| Less Other Cafe 125 Reported W-2 Wages | 381.60<br><b>73,898.40</b>                         | 381.60<br><b>73,898.40</b>               | 381.60<br><b>73,898.40</b>        | 381.60<br><b>73,898.40</b>                      | 381.60<br><b>73,898.40</b>                              |

2. Employee Name and Address.

## KASHI V KENCHANAGUNDU 12177 SYCAMORE TERRACE DR APT D CINCINNATI, OH 45249

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| 73898.40  | 5118.19                                  |  |  |
|---|--|--|--|
| 3 Social security wages 73898.40  | 4 Social security tax withheld 4581.70   |  |  |
| 5 Medicare wages and tips<br>73898.40   | 6 Medicare tax withheld<br>1071.53       |  |  |
| d Control number Dept.  | Corp. Employer use only                  |  |  |
| 000006 K7/5TQ   | A 9                                      |  |  |
| PROCORP SYS: 2222 W SPRING SUITE 202 PLANO, TX 750  | TEMS INC<br>CREEK PKWY                   |  |  |
| b Employer's FED ID number 20-8941705 7 Social security tips  | a Employee's SSA number XXX-XX-8665      |  |  |
| Social security tips  | 8 Allocated tips                         |  |  |
| 9   | 10 Dependent care benefits               |  |  |
| 11 Nonqualified plans   | 12a                                      |  |  |
|   | 405                                      |  |  |
| 14 Other  | 12b                                      |  |  |
|   | 12c                                      |  |  |
|   | 12d                                      |  |  |
|   | 13 Stat emp. Ret. plan 3rd party sick pa |  |  |
| eff Employee's name, address a<br>KASHI V KENCHANAC<br>12177 SYCAMORE T<br>APT D<br>CINCINNATI, OH 4524 | GUNDU<br>ERRACE DR                       |  |  |
| OH Employer's state ID no   | . 16 State wages, tips, etc.<br>73898.40 |  |  |
| 17 State income tax 2078.75   | 18 Local wages, tips, etc. 73898.40      |  |  |
| 19 Local income tax 1503.24   | 20 Locality name CINCINNA                |  |  |
| OH.State Fi W-2 Wage a Statem Copy 2 to be filed with employee's State                                  | nd Tax 2020                              |  |  |

Wages, tips, other comp. 2 Federal income tax withheld

| 1 Wages, tips, other comp. 73898.40 3 Social security wages 73898.40 5 Medicare wages and tips 73898.40 |       | 2 Fed                                     | eral income tax withheld 5118.19 |
|---|-------|---|----------------------------------|
|   |       | 4 Social security tax withheld<br>4581.70 |                                  |
|   |       | 6 Medicare tax withheld<br>1071.53        |                                  |
| d Control number  | Dept. | Corp                                      | Employer use only                |
| 000006 K7/5TQ   |       |   | A 9                              |

PROCORP SYSTEMS INC 2222 W SPRING CREEK PKWY SUITE 202 PLANO, TX 75023 4505

| b  | Employer's FED ID number<br>20-8941705 | a Employee's SSA number<br>XXX-XX-8665    |
|----|--|---|
| 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 |

Employee's name, address and ZIP code

KASHI V KENCHANAGUNDU 12177 SYCAMORE TERRACE DR APT D CINCINNATI, OH 45249

| 15 State Employer's state IC OH 53-054144 0 | no. 16 State wages, tips, etc.<br>73898.40 |
|---|--|
| 17 State income tax 2078.75                 | 18 Local wages, tips, etc. 73898.40        |
| 19 Local income tax<br>1503.24              | 20 Locality name<br>CINCINNA               |

Local Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income