## 2020 W-2 and EARNINGS SUMMARY

**Employee Reference Copy** Wage and Tax Statement Control number Dent. Corp. Employer use only 0000003778 WRZ YAMV 14869 Employer's name, address, and ZIP code MORGAN STANLEY SERVICES GROUP 1 NEW YORK PLAZA 5TH FLOOR NEW YORK, NY 10004 e/f Employee's name, address, and ZIP code HARIPRASAD RAJKUMAR

3701 WILDWOOD COURT MONMOUTH JUNCTION, NJ 08852

| b  | Emplo                        | yer's FED ID number<br>26-0116361 | а   | Employ   |            | XX-01               |        |
|----|------------------------------|-----------------------------------|-----|----------|------------|---------------------|--------|
| 1  | Wage                         | s, tips, other comp.              | 2   | Federa   | lincome    | tax with            | reld   |
|    |                              | 129951.94                         |     |          | 2          | 4082.9              | 0      |
| 3  | Social security wages        |                                   | 4   | Social   | security   | tax withh           | eld    |
|    |                              | 137700.00                         |     |          |            | 8537.4              | 0      |
| 5  | Medic                        | are wages and tips                | 6   | Medica   | re tax w   | ithheld             |        |
|    |                              | 149451.94                         |     |          |            | 2167.0              | 5      |
| 7  | Social security tips         |                                   | 8   | Allocat  | ed tips    |                     |        |
| 9  |                              |                                   | 10  | Depend   | dent car   | e benefits          |        |
| 11 | Nonq                         | ıalified plans                    | 12  | See inst | ructions f | or box 12<br>19500. | 00     |
| 14 | Other 196.72 NY PFL          |                                   | 12  | W I      |            | 4000                | .00    |
| 14 | Other                        |                                   |     | DD :     |            | 23079               | 36     |
|    |                              |                                   | 120 |          |            |                     |        |
|    |                              |                                   | 13  | Stat emp | Ret. plan  | 3rd party s         | ick pa |
| 15 | State Employer's state ID no |                                   | 16  | State w  | ages, tij  | os, etc.            |        |
|    |                              | TOTAL STATE                       |     |          |            |                     |        |
| 17 | State                        | ncome tax<br>7913.06              | 18  | Local w  | vages, ti  | ps, etc.            |        |
| 19 | 19 Local income tax          |                                   | 20  | Localit  | v name     |                     |        |

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY 140,167.71 SOCIAL SECURITY 8,537.40

GROSS PAY FED. INCOME 24,082.90 TAX WITHHELD BOX 02 OF W-2 STATE INCOME TAX 7,913.06 BOX 17 OF W-2 LOCAL INCOME TAX 0.00 TAX WITHHELD BOX 04 OF W-2 MEDICARE TAX 2,167.05 WITHHELD BOX 06 OF W-2

SUI/SDI 0.00 BOX 14 OF W-2

To change your employee W-4 profile information file a new W-4 with your payroll department

HARIPRASAD RAJKUMAR 3701 WILDWOOD COURT MONMOUTH JUNCTION, NJ 08852

Social Security Number: XXX-XX-0153

2 Federal income tax withheld

Social security tax withheld 8537.40

24082.90

2167.05

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Wages, tips, other comp.

3 Social security wages 137700.00

Medicare wages and tips

129951.94

149451.94

BOX 19 OF W-2

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| 1       | Wages, tips, other                 | comp.   | 2 Federal income tax withheld          |                            |  |
|---------|------------------------------------|---------|--|----------------------------|--|
|         | 1299                               | 51.94   | 24082.90                               |                            |  |
| 3       | Social security wages<br>137700.00 |         | 4 Social security tax withhele 8537.40 |                            |  |
| 5       | Medicare wages ar                  | nd tips | 6 Medicare tax withheld                |                            |  |
|         | 1494                               | 51.94   | 2167.05                                |                            |  |
| d<br>00 | Control number Dep                 |         | Corp.                                  | Employer use only<br>14869 |  |

Employer's name, address, and ZIP code MORGAN STANLEY SERVICES GROUP 1 NEW YORK PLAZA 5TH FLOOR NEW YORK, NY 10004

| b Employer's FED ID number<br>26-0116361 | a Employee's SSA number<br>XXX-XX-0153<br>8 Allocated tips |  |  |  |
|--|--|--|--|--|
| 7 Social security tips                   |  |  |  |  |
| 9  | 10 Dependent care benefits                                 |  |  |  |
| 11 Nonqualified plans                    | 12a See instructions for box 12<br>D 19500.00              |  |  |  |
| 14 Other 196.72 NY PFL                   | <sup>12b</sup> W   4000.00                                 |  |  |  |
|  | 12c DD 23079.36  |  |  |  |
|  | 12d  |  |  |  |
|  | 13 Stat emp. Ret. plan 3rd party sick pay                  |  |  |  |

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

HARIPRASAD RAJKUMAR 3701 WILDWOOD COURT MONMOUTH JUNCTION, NJ 08852

| 15 | State | Employer's state ID no.<br>TOTAL STATE | 16 State wages, tips, etc. |  |
|----|-------|--|----------------------------|--|
| 17 | State | income tax<br>7913.06                  | 18 Local wages, tips, etc. |  |
| 19 | Local | income tax                             | 20 Locality name           |  |
|    |       | Federal Filing                         | Conv                       |  |

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

| d Control number   | Dept.          | Corp.       | Employer use only               |  |  |
|--|----------------|-------------|---------------------------------|--|--|
| 0000003778 WRZ   |                | YAMV        | 14869                           |  |  |
| Employer's name, address, and ZIP code MORGAN STANLEY SERVICES GROUP INC 1 NEW YORK PLAZA 5TH FLOOR NEW YORK, NY 10004 |                |             |                                 |  |  |
| b Employer's FED ID<br>26-01163  |                | a Emplo     | yee's SSA number<br>XXX-XX-0153 |  |  |
| 7 Social security tips   |                | 8 Alloca    |                                 |  |  |
| 9  |                | 10 Depen    | dent care benefits              |  |  |
| 11 Nonqualified plans  |                | 12a<br>D    | 19500.00                        |  |  |
| 14 Other 196.72 NY F   | PFL            | 12b W       | 4000.00                         |  |  |
|  |                | 12c DD      | 23079.36                        |  |  |
|  |                | 12d         |                                 |  |  |
|  |                | 13 Stat emp | . Ret. plan 3rd party sick pay  |  |  |
| e/f Employee's name,<br>HARIPRASAD<br>3701 WILDWO<br>MONMOUTH J  | RAJKU<br>OD CO | MAR<br>URT  | 08852                           |  |  |
| 15 State Employer's s<br>NJ 260-116-36   |                | 16 State v  | vages, tips, etc.<br>139999.94  |  |  |
| 17 State income tax  |                | 18 Local    | wages, tips, etc.               |  |  |
| 19 Local income tax  |                | 20 Locali   | ty name                         |  |  |
|  | Nage a         | and Ta      | LULU                            |  |  |

| 1                   | Wages, tips, other comp.<br>129951 . 94                               |                 | 2 Federal income tax withheld 24082.90 4 Social security tax withheld 8537.40 |                            |  |
|---------------------|---|-----------------|---|----------------------------|--|
| 3 Social security v |   | jes<br>00.00    |   |                            |  |
| 5                   | Medicare wages an   | d tips<br>51.94 | 6 Medica  | re tax withheld<br>2167.05 |  |
| d<br>00             | Control number<br>000003778 WRZ                                       | Dept.           | Corp.<br>YAMV   | Employer use only<br>14869 |  |
|                     | Employer's name, a<br>MORGAN STAI<br>INC<br>1 NEW YORK<br>NEW YORK, N | NLEY S          | SERVICE<br>5TH FL   | S GROUP                    |  |

| b  | Employer's FED ID number<br>26-0116361 | a Employee's SSA number<br>XXX-XX-0153 |           |                   |  |  |
|----|--|--|-----------|-------------------|--|--|
| 7  | Social security tips                   | 8 Allocated tips                       |           |                   |  |  |
| 9  |  | 10 Depen                               | dent care | e benefits        |  |  |
| 11 | Nonqualified plans                     | 12a<br>D                               |           | 19500.00          |  |  |
| 14 | Other 196.72 NY PFL                    | 12b W                                  |           | 4000.00           |  |  |
|    |  | 12c DD                                 |           | 23079.36          |  |  |
|    |  | 12d                                    |           |                   |  |  |
|    |  | 13 Stat emp                            | Ret. plan | 3rd party sick pa |  |  |

HARIPRASAD RAJKUMAR 3701 WILDWOOD COURT MONMOUTH JUNCTION, NJ 08852

| 15 | 5 State NJ Employer's state ID no.<br>260-116-361/000<br>7 State income tax |            | o. 16 State wages, tips, etc.<br>139999.94 |  |  |
|----|---|------------|--|--|--|
| 17 |   |            | 18 Local wages, tips, etc.                 |  |  |
| 19 | Local   | income tax | 20 Locality name                           |  |  |

NJ. State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

## 2020 W-2 and EARNINGS SUMMARY

HARIPRASAD RAJKUMAR 3701 WILDWOOD COURT MONMOUTH JUNCTION, NJ 08852

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Social Security Number: XXX-XX-0153

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| IAI_2 Wage a   | ference Copy<br>and Tax 2020   |
|--|--|
| Copy 2 to be filed with employee's State   | ment LULU le Income Tax ReturnMB No. 1545-0008                               |
| d Control number Dept.   | Corp. Employer use only  |
| 0000003778 WRZ   | YAMV S 14870   |
| c Employer's name, address, a MORGAN STANLEY INC 1 NEW YORK PLAZA NEW YORK, NY 10  | SERVICES GROUP   |
| e/f Employee's name, address, a HARIPRASAD RAJKU 3701 WILDWOOD CO MONMOUTH JUNCTIO | IMAR<br>URT  |
| b Employer's FED ID number<br>26-0116361   | a Employee's SSA number  |
| 1 Wages, tips, other comp.   | 2 Federal income tax withheld  |
| 129951.94  | 24082.90   |
| 3 Social security wages  | 4 Social security tax withheld   |
| 137700.00  | 8537.40  |
| 5 Medicare wages and tips  | 6 Medicare tax withheld  |
| 149451.94  | 2167.05  |
| 7 Social security tips   | 8 Allocated tips   |
| 9  | 10 Dependent care benefits   |
| 11 Nonqualified plans  | 12a See instructions for box 12<br>D 19500.00                                |
| 196.72 NY PFL  | 12b W 4000.00  |
| 14 Other 190.72 NT FFL   | 12c DD 23079.36  |
|  | 13 Stat emp. Ret. plan 3rd party sick p                                      |
| 15 State Employer's state ID no  | o. 16 State wages, tips, etc.  |
| NY 260116361 7   | 129951.94  |
| 17 State income tax<br>7913.06   | 18 Local wages, tips, etc.   |
| 19 Local income tax  | 20 Locality name   |
| IN LOOK COME THAT THE WAY HAVE BEEN BOOK AND AND AND THE BEEN THE WOLL THE COME    | CON TANG CASE TANK MANU AND AND NAME AND |
| 1 Wages, tips, other comp.<br>129951.94  | 2 Federal income tax withheld 24082.90                                       |
|  | 4 0 11 4 4 4 11 11   |

|  |             |                  | NAME OF TAXABLE PARTY. |                           |
|--|-------------|------------------|------------------------|---------------------------|
| 3 Social security wage<br>13770  |             | 4 Social         | security               | tax withheld<br>8537.40   |
| 5 Medicare wages and<br>14945  |             | 6 Medica         | re tax w               | ithheld<br>2167.05        |
| d Control number<br>0000003778 WRZ   | Dept.       | Corp.<br>YAMV    | Emplo                  | oyer use only<br>14870    |
| Employer's name, address, and ZIP code MORGAN STANLEY SERVICES GROUP INC 1 NEW YORK PLAZA 5TH FLOOR NEW YORK, NY 10004 |             |                  |                        |                           |
| b Employer's FED ID r<br>26-011636   | number<br>1 | a Employ         | ree's SS<br>XXX-       | A number<br>XX-0153       |
| 7 Social security tips   |             | 8 Allocated tips |                        |                           |
| 9  |             | 10 Depend        | lent care              | e benefits                |
| 11 Nonqualified plans  |             | D                | structio               | ns for box 12<br>19500.00 |
| 14 Other 196,72 NY P   | FL          | 12b W            |                        | 4000.00                   |
|  |             | 12c DD           |                        | 23079.36                  |
|  |             | 12d              |                        |                           |
|  |             | 13 Stat emp.     | Ret. plan              | 3rd party sick pay        |
| e/f Employee's name, a   | ddress ar   | d ZIP code       | •                      |                           |
| HARIPRASAD<br>3701 WILDWOO<br>MONMOUTH JI  | DD CO       | URT              | 0885                   | 2                         |
| 15 State Employer's st<br>260116361  | ate ID no.  | 16 State w       |                        | ps, etc.<br>29951.94      |
| 17 State income tax<br>791   | 3.06        | 18 Local v       | vages, ti              | ps, etc.                  |
|  |             |                  |                        |                           |

NY. State Filing Copy
W—2 Wage and Tax
Statement
Copy 2 to be filed with employee's State Income Tax Return.

19 Local income tax