



W-2 Wage and Tax Statement **2020**
 Copy C for employee's records. OMB No. 1545-0008

d Control number: 000006 KJ/ATH
 Dept.: Dept. Corp.: Corp. Employer use only: A

c Employer's name, address, and ZIP code:
PINTEGRA LLC
 218 STATE RT 17N STE 400
 ROCHELLE PARK, NJ 07662

Batch #90041

e/f Employee's name, address, and ZIP code:
NAGA SRINIVAS BOYAPATI
 22 1/2 COTTAGE STREET
 JERSEY CITY, NJ 07306

b Employer's FED ID number: 46-1618672
a Employee's SSA number: XXX-XX-7143

1 Wages, tips, other comp.: 108000.00
2 Federal income tax withheld: 19087.56

3 Social security wages: 108000.00
4 Social security tax withheld: 6696.00

5 Medicare wages and tips: 108000.00
6 Medicare tax withheld: 1566.00

7 Social security tips: _____
8 Allocated tips: _____

9 _____
10 Dependent care benefits: _____

11 Nonqualified plans: _____
12a See instructions for box 12: _____

14 Other:
 810.00 SDI
 43.20 FLI
 70.20 NJ DI
 114.75 UI/WF/SWF

12b _____
12c _____
12d _____

13 Stat emp. Ret. plan 3rd party sick pay: _____

15 State Employer's state ID no.: TOTAL STATE
16 State wages, tips, etc.: _____

17 State income tax: 6912.06
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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	108,000.00	108,000.00	108,000.00	81,000.00
Reported W-2 Wages	108,000.00	108,000.00	108,000.00	81,000.00

2. Employee Name and Address.

NAGA SRINIVAS BOYAPATI
 22 1/2 COTTAGE STREET
 JERSEY CITY, NJ 07306

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W-2 Wage and Tax Statement **2020**
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

d Control number: 000006 KJ/ATH
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c Employer's name, address, and ZIP code:
PINTEGRA LLC
 218 STATE RT 17N STE 400
 ROCHELLE PARK, NJ 07662

b Employer's FED ID number: 46-1618672
a Employee's SSA number: XXX-XX-7143

7 Social security tips: _____
8 Allocated tips: _____

9 _____
10 Dependent care benefits: _____

11 Nonqualified plans: _____
12a See instructions for box 12: _____

14 Other:
 810.00 SDI
 43.20 FLI
 70.20 NJ DI
 114.75 UI/WF/SWF

12b _____
12c _____
12d _____

13 Stat emp. Ret. plan 3rd party sick pay: _____

e/f Employee's name, address and ZIP code:
NAGA SRINIVAS BOYAPATI
 22 1/2 COTTAGE STREET
 JERSEY CITY, NJ 07306

15 State Employer's state ID no.: TOTAL STATE
16 State wages, tips, etc.: _____

17 State income tax: 6912.06
18 Local wages, tips, etc.: _____

19 Local income tax: _____
20 Locality name: _____

W-2 Wage and Tax Statement **2020**
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

d Control number: 000006 KJ/ATH
 Dept.: Dept. Corp.: Corp. Employer use only: A

c Employer's name, address, and ZIP code:
PINTEGRA LLC
 218 STATE RT 17N STE 400
 ROCHELLE PARK, NJ 07662

b Employer's FED ID number: 46-1618672
a Employee's SSA number: XXX-XX-7143

7 Social security tips: _____
8 Allocated tips: _____

9 _____
10 Dependent care benefits: _____

11 Nonqualified plans: _____
12a _____

14 Other:
 810.00 CA SDI

12b _____
12c _____
12d _____

13 Stat emp. Ret. plan 3rd party sick pay: _____

e/f Employee's name, address and ZIP code:
NAGA SRINIVAS BOYAPATI
 22 1/2 COTTAGE STREET
 JERSEY CITY, NJ 07306

15 State Employer's state ID no.: CA 075-1042 3
16 State wages, tips, etc.: 81000.00

17 State income tax: 5602.05
18 Local wages, tips, etc.: _____

19 Local income tax: _____
20 Locality name: _____

W-2 Wage and Tax Statement **2020**
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 Dept.: Dept. Corp.: Corp. Employer use only: A

c Employer's name, address, and ZIP code:
PINTEGRA LLC
 218 STATE RT 17N STE 400
 ROCHELLE PARK, NJ 07662

b Employer's FED ID number: 46-1618672
a Employee's SSA number: XXX-XX-7143

7 Social security tips: _____
8 Allocated tips: _____

9 _____
10 Dependent care benefits: _____

11 Nonqualified plans: _____
12a _____

14 Other:
 810.00 CA SDI

12b _____
12c _____
12d _____

13 Stat emp. Ret. plan 3rd party sick pay: _____

e/f Employee's name, address and ZIP code:
NAGA SRINIVAS BOYAPATI
 22 1/2 COTTAGE STREET
 JERSEY CITY, NJ 07306

15 State Employer's state ID no.: CA 075-1042 3
16 State wages, tips, etc.: 81000.00

17 State income tax: 5602.05
18 Local wages, tips, etc.: _____

19 Local income tax: _____
20 Locality name: _____



NJ.State Reference Copy
W-2 Wage and Tax **2020**
 Statement

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c Employer's name, address, and ZIP code PINTEGRA LLC 218 STATE RT 17N STE 400 ROCHELLE PARK, NJ 07662 Batch #90041				
e/f Employee's name, address, and ZIP code NAGA SRINIVAS BOYAPATI 22 1/2 COTTAGE STREET JERSEY CITY, NJ 07306				
b Employer's FED ID number 46-1618672	a Employee's SSA number XXX-XX-7143			
1 Wages, tips, other comp. 108000.00	2 Federal income tax withheld 19087.56			
3 Social security wages 108000.00	4 Social security tax withheld 6696.00			
5 Medicare wages and tips 108000.00	6 Medicare tax withheld 1566.00			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12			
14 Other 43.20 FLI 70.20 NJ DI 114.75 UI/WF/SWF	12b			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
15 State NJ	Employer's state ID no. 461-618-672/000	16 State wages, tips, etc. 27000.00		
17 State income tax 1310.01		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.

	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	27,000.00
Reported W-2 Wages	27,000.00

2. Employee Name and Address.

NAGA SRINIVAS BOYAPATI
22 1/2 COTTAGE STREET
JERSEY CITY, NJ 07306

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3 Social security wages 108000.00	4 Social security tax withheld 6696.00			
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14 Other 43.20 FLI 70.20 NJ DI 114.75 UI/WF/SWF	12b			
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	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code NAGA SRINIVAS BOYAPATI 22 1/2 COTTAGE STREET JERSEY CITY, NJ 07306				
15 State NJ	Employer's state ID no. 461-618-672/000	16 State wages, tips, etc. 27000.00		
17 State income tax 1310.01		18 Local wages, tips, etc.		
19 Local income tax		20 Locality name		

NJ.State Filing Copy
W-2 Wage and Tax **2020**
 Statement

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