



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

**2020**

d Control number 045798 ATLA/ZF7 Dept. 103200 Corp. A Employer use only 125

c Employer's name, address, and ZIP code  
**ARICENT N A INC**  
**3979 FREEDOM CIRCLE #950**  
**SANTA CLARA CA 95054**

Batch #03664

e/f Employee's name, address, and ZIP code  
**JITENDRA KUMAR SHRIVASTAVA**  
**346 TURN PIKE ROAD**  
**APT 1308**  
**WESTBOROUGH MA 01581**

b Employer's FED ID number 20-1867090 a Employee's SSA number XXX-XX-0343

1 Wages, tips, other comp. 131483.06 2 Federal income tax withheld 12213.77

3 Social security wages 137100.38 4 Social security tax withheld 8500.22

5 Medicare wages and tips 137100.38 6 Medicare tax withheld 1987.96

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12 C 94.82

14 Other 520.51 MAPFML 12b D 5617.32

12c 12d

13 Stat emp. Ret. plan 3rd party sick pay X

15 State MA Employer's state ID no. WTH10371480-003 16 State wages, tips, etc. 131483.06

17 State income tax 5965.00 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	MA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	140,433.96	140,433.96	140,433.96	140,433.96
Plus GTL (C-Box 12)	94.82	94.82	94.82	94.82
Less 401(k) (D-Box 12)	5,617.32	N/A	N/A	5,617.32
Less Other Cafe 125	3,428.40	3,428.40	3,428.40	3,428.40
<b>Reported W-2 Wages</b>	<b>131,483.06</b>	<b>137,100.38</b>	<b>137,100.38</b>	<b>131,483.06</b>

2. Employee Name and Address.

**JITENDRA KUMAR SHRIVASTAVA**  
**346 TURN PIKE ROAD**  
**APT 1308**  
**WESTBOROUGH MA 01581**

© 2020 ADP, Inc.

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

**2020**

d Control number 045798 ATLA/ZF7 Dept. 103200 Corp. A Employer use only 125

c Employer's name, address, and ZIP code  
**ARICENT N A INC**  
**3979 FREEDOM CIRCLE #950**  
**SANTA CLARA CA 95054**

b Employer's FED ID number 20-1867090 a Employee's SSA number XXX-XX-0343

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12 C 94.82

14 Other 520.51 MAPFML 12b D 5617.32

12c 12d

13 Stat emp. Ret. plan 3rd party sick pay X

e/f Employee's name, address and ZIP code  
**JITENDRA KUMAR SHRIVASTAVA**  
**346 TURN PIKE ROAD**  
**APT 1308**  
**WESTBOROUGH MA 01581**

15 State MA Employer's state ID no. WTH10371480-003 16 State wages, tips, etc. 131483.06

17 State income tax 5965.00 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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

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

**2020**

d Control number 045798 ATLA/ZF7 Dept. 103200 Corp. A Employer use only 125

c Employer's name, address, and ZIP code  
**ARICENT N A INC**  
**3979 FREEDOM CIRCLE #950**  
**SANTA CLARA CA 95054**

b Employer's FED ID number 20-1867090 a Employee's SSA number XXX-XX-0343

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12 C 94.82

14 Other 520.51 MAPFML 12b D 5617.32

12c 12d

13 Stat emp. Ret. plan 3rd party sick pay X

e/f Employee's name, address and ZIP code  
**JITENDRA KUMAR SHRIVASTAVA**  
**346 TURN PIKE ROAD**  
**APT 1308**  
**WESTBOROUGH MA 01581**

15 State MA Employer's state ID no. WTH10371480-003 16 State wages, tips, etc. 131483.06

17 State income tax 5965.00 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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

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

**2020**

d Control number 045798 ATLA/ZF7 Dept. 103200 Corp. A Employer use only 125

c Employer's name, address, and ZIP code  
**ARICENT N A INC**  
**3979 FREEDOM CIRCLE #950**  
**SANTA CLARA CA 95054**

b Employer's FED ID number 20-1867090 a Employee's SSA number XXX-XX-0343

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12 C 94.82

14 Other 520.51 MAPFML 12b D 5617.32

12c 12d

13 Stat emp. Ret. plan 3rd party sick pay X

e/f Employee's name, address and ZIP code  
**JITENDRA KUMAR SHRIVASTAVA**  
**346 TURN PIKE ROAD**  
**APT 1308**  
**WESTBOROUGH MA 01581**

15 State MA Employer's state ID no. WTH10371480-003 16 State wages, tips, etc. 131483.06

17 State income tax 5965.00 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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

4444	<b>For Official Use Only ▶</b> OMB No. 1545-0008		
<b>a</b> Employer's name, address, and ZIP code  <b>ARICENT N A INC</b> <b>3979 FREEDOM CIRCLE #950</b> <b>SANTA CLARA CA 95054</b>  <b>ZF7</b> <b>045798</b>		<b>c</b> Tax year/Form corrected  <b>2020/ W-2</b>	<b>d</b> Employee's correct SSN  <b>XXX-XX-0343</b>
		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>	
		Complete boxes f and/or g only if incorrect on form <b>previously filed ▶</b>	
		<b>f</b> Employee's <b>previously reported</b> SSN	
<b>b</b> Employer's Federal EIN  <b>20-1867090</b>		<b>g</b> Employee's <b>previously reported</b> name	
<b>Note.</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		<b>h</b> Employee's first name and initial  <b>JITENDRA KUMAR</b>	Last name  <b>SHRIVASTAVA</b>
		Suff.  <b>346 TURN PIKE ROAD</b> <b>APT 1308</b> <b>WESTBOROUGH MA</b> <b>01581</b>	
<b>i</b> Employee's address and ZIP code		<b>346 TURN PIKE ROAD</b> <b>APT 1308</b> <b>WESTBOROUGH MA</b> <b>01581</b>	
<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation  <b>131483.06</b>	<b>1</b> Wages, tips, other compensation  <b>123483.06</b>	<b>2</b> Federal income tax withheld  <b>12213.77</b>	<b>2</b> Federal income tax withheld  <b>10524.17</b>
<b>3</b> Social security wages  <b>137100.38</b>	<b>3</b> Social security wages  <b>129100.38</b>	<b>4</b> Social security tax withheld  <b>8500.22</b>	<b>4</b> Social security tax withheld  <b>8004.22</b>
<b>5</b> Medicare wages and tips  <b>137100.38</b>	<b>5</b> Medicare wages and tips  <b>129100.38</b>	<b>6</b> Medicare tax withheld  <b>1987.96</b>	<b>6</b> Medicare tax withheld  <b>1871.96</b>
<b>7</b> Social security tips  	<b>7</b> Social security tips  	<b>8</b> Allocated tips  	<b>8</b> Allocated tips  
<b>9</b>	<b>9</b>	<b>10</b> Dependent care benefits  	<b>10</b> Dependent care benefits  
<b>11</b> Nonqualified plans  	<b>11</b> Nonqualified plans  	<b>12a</b> See instructions for box 12  	<b>12a</b> See instructions for box 12  
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>  	<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>  	<b>12b</b>  	<b>12b</b>  
<b>14</b> Other (see instructions) <b>520.51</b> <b>MAPFML</b>	<b>14</b> Other (see instructions) <b>490.27</b> <b>MAPFML</b>	<b>12c</b>  	<b>12c</b>  
		<b>12d</b>  	<b>12d</b>  
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State  <b>MA</b> Employer's state ID number  <b>WTH-10371480-003</b>	<b>15</b> State  Employer's state ID number  	<b>15</b> State  Employer's state ID number  	<b>15</b> State  Employer's state ID number  
<b>16</b> State wages, tips, etc.  <b>131483.06</b>	<b>16</b> State wages, tips, etc.  <b>123483.06</b>	<b>16</b> State wages, tips, etc.  	<b>16</b> State wages, tips, etc.  
<b>17</b> State income tax  <b>5965.00</b>	<b>17</b> State income tax  <b>5581.00</b>	<b>17</b> State income tax  	<b>17</b> State income tax  
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>18</b> Local wages, tips, etc.  	<b>18</b> Local wages, tips, etc.  	<b>18</b> Local wages, tips, etc.  	<b>18</b> Local wages, tips, etc.  
<b>19</b> Local income tax  	<b>19</b> Local income tax  	<b>19</b> Local income tax  	<b>19</b> Local income tax  
<b>20</b> Locality name  	<b>20</b> Locality name  	<b>20</b> Locality name  	<b>20</b> Locality name  

**Copy B—To Be Filed with Employee's FEDERAL Tax Return**

44444	<b>For Official Use Only ▶</b> OMB No. 1545-0008		
<b>a</b> Employer's name, address, and ZIP code  <b>ARICENT N A INC</b> <b>3979 FREEDOM CIRCLE #950</b> <b>SANTA CLARA CA 95054</b>  <b>ZF7</b> <b>045798</b>		<b>c</b> Tax year/Form corrected  <b>2020/ W-2</b>	<b>d</b> Employee's correct SSN  <b>XXX-XX-0343</b>
		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>	
		Complete boxes f and/or g only if incorrect on form <b>previously filed ▶</b>	
		<b>f</b> Employee's <b>previously reported</b> SSN	
		<b>g</b> Employee's <b>previously reported</b> name	
<b>Note.</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		<b>h</b> Employee's first name and initial <b>JITENDRA KUMAR</b>	Last name <b>SHRIVASTAVA</b>
		Suff. <b>346 TURN PIKE ROAD</b> <b>APT 1308</b> <b>WESTBOROUGH MA</b> <b>01581</b>	
		<b>i</b> Employee's address and ZIP code	
<b>Previously reported</b>		<b>Correct information</b>	
1 Wages, tips, other compensation <b>131483.06</b>	1 Wages, tips, other compensation <b>123483.06</b>	2 Federal income tax withheld <b>12213.77</b>	2 Federal income tax withheld <b>10524.17</b>
3 Social security wages <b>137100.38</b>	3 Social security wages <b>129100.38</b>	4 Social security tax withheld <b>8500.22</b>	4 Social security tax withheld <b>8004.22</b>
5 Medicare wages and tips <b>137100.38</b>	5 Medicare wages and tips <b>129100.38</b>	6 Medicare tax withheld <b>1987.96</b>	6 Medicare tax withheld <b>1871.96</b>
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips
9	9	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	12b
14 Other (see instructions) <b>520.51</b> <b>MAPFML</b>	14 Other (see instructions) <b>490.27</b> <b>MAPFML</b>	12c	12c
		12d	12d
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
15 State <b>MA</b> Employer's state ID number <b>WTH-10371480-003</b>	15 State Employer's state ID number	15 State Employer's state ID number	15 State Employer's state ID number
16 State wages, tips, etc. <b>131483.06</b>	16 State wages, tips, etc. <b>123483.06</b>	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax <b>5965.00</b>	17 State income tax <b>5581.00</b>	17 State income tax	17 State income tax
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax
20 Locality name	20 Locality name	20 Locality name	20 Locality name

Copy 2—To Be Filed with Employee's State, City, or Local Income Tax Return

4444	<b>For Official Use Only ▶</b> OMB No. 1545-0008		
<b>a</b> Employer's name, address, and ZIP code  <b>ARICENT N A INC</b> <b>3979 FREEDOM CIRCLE #950</b> <b>SANTA CLARA CA 95054</b>  <b>ZF7</b> <b>045798</b>		<b>c</b> Tax year/Form corrected  <b>2020/ W-2</b>	<b>d</b> Employee's correct SSN  <b>XXX-XX-0343</b>
<b>b</b> Employer's Federal EIN  <b>20-1867090</b>		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/> Complete boxes f and/or g only if incorrect on form <b>previously filed ▶</b>	
		<b>f</b> Employee's <b>previously reported</b> SSN	
<b>g</b> Employee's <b>previously reported</b> name		<b>h</b> Employee's first name and initial <b>JITENDRA KUMAR</b>	Last name <b>SHRIVASTAVA</b>
		Suff. <b>346 TURN PIKE ROAD</b> <b>APT 1308</b> <b>WESTBOROUGH MA</b> <b>01581</b> <b>i</b> Employee's address and ZIP code	
<b>Note.</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).			
<b>Previously reported</b>		<b>Correct information</b>	
1 Wages, tips, other compensation <b>131483.06</b>	1 Wages, tips, other compensation <b>123483.06</b>	2 Federal income tax withheld <b>12213.77</b>	2 Federal income tax withheld <b>10524.17</b>
3 Social security wages <b>137100.38</b>	3 Social security wages <b>129100.38</b>	4 Social security tax withheld <b>8500.22</b>	4 Social security tax withheld <b>8004.22</b>
5 Medicare wages and tips <b>137100.38</b>	5 Medicare wages and tips <b>129100.38</b>	6 Medicare tax withheld <b>1987.96</b>	6 Medicare tax withheld <b>1871.96</b>
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips
9	9	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	12b
14 Other (see instructions) <b>520.51</b> <b>MAPFML</b>	14 Other (see instructions) <b>490.27</b> <b>MAPFML</b>	12c	12c
		12d	12d
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
15 State <b>MA</b> Employer's state ID number <b>WTH-10371480-003</b>	15 State Employer's state ID number	15 State Employer's state ID number	15 State Employer's state ID number
16 State wages, tips, etc. <b>131483.06</b>	16 State wages, tips, etc. <b>123483.06</b>	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax <b>5965.00</b>	17 State income tax <b>5581.00</b>	17 State income tax	17 State income tax
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax
20 Locality name	20 Locality name	20 Locality name	20 Locality name

**Copy C—For EMPLOYEE's RECORDS**