2020 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement

Copy

Copy C for employee's records.

d Control number Dept. 045798 ATLA/ZF7 103200

Employer use only

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

W	ESTE	BOROUGH	MA	0	1581				
b	Emplo	yer's FED ID nu		а	Emplo	οує	e's SSA	A numb	er
		20-1867090)			Х	XX-XX	-034	3
1	Wages	s, tips, other co	np.	2	Feder	al	income	tax wit	hheld
		13148	3.06					1221	3.77
3	Social	security wages		4	Socia	l s	ecurity	tax wit	hheld
		13710	0.38					850	0.22
5	Medica	are wages and t	ips	6	Medic	are	tax wit	thheld	
		13710	0.38					198	7.96
7	Social	security tips		8	Alloca	ate	d tips		
9				10	Depen	de	nt care	benefit	s
11	Nonqu	alified plans		128	See in	str	uctionsfo	r box 12	:
					C			94	. 82
14	Other			12l				5617	.32
'	Other	520.51 MAI	DEM.	120	;				
		520.51 WA	PFIVIL	120	t				
				13	Stat er	np.	Ret. plan	3rd part	y sick pay
15	State	Employer's star	te ID no.	16	State	wa	ges, tip	s, etc.	
M	ſΑ	WTH1037148	0-003				1	.3148	3.06
17	State i	income tax		18	Local	w	ages, tip	s, etc.	
		596	5.00	L					
19	Local	income tax		20	Locali	ity	name		

1	Wages, tips, other c	2	2 Federal income tax withheld			
131483.06			12213.77			2213.77
3	Social security wage 1371	es 00.38	4	Social	security tax	withheld 3500.22
5	Medicare wages and 1371	l tips 00.38	6	Medica	re tax withh	eld L987.96
d	Control number	Dept.		Corp.	Employer	use only
04	15798 ATLA/ZF7	103200			A	125

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	^{12b} D 5617.32						
	520.51 MAPFML	12c						
		12d						
		13 Stat emp Ret. plan 3rd party sick pay						
		X						
e/f	Employee's name, address ar	nd ZIP code						

JITENDRA KUMAR SHRIVASTAVA 346 TURN PIKE ROAD APT 1308

WESTBOROUGH MA 01581

15 State Employer's state ID no. MA WTH10371480-003	
17 State income tax	18 Local wages, tips, etc.
5965.00	
19 Local income tax	20 Locality name

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 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
Reported W-2 Wages	131,483.06	137,100.38	137,100.38	131,483.06

2. Employee Name and Address.

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

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			2 Federal income tax withheld				
131483.06				1:	2213.77		
3 Social security wages 137100.38			4 Social security tax withheld 8500.22				
5	Medicare wages and 1371	d tips 00.38	6 Medica	re tax withh	eld 1987.96		
d	Control number	Dept.	Corp.	Employer	use only		
		ŀ	A	125			
04	15798 ATLA/ZF7	103200		Δ.	123		

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	a Employee's SSA number				
	20-1867090	XXX-XX-0343				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
	•	C 94.82				
14	Other	^{12b} D 5617.32				
	520.51 MAPFML	12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
		X				
e/f	Employee's name, address a					

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

15 S	tate Em	ployer's	state	ID no.	16	State	wages,	tips, etc.
MA	WT:	H10371	480-	003				131483.06
17 State income tax					18	Local	wages,	tips, etc.
		5	965.	00				
19 L	ocal inc	ome tax			20	Local	ity nam	е

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

1	Wages, tips, other c	2	Federa	l income tax 12	withheld 213.77		
3	Social security wage	es 00.38	4	4 Social security tax withheld 8500.22			
5	Medicare wages and 1371	d tips 00.38	6	Medica	re tax withhe 1	eld 987.96	
d	Control number	Dept.		Corp.	Employer	use only	
04	5798 ATLA/ZF7	103200			A	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	a Employee's SSA number					
	20-1867090			XX	XX-XX	-0343	
7	Social security tips	8 Allocated tips					
9		10 🏻	epen	den	nt care	benefits	
11	Nonqualified plans	12a					
	•		C			94.8	32
14	Other	12b	D		Ş	617.3	32
	520.51 MAPFML	12c	i				
		12d	i				
		13 8	Stat en	np.	Ret. plan	3rd party	sick pa
		1			X		
e/f	Employee's name, address a	nd ZI	P cod	le			

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

15		Employer's			16	State	wages,	tips, etc.	
M	Α	WTH10371	480-	-003				13148	3.06
17	State	income tax			18	Local	wages,	tips, etc	
		5	965.	00					
19	Local	income tax			20	Local	ity nam	е	

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

44444	For Official Use Only OMB No. 1545-0008	>					
a Employer's nar	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN			
ARICENT	'N A INC		2020/ W-2 XXX-XX-0343				
3979 FREEDOM CIRCLE #950			e Corrected SSN and/or name (Check	·			
SANTA C	LARA CA 950	054	g if incorrect on form previously filed Complete boxes f and/or g only if incor	<u>′</u>			
			f Employee's previously reported SSN	rect on form previously filed			
ZF7	045798						
b Employer's Fed			g Employee's previously reported name				
	20-1867	090					
			h Employee's first name and initial	Last name Suff.			
			JITENDRA KUMAR	SHRIVASTAVA			
Nete Only som	anlete meney fielde th	at are being competed (avecantian) for	346 TURN PIKE ROAL)			
•		at are being corrected (exception: for General Instructions for Forms W-2	APT 1308	01 501			
		for Form W-2c, boxes 5 and 6).	WESTBOROUGH MA i Employee's address and ZIP code	01581			
Previou	sly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, ot	ther compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securit	131483.06	123483.06 3 Social security wages	12213.77 4 Social security tax withheld	10524.17 4 Social security tax withheld			
3 Social Securit		, c	ĺ	ĺ			
5 Medicare wag	<u>137100.38</u> ges and tips	129100.38 5 Medicare wages and tips	8500.22 6 Medicare tax withheld	8004.22 6 Medicare tax withheld			
	137100.38	129100.38	1987.96	1871.96			
7 Social securit		7 Social security tips	8 Allocated tips	8 Allocated tips			
			40 December 1	40 Daniel and have fit			
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			
	'	·	C o d e	C o d e			
13 Statutory Reti employee plan	irement Third-party sick pay	13 Statutory Retirement Third-party employee plan Sick pay	12b	12b			
14 01 (<u> </u>		d e	0			
14 Other (see ins: 52	20.51 MAPFML	14 Other (see instructions) 490.27 MAPFML	12c C B	12c c a			
			<u>ទី</u> 12d	12d			
			C o d	C 0 d e			
		State Correction	ē				
Previou 15 State	sly reported	Correct information 15 State	Previously reported 15 State	Correct information 15 State			
13 State		13 State	13 State	13 State			
Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number			
WTU_1 <i>(</i>	0371480-003						
16 State wages,		16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.			
4= 0: :	131483.06	123483.06					
17 State income	tax	17 State income tax	17 State income tax	17 State income tax			
	5965.00	5581.00 Locality Correct	l ion Information				
Previou	sly reported	Correct information	Previously reported	Correct information			
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			

44444	For Official Use Only OMB No. 1545-0008	· >			
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN	
ARICENT N A INC			2020/ W-2	xxx-xx-0343	
3979 FREEDOM CIRCLE #950 SANTA CLARA CA 95054			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)		
			Complete boxes f and/or g only if incorrect on form previously filed		
			f Employee's previously reported SSN		
ZF7	045798				
b Employer's Fe	deral EIN 20-1867	090	g Employee's previously reported name		
			h Employee's first name and initial	Last name Suff.	
			JITENDRA KUMAR	SHRIVASTAVA	
			346 TURN PIKE ROAD		
	•	at are being corrected (exception: for	APT 1308		
corrections involving MQGE, see the General Instructions for W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).			WESTBOROUGH MA i Employee's address and ZIP code	01581	
Previou	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, of	ther compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
	131483.06	123483.06	12213.77	10524.17	
Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
E Madiana wa	137100.38	129100.38	8500.22 6 Medicare tax withheld	8004.22 6 Medicare tax withheld	
5 Medicare wag		5 Medicare wages and tips			
7 Social securit	137100.38 ty tips	129100.38 7 Social security tips	1987.96 8 Allocated tips	1871.96 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 Reti	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see ins	structions) 20.51 MAPFML	14 Other (see instructions) 490.27 MAPFML	12c	12c	
			12d	12d	
			o d e	d e	
Di		State Correction		0	
15 State	sly reported	Correct information 15 State	Previously reported 15 State	Correct information 15 State	
15 State		13 State	13 State	13 State	
, ,	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
WTH-10	0371480-003 tips. etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
, .					
17 State income	131483.06 tax	123483.06 17 State income tax	17 State income tax	17 State income tax	
	5965.00	5581.00			
Locality Correction Information Previously reported Correct information Previously reported Correct information					
18 Local wages,		Correct information 18 Local wages, tips, etc.	Previously reported 18 Local wages, tips, etc.	Correct information 18 Local wages, tips, etc.	
•		•	• • • • • • • • • • • • • • • • • • • •		
19 Local income		19 Local income tax	19 Local income tax	19 Local income tax	
20 Locality name	•	20 Locality name	20 Locality name	20 Locality name	

44444	For Official Use Only	ı ≻			
a Employer's na	OMB No. 1545-0008 a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN	
ARICENT N A INC			2020 ^{/ W-2}	XXX-XX-0343	
3979 FREEDOM CIRCLE #950			e Corrected SSN and/or name (Check this box and complete boxes f and/or q if incorrect on form previously filed.)		
SANTA CLARA CA 95054			Complete boxes f and/or g only if incorrect on form previously filed		
			f Employee's previously reported SSN		
ZF7 045798					
b Employer's Fe	deral EIN 20-1867	000	g Employee's previously reported name		
	20-100/	030	h Employee's first name and initial	Last name Suff.	
			JITENDRA KUMAR	SHRIVASTAVA	
			346 TURN PIKE ROAD		
•	•	at are being corrected (exception: for	APT 1308		
corrections involving MQGE, see the and W-3, under Specific Instructions			WESTBOROUGH MA i Employee's address and ZIP code	01581	
Previou	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social securit	131483.06 ty wages	123483.06 3 Social security wages	12213.77 4 Social security tax withheld	10524.17 4 Social security tax withheld	
	137100.38	129100.38	8500.22	8004.22	
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social securit	137100.38 ty tips	129100.38 7 Social security tips	1987.96 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 Ret employee plan	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	6	12b C	
14 Other (see ins	L. L. structions)	14 Other (see instructions)	6 12c	12c	
5	20.51 MAPFML	490.27 MAPFML	C o d e	C 0 d e	
			12d	12d	
			d e	C 0 d d e	
		State Correction	l on Information		
Previou	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
MA Employer's st	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
WTH-10	0371480-003	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
10 State wayes,		9 / 1 /	To State wages, tips, etc.	To State wages, tips, etc.	
17 State income	131483.06 tax	123483.06 17 State income tax	17 State income tax	17 State income tax	
	5965.00	5581.00			
Locality Correction Information					
18 Local wages,	tips. etc.	Correct information 18 Local wages, tips, etc.	Previously reported 18 Local wages, tips, etc.	Correct information 18 Local wages, tips, etc.	
. .		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	2	
19 Local income		19 Local income tax	19 Local income tax	19 Local income tax	
20 Locality name	•	20 Locality name	20 Locality name	20 Locality name	