



W-2 Employee Reference Copy
Wage and Tax Statement
2020
OMB No. 1545-0008

Copy C for employee's records.

d Control number 000017	Dept. RB/7JV	Corp.	Employer use only A	11
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c Employer's name, address, and ZIP code
CERTIDE INC
347 PLAINFIELD AVE STE 107
EDISON, NJ 08817

Batch #90564

e/f Employee's name, address, and ZIP code
MUSRAT G SHAIKH
4543 CASTWAY DR
APT 2
TAMPA, FL 33615

b Employer's FED ID number 82-4054259	a Employee's SSA number XXX-XX-8469
1 Wages, tips, other comp. 52402.96	2 Federal income tax withheld 5882.12
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	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
Gross Pay	52,402.96	52,402.96	52,402.96
Reported W-2 Wages	52,402.96	0.00	0.00

2. Employee Name and Address.

MUSRAT G SHAIKH
4543 CASTWAY DR
APT 2
TAMPA, FL 33615

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c Employer's name, address, and ZIP code CERTIDE INC 347 PLAINFIELD AVE STE 107 EDISON, NJ 08817				
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14 Other	12b			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code MUSRAT G SHAIKH 4543 CASTWAY DR APT 2 TAMPA, FL 33615				
15 State Employer's state ID no.	16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

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

1 Wages, tips, other comp. 52402.96	2 Federal income tax withheld 5882.12			
3 Social security wages	4 Social security tax withheld			
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d Control number 000017	Dept. RB/7JV	Corp.	Employer use only A	11
c Employer's name, address, and ZIP code CERTIDE INC 347 PLAINFIELD AVE STE 107 EDISON, NJ 08817				
b Employer's FED ID number 82-4054259	a Employee's SSA number XXX-XX-8469			
7 Social security tips	8 Allocated tips			
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11 Nonqualified plans	12a			
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	12c			
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e/f Employee's name, address and ZIP code MUSRAT G SHAIKH 4543 CASTWAY DR APT 2 TAMPA, FL 33615				
15 State Employer's state ID no.	16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

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

1 Wages, tips, other comp. 52402.96	2 Federal income tax withheld 5882.12			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number 000017	Dept. RB/7JV	Corp.	Employer use only A	11
c Employer's name, address, and ZIP code CERTIDE INC 347 PLAINFIELD AVE STE 107 EDISON, NJ 08817				
b Employer's FED ID number 82-4054259	a Employee's SSA number XXX-XX-8469			
7 Social security tips	8 Allocated tips			
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11 Nonqualified plans	12a			
14 Other	12b			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code MUSRAT G SHAIKH 4543 CASTWAY DR APT 2 TAMPA, FL 33615				
15 State Employer's state ID no.	16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

City or Local Reference Copy
W-2 Wage and Tax Statement
2020
OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.