Notice to Employee Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tar ctrum. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit. Emmed income credit (BG). Normay be table to take the EIC for 0200 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and framily size. Workers without children could quality for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for your avissment income is more than the specified amount for 2020 or if income is carried for services provided while you were an immate at a penal institution. For 2020 in come hims and more information, vist www srs. gov/EITC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax lability is refunded to you, but only if you file a tax return.

Also see Pub. 590, taiment income creater, sur lace una to more una series and series and and and a series of the Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers. Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Sulennent, with the Social Security Administration (SSA) to correct any name. SSA, or morey anount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your emphyse for all corrections made so your may file them with your tax return. If your name and SSA are correct but aren't the same as shown on your social security card, you should ask for a new card that display sour correct name at any SSA office or by calling 800:772-1213. You may alko virat the SSA website ar work.SSA gov. Cost of emphyer-sponsored beath coverage (if such cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DD is not trashed. Credit for excess taxes. If you had more than one employer in 2020 and more than S8,239.0 in social security and/or TEr 1 raikoard creitement (RRFA) taxes were withed), you also may be able to claim a credit for the excess against your federal income tax. If you had more than one raiload employer admore than S4,335.0 in TEr 2 RRFA tax was withhed), you also may be able to claim a credit. See your Form 1040 Instructions and Pub. 505, Tax Withholding and Estimated Tax. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 5. Your may be required to report this amount on Form 8939, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8939.
Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax to any of those Medicare wages and tips shown

\$220,000. Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 10.40 instructions. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips your received, report that amount even if it is more or less than the allocated tips. On Form 4137, you will calculate

the social security and Medicare tax owed on the albcated tips shown on your Form(s) W-2 that you J-must report as income and on other tips you did not report to your employer. By filing Form 4137, K-K- Medicare and Security tips will be credited to your social security record (used to figure your benefit). Any Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behaff (including amounts from a section 125 (carlieria) plan). Any amount over S(000 also its included in box 1. Complete Form 2441. Child and Dependent Care Expenses, to compute any taxable and notaxable amounts. Box 11. This amounts (s(a) reported in box 1 if it is a distribution made to you for a nonqualified deferred compensation or nongovernmental section 457(b) plant have beam taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your and the same calendar year. If you made a deferral and a received a distribution in the same calendar year, and 1) you are or will be age (2b yht end of the calendary ear, your employer should file Form SSA131, The same calendar year. If you made a deferral and received a distribution is the same calendar year, and 10 you are or will be age (2b yht end of the calendary ear, your employer should file Form SSA131, The same calendar year. If you made a deferral and received a distribution in the same calendar year, and 10 you are or will be age (2b yht end of the calendary ear, your employ should file Form SA131, The same calendar year and the same calendar year, and 10 you are or will be age (2b yht end of the calendary ear, your employ should file Form SA131, The same calendar year and the same calendar year, and you prove you have the same calendar year, and you you are or will be age (2b yht end of the calendary ear, your employ should file Form SA131, The same calendary year and you you are or will you have a dot for a landary year, your employ should file Form SA131, The same calendary you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tare turn. Beckrive deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,000 (\$13,000 if you only) have SIMPLE plans; s22,000 for scion 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to \$5,000 here the science of the science o

https://www.com/article.com/article/ar ncluded in income. See the instructions for Form 1040.

Note. If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is

shown, the contributions are for the current year. A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions

B-Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instruction B—choice et avecta are tax on tips, include this tax on roun 1000, see the roun 1000 institutions C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security use base), and 5)
D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

SIMPLE retirement account that is part of a section 401(k) arrangement

E-Elective deferrals under a section 403(b) salary reduction agree

F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontscable sick pay (information only, not included in boxes 1, 3, or 5) K—20% eacks et as on excess golden parachate payments. See the Form 1040 instructions. L—Substantiated employee basiness expense reinhursements (nontaxable) MSR has not analytic of the second second programment for any second second second programment for the second second programment for the second second programment for the second second programment is constructed and the second second programment is the second second programment second s

-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box

-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to mute any taxable and nontaxable amounts mpute Inco mpute any taxanie and nontaxanie amounts. —Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social curity wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements. W—Emphyser contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts

(HSA8), Y—Deferrals under a section 409A nonqualified deferred compensation plan Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plas interest. See the Form 1040 instructions.

1040 instructions. A.A.—Designated Roth contributions under a section 401(k) plan BB—Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not

DD—Cost of employer-sponsored heatn coverage. Its announce experimental section 457(b) plan. This amount does not apply to contributions under at a governmental section 457(b) plan. This amount does not apply to contributions under at accentral experimental methods are controlled and the experimental form of the experim

Arrangements (IRAs). Box 14 Employers may use this box to report information such as state disability insurance taxes withhelk, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the creary's parsonage allowance and utilities. Railroad emphysers use this box to report railroad retirement (RRTA) compensation. Tier 1 tax, Tier 2

Railroad employers use this box to report railroad retirement (RRTA) compensation. Ther 1 tax, tax, Medicar tax, and Additional Medicare Tax, Include tips reported by the employee to the employer in nailroad retirement (RRTA) compensation. Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C unil you begin receiving social security benefits, just in case there is a question about your work record and/or earning in a particulty return.

Copy C, for employee's records This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. Form W-2 Wage and Tax Statement 2019 Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code 0014-0014AB96 0000010365-MEDICI SUBURBAN PHARMACY LTC INC b Employer's identification number a Employee's social security number 344 N MAIN STREET 2 Federal Income tax withhel 1 Wages, tips, other comp 20-4458462 883-16-3704 2257.50 80.21 WEST HARTFORD CT 06117 13 Statutory Employee Retire plan Third-party sick pay 3 Social Security wages 4 Social Security tax withhe 2257.50 139.97 12 See Instrs. for Box 12 14 Othe e Employee's name, address, and ZIP code 5 Medicare wages and tips 6 Medicare tax withheld 22<u>57.50</u> 32.73 POOJITHA JASTI 7 Social Security tips 8 Allocated Tips 401 TALCOTVILLE ROAD, APT #7 10 Dependent care benefits 11 Nongualified plans MANCHESTER CT 06042 16 State wages, tips, etc 17 State income tax 18 Local wages, tips, etc 19 Local income tax 20 Locality name 15 Sta ver's state ID No CT 10484822-000 2257.50 0.36

Form W-2 Wage and Tax Statement 2019

Copy B, to be filed with employee's FEDERAL tax return

d Control number Void 0014-0014AB96 0000010365-MEDICI b Employee's identification number a Employee's social security number			c Employer's name, address, and ZIP code SUBURBAN PHARMACY LTC INC			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008					
		883-16-3704			344 N MAIN STREET WEST HARTFORD CT 06117		1 Wages, tips, othe	r compensation 2257.50	2 Federal Income tax withh	eld 80.21	
	plan	sick pay					3 Social Security w	ages 2257.50	4 Social Security tax withh	139.97	
12 See Instrs. for Box 12	14 Other			e Employee	's name, address, and ZIP code			5 Medicare wages a	und tips 2257.50	6 Medicare tax withheld	32.73
				POOJITHA JASTI 401 TALCOTVILLE ROAD, APT #7			7 Social Security ti	os	8 Allocated Tips		
				MANCHESTER CT 06042			10 Dependent care	benefits	11 Nonqualified plans		
CT Employer's s		16 State wages,	• •	2257.50	17 State income tax 0.	.36	18 Local wages, tips, etc.	19 Local	ncome tax	20 Locality name	

Form W-2 Wage and Tax Statement 2019

Copy 2, to be filed with employee's tax return for CT

d Control number	Void	c Employer's name, address, and ZIP code	Department of the Treasury - Internal Revenue Service			
0014-0014AB96 0000010365-MEDICI		SUBURBAN PHARMACY LTC INC	OMB No. 1545-0008			
b Employer's identification number a Employee's	social security number	344 N MAIN STREET				
20-4458462 883-16-3704		WEST HARTFORD CT 06117	1 Wages, tips, other compensation 2257.50	2 Federal Income tax withheld 80.21		
13 Statutory Retirement Third-par Employee plan sick pay			3 Social Security wages	4 Social Security tax withheld		
			2257.50	139.97		
12 See Instrs. for Box 12 14 Other		e Employee's name, address, and ZIP code	5 Medicare wages and tips	6 Medicare tax withheld		
			2257.50	32.73		
		POOJITHA JASTI	7 Social Security tips	8 Allocated Tips		
		401 TALCOTVILLE ROAD, APT #7				
		MANCHESTER CT 06042	10 Dependent care benefits	11 Nonqualified plans		
15 State Employer's state I.D. No.	16 State wages, tips, etc	17 State income tax 18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
CT 10484822-000		2257.50 0.36				