# 2020 W-2 and EARNINGS SUMMARY

**Employee** Reference Copy Wage and Tax Statement Control number Corp. Employer use only 01891359 V68 **SA08** 10406

Employer's name, address, and ZIP code SAP AMERICA INC

3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073

e/f Employee's name, address, and ZIP code RAMANA SHASHIDHAR S NETHI 22839 SE 262ND CT MAPLE VALLEY, WA 98038

b	Emplo	yer's FEI 36-355	D ID number 66041	а	Emp	loy	ee's SS. XXX-X		
1	Wage	s, tips, ot	her comp.	2	Fede	eral	income	tax wi	thheld
		1:	29893.88				2	6298	.91
3	Socia	security	wages 36967.66	4	Soci	ial s	security	tax wit 8491.	
5 Medicare wages and tips			6	Med	ica	re tax wi	thheld		
		13	36967.66					1986.	.03
7	Social	security	tips	8	Allo	cate	ed tips		
9				10	Dep	end	lent care	benef	its
11	Nonqu	ialified pl	ans		С	nstr 	uctions fo	26°	1.00
14	Other	614.00		121		1			3.78
•	•	281.73	WA PFML	120		$\perp$			0.00
				120		_	la		<u>7.84                                    </u>
				13	Stat e	emp	Ret. plan	3rd part	y sick pay
15	State	Employe	er's state ID no	16	State	e w	ages, tip	s, etc.	
17	State	ncome ta	ıx	18	Loca	al w	ages, tip	s, etc.	
19	19 Local income tax			20	20 Locality name				

1 Wages, tips, other comp. 129893.88			2 Federal income tax withheld 26298.91		
3 Social security wages 136967.66			4 Social security tax withheld 8491.99		
5 Medicare wages and tips 136967.66			6 Medicare tax withheld 1986.03		
d	Control number	Dept.	Corp.	Employer use only	
01	891359 V68		SA08	10406	

c Employer's name, address, and ZIP code

SAP AMERICA INC 3999 WEST CHESTER PIKE **NEWTOWN SQUARE, PA 19073** 

ı								
	b Employer's FED ID number 36-3556041			a Employee's SSA number XXX-XX-8285				
	7 Social security tips			8 Allocated tips				
	9				10	Depe	ndent car	e benefits
	11	Nonqua	lified pla	ans		See i	nstructio	ns for box 12 <b>261.00</b>
	14	Other	614.00 281.73	HEALTH WA PFML	12b	D		7073.78
					12c			200.00
					12d	DD		2097.84
							p.Ret.plan <b>X</b>	3rd party sick pay

e/f Employee's name, address and ZIP code

RAMANA SHASHIDHAR S NETHI 22839 SE 262ND CT MAPLE VALLEY, WA 98038

	15	State	Employer's s	tate ID no.	16 State wages, tips, etc.
٠	17	State	income tax		18 Local wages, tips, etc.
	19	Local	income tax		20 Locality name
			Federal	Filina	Copy

Wage and Tax

Statement with employee's Federal Income

2020 W2 AND EARNINGS SUMMARY

THIS SUMMARY SECTION IS INCLUDED WITH YOUR W2 TO HELP DESCRIBE THIS PORTION IN MORE DETAIL. THE REVERSE SIDE INCLUDES GENERAL INFORMATION THAT YOU MAY ALSO FIND HELPFUL.

137,320.66 SOCIAL SECURITY TAX GROSS PAY 8,491,99

WITHHELD BOX 4 OF W2

FED. INCOME TAX 26,298.91 MEDICARE TAX WITHHELD BOX 2 OF W2 WITHHELD BOX 6 OF W2

YOUR GROSS PAY WAS ADJUSTED AS FOLLOWS TO PRODUCE YOUR W2 STATEMENT.

	WAGES TIPS, OTHER COMPENSATION BOX 1 OF W2	SOCIAL SECURITY WAGES BOX 3 OF W2	MEDICARE WAGES BOX 5 OF W2
GROSS PAY	137,320.66	137,320.66	137,320.66
PLUS GTL (C-BOX12)	261.00	261.00	261.00
PLUS OTHER	0.00	0.00	0.00
LESS SMP STC	0.00	0.00	0.00
PLUS NON-QUAL ER VEST MATCH	N/A	0.00	0.00
LESS H SA(EE)	0.00	0.00	0.00
LESS 401K/ECAP/DEF COMP	7,073.78	N/A	N/A
LESS OTHER CAFE 125	614.00	614.00	614.00
LESS OTHER			
EMPLOYEE W4 PROFILE. TO CHANGE	YOUR EMPLOYEE W4	PROFILE INFOR	MATION, FILE,

A NEW W4 WITH YOUR PAYROLL DEPARTMENT. EMPLOYEE ID:01891359

RAMANA SHASHIDHAR S NETHI 22839 SE 262ND CT MAPLE VALLEY, WA 98038

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19 Local income tax

. State Filing

### **PAGE 01 OF 01**

19 Local income tax

City or Local

Copy 2 to be filed with employee's City or Local

1 Wages, tips, other comp. 129893.88	2 Federal income ta	x withheld 298.91	1 Wages, tips, other comp. 129893.88
3 Social security wages 136967.66	4 Social security ta	x withheld	3 Social security wages 136967.66
5 Medicare wages and tips 136967.66	6 Medicare tax with	held 986.03	5 Medicare wages and tips 136967.66
d Control number Dept. 01891359 V68	Corp. Employe SA08	r use only 10406	d         Control number         Dept.           01891359         V68
c Employer's name, address, SAP AMERICA INC 3999 WEST CHESTE NEWTOWN SQUARE	R PIKE		c Employer's name, address, SAP AMERICA INC 3999 WEST CHESTE NEWTOWN SQUARE
b Employer's FED ID number 36-3556041	a Employee's SSA r	number <b>(-8285</b>	b Employer's FED ID number 36-3556041
7 Social security tips	8 Allocated tips		7 Social security tips
9	10 Dependent care b	enefits	9
11 Nonqualified plans	12a C	261.00	11 Nonqualified plans
14 Other 614.00 HEALTH 281.73 WA PFML		7073.78	14 Other 614.00 HEALTH 281.73 WA PFML
	12c W	200.00	
	12d DD 13 Stat emp. Ret. plan 3rd X	2097.84 d party sick pay	
e/f Employee's name, address	AR S NETHI		e/f Employee's name, address RAMANA SHASHIDH 22839 SE 262ND CT
22839 SE 262ND CT MAPLE VALLEY, W			MAPLE VALLEY, W.
	A 98038	etc.	
MAPLE VALLEY, W	A 98038		MAPLE VALLEY, W

20 Locality name

Copy

Wage and Tax

Statement

1000	01.00	0-1011.00			
5 Medicare wages ar 1369	nd tips <b>67.66</b>	6 Medicare tax withheld 1986.03			
d Control number	Dept.	Corp.	Employer use only		
01891359 V68		SA08	10406		
SAP AMERICA 3999 WEST CH NEWTOWN SQ	INC HESTER	PIKE			
b Employer's FED ID	number	-	/ee's SSA number XXX-XX-8285		
7 Social security tips		8 Allocated tips			
7 Social Security tips	•	o Allocated tips			
9		10 Depen	dent care benefits		
11 Nonqualified plans		12a C	261.00		
14 Other 614.00 HE 281.73 W		<sup>12b</sup> D	7073.78		
201.73 W	A FFIVIL	12c W	200.00		
		12d DD	2097.84		
		13 Stat emp	D. Ret. plan 3rd party sick pa		
e/f Employee's name, RAMANA SHA 22839 SE 262N MAPLE VALLE	SHIDHA ND CT	R S NE			
	,				

1,986.03

Social Security Number: XXX-XX-8285

2 Federal income tax withheld

4 Social security tax withheld 8491.99

18 Local wages, tips, etc.

Copy

20 Locality name

Filing

Wage and Tax

Statement

26298.91

### 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. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

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 on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

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 with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and 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

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective 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 \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2020, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

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 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR. B-Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement 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 Instructions for Forms 1040 and 1040-SR for how to deduct.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L-Substantiated employee business expense reimbursements (nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q-Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p)

SIMPLE plan (not included in box 1)

T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts

V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 Taxable and Nontaxable Income, for reporting requirements.

W-Employer 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 (HSAs).

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 plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA-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 taxable.

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

HH-Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filling your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

## NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



## **Notice to Employee**

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't 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.

Earned income credit (EIC). You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

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 Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form

W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health 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 taxable.

Credit for excess taxes. If you had more than one employer in 2020 and more than \$8,537.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated