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 do not have to file a tax return, you may be eligible for a refund if hox 2 shows an amount or if you are eligible for any credit. Emmed income credit (BC), You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and family 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 carned for services provided while you were an immate at a penal institution. For 2020 in come hims and more information, vist www srs. gov/ETIC. 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. 396, Earneed income Creatt. Any EiC that is more than your tax anouncy is rerun you, but only if you file a tax return. Clergy and religious workers. If you aren't subject to social security and Medicare taxes, se 517, Social Security and Other Information for Members of the Clergy and Religious Workers

Service of the servic 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-2 form our 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-sponsore the datch coverage (if stack 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 S8,537.40 in social security and/or Tjer 1 railroad retirement (RKTA) taxes were withheld, you also may be able to claim a credit for the scccss against your federal neone tax. If you had more than calload employer and more than S5,012.70 in Tire 2 RRTA tax was withheld, you also may be able to claim actual instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Instructions for Employee Box I. 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 8939, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8939 Box 6. This amount includes the 1.44% Medicare Tax withheld on all Medicare wages and tips ah 5700 000 \$200,000

\$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 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 ip 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 percolour great that impound provide that the set is hand the directed time. Itse Form 4137 to you percolour great that impound provide that the set is than the directed time. Itse Form 4137 to Ike Form 4137

figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this J amount on the wages line of your tax return. By filing Form 4137, your social security (tps will be treated to your social security record (used to figure your benefits). Box 10. This amount includes the total dependent care benefits hath your employer paid to you or incurred on your behaf (including amounts from a section 125 (cafeteria) plan). Any amount over \$55,000 ato is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to \$50,000 ato is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to security any taxable and nontaxable amounts. Box 11. This amounts (a) reported in box 1 if is a distribution made to you from a nonqualified deferred compensation on nongovernmental section 457(b) planh tabecame taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your re right to the deferred amount. This box should'h be used if you had a deferral and a fairbirbution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and pour are own till bage 62 by the end of the calendary year, your employer should file Form SAS.13, Employer Report of Special Wage Payments, with the Social Security Administration and give you ar topp.

Box 12. The following list explains the codes shown in box 12. You may need this information to Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax returns. Elective deferrals (codes D, E, F, and S) and designatel Roh contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only we SIMPLE plans). S22,500 for scion 403(b) plans is you qualify for the 15-year net 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 last age 50 in 2020, your employer may have allowed an additional deferral of up to \$5,500 (\$3,000 for section 401(b) (plans) (J) and 408(b) ShHDET plans). This additional deferral amount is not subject to the overall limit on decivicy deferrals. For code G, the limit on decivity deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amountin encode to the overall elective deferral limit must be

administrator for more information. Amounts in excess of the overall electrice deternal limit must included in income. See the instructions for Forms 1000 and 1040-581. 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 deferrads, consider these amounts for the year shown, not the current year. If no year is Caccas decremany, consider tracks information on use year association on use current year. It is year is shown, the contributions are for the current years. 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

B—Elective deferrals to a section 40(k) cash of a section 40(k) arrangement a SIMPLE reitement account that is part of a section 40(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

2020

2020

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 boxes 1, 3, or 5) K—20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR.

-Substantiated employee business expense reimbursements (nontaxable)

L=-3ubstantiate enphyse to banks expense remnancements (nonsatore) M=-Lncollected social security or RRTA ax on tasable cost of group-term life insurance over \$50,000 (former employees only). See the instructions for Forms 1040 and 1040-SR. M=-Lncollected Medicare tax on transhe cost of group-term life insurance over \$50,000 (former employees only). See the instructions for Forms 1040 and 1040-SR.

employees only). See the instructions for Forms 1040 and 1040-SR. P—Excludable moving expense reimburscennets paid directly to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5) Q—Nontaable combat pay. See the instructions for Forms 1040 and 1040-SR for details on reporting this amount. R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employee sharp reduction combations under a section 408(p) SIMPLE plan (not included in box N—Employee sharp reduction combations 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

-Employer contributions (including amounts the employee elected to contribute using a section 5 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts

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.

instructions for Forms 1040 and 1040-SR. An—Designated Roth contributions under a section 401(k) plan BB—Dessignated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored hachk coverage: The amount reported with Code DD is not taxable. EE_Dessignated Roth contributions under a governmental section 457(b) plan. This amount does not

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under at accempt organization section 457(b) plan. FE—Permitted benefits under a qualified small employer health reinbursement arrangement GG—Income from qualified quary grants under section 83(i) HIB—Aggregate deferrals under section 83(o) clections as of the close of the calendar year Box 13.1 (If er Keirement plan¹⁵ box) 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 14.1 employers may use this box to report information such as state disability insurance taxes withEdL union dues, uniform payments, health insurance premiums deducted, nontaxable income,

withheld, unnor dues, unitorm payments, neath insurance premiums deducted, nontaxable neome, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Raihoad empbyers use this hox to report raihoad 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 raihoad retirement (RRTA) compensation.

ecupasyer in marcoar returnent (RKLA) compensation. Note: Keep Copy C of Form V-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 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.

Form W-2 Wage and Tax Statement

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. Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code 0940-Y426X348 0000000189-COVANT COVANT SOLUTIONS INC b Employer's identification number a Employee's social security number 220 CONTINENTAL DR STE 314 2 Federal Income tax with 1 Wages, tips, other comp 01-0808309 873-79-9493 95048.00 8053.31 NEWARK DE 19713 13 Statutory Employee Retire plan Third-party sick pay 3 Social Security wages 4 Social Security tax with 95048.00 5892.98 12 See Instrs. for Box 12 14 Othe e Employee's name, address, and ZIP code 5 Medicare wages and tip: 6 Medicare tax withhel 95048.00 1378.20 VEERENDRA MADINEDI 7 Social Security tips 8 Allocated Tips 1413 LOVELAND MADERIA ROAD 10 Dependent care benefits 11 Nongualified plans UNIT#10 LOVELAND OH 45140 Verification Code 15 Sta state ID No 16 State wages, tips, et 17 State income tax 18 Local wages, tips, etc 19 Local income tax 20 Locality nam 95048.00 56258.00 LOVEL OH 53-030964 0 2921.53 562.58 OH

Form W-2 Wage and Tax Statement

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

d Control number Void					Void	c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service				
0940-Y426X348 000000189-COVANT						COVAN	NT SOLUTIONS INC			OMB No. 1545-0008				
b Employer's identification number a Employee's social security number						220 CONTINENTAL DR STE 314								
01-0808309			873-79-9493			NEWARK DE 19713			1 Wage	is, tips, other compensation 95048.00	2 Federal Income tax with	8053.31		
	atutory bloyee	Retir I plan	tirement Third-party In I sick pay						3 Socia	I Security wages	4 Social Security tax withheld			
	Employee pla			010						95048.00	5892.98			
12 See Ir	12 See Instrs. for Box 12			14 Other		e Employee's name, address, and ZIP code			5 Medi	care wages and tips	6 Medicare tax withheld			
										95048.00		1378.20		
						VEERENDRA MADINEDI				I Security tips	8 Allocated Tips	8 Allocated Tips		
						1413 LO	1413 LOVELAND MADERIA ROAD							
						UNIT#10				endent care benefits	11 Nonqualified plans			
						LOVEL	LAND OH 45140							
									Verit	lication Code				
15 State Employer's state I.D. No. 16 State wages, tips, etc					, tips, etc.	17 State income tax 18 Local wages, tips, etc.				19 Local income tax	20 Locality name			
OH 53-030964 0		964 0	4 0		9	5048.00	2921.53	562	58.00	562.	.58 OH	LOVEL		
						I								
						I								

Form W-2 Wage and Tax Statement 2020 Copy 2, to be filed with employee's tax return for OH

c Employer's name, address, and ZIP cod d Control number /oid Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 0940-Y426X348 0000000189-COVANT COVANT SOLUTIONS INC b Employer's identification number a Employee's social security number 220 CONTINENTAL DR STE 314 1 Wages, tips, other compensatio 2 Federal Income tax withheld 01-0808309 873-79-9493 NEWARK DE 19713 95048.00 8053.31 Retire plan 13 Statutory Employee Third-party sick pay 3 Social Security wage 4 Social Security tax with 95048.00 5892.98 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 95048.00 1378.20 7 Social Security tips 8 Allocated Tips VEERENDRA MADINEDI 1413 LOVELAND MADERIA ROAD 10 Dependent care benefits 11 Nonqualified plans UNIT#10 LOVELAND OH 45140 Verification Code 15 State 16 State wages, tips, etc 19 Local income tax 20 Locality name Employer's state I.D. No 17 State income tax 18 Local wages, tips, etc 562.58 LOVEL OH 53-030964.0 95048.00 2921.53 56258.00 OH

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 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 (BC), 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 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 institution. For 2020 or if income is earned for services provided while you were an immate at a peak institution. For 2020 or of in known is done information, vist wow stress you?EITC. Also see Pub. 596, Earned Income Credit. Any IIC that is more than your tax hability is refunded to you, but only if you file a tax return.

Also see Pub. 590, taimei informe e cour, sur la coura o more man particular o more man particular o 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. Service of the servic Corrected Wage and Tax Sulement, with the Social Security Administration (SSA) to correct any mane. SSN, or more yamout error reported to the SA on Form W-2. Be sure to get your copies of Form W-2: from your emphyse for all corrections made so your may file them with your tax return. If your name and SSN are correct to thar only 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 caling 800-772-1213. You may also visit the SSA webside are wowes SSA, gov. Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in Rox 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 mere than one employer in 2020 and more than SS.57.40 in social security and/or Tizr 1 nitrod retirement (RRTA) taxes were withheld, you may be able to china a credit for the excess against your federal income tax. If you had more than device and employer and more than SS.102.70 in Tier 2 RRTA tax was withheld, you also may be able to china a credit in structure.

Instructions for Employee

A set of the set of

a wrate at the 0.9% featurement server of the server of the

figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5) K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. For form family and Medicare tax set his year because there is no longer a substantial risk of forfeiture of year. How the deferred anont, file gold payment exits if or forms 1040 and 1

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrads (codes D, E, F, and S) and esignated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19.5001 (\$13.500 (\$15.5 Box 12. The following list explains the codes shown in box 12. You may need this information to

Caccas decremany, consider tracks information on use year association on use current year. It is year is shown, the contributions are for the current years. 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.

 $C{\rm --Taxable}$ 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

B—Elective deferrals to a section 40(k) cash of a section 40(k) arrangement a SIMPLE reitement account that is part of a section 40(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

employees only). See the instructions for Forms 1040 and 1040-SR. P—Excludable moving expense reimburscennesh paid directly to a member of the U.S. Armed Forces (not included in boxes 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 Ferra Care Insurance Contracts: S—Employee sharp reductive contributions under a section 408(p) SIMPLE plan (not included in box S—Employee sharp reductive contributions

1) T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to

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 (US Act.)

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.

instructions for Forms 1040 and 1040-SR. An—Designated Roth contributions under a section 401(k) plan BB—Dessignated Roth contributions under a section 403(b) plan D—Cost of employer-sponsored hachk coverage: The amount reported with Code DD is not taxable. BE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under at accempt organization section 457(b) plan. FE—Permitted benefits under a qualified small employer health reimbursement arrangement GG—Income from qualified quarity grants under section 83(i) HII—Aggregate deferrals under section 83(i) elections as of the close of the calendar year Box 13. If the "Retirement path" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. Contributions to Individual Reterement Arrangements (IRAs), so set his box to report information used, as stated chashiby insurance taxes withheld, union dies, uniform payments, health insurance premiums deducted, nontrashbe income, plucationing and unifies.

withheld, unnor dues, unitorm payments, neath insurance premiums deducted, nontaxable neome, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Raihoad empbyers use this hox to report raihoad 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 raihoad retirement (RRTA) compensation.

Form W-2 Wage and Tax Statement 2020 Copy 2, to be filed with employee's tax return for LOVEL

d Control number Vo 0940-Y426X348 0000000189-COVANT b Employer's identification number a Employer's social security number					Void mber	c Employer's name, address, and ZIP code COVANT SOLUTIONS INC 220 CONTINENTAL DR STE 314				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 1 Wages, tips, other compensation 2 Federal Income tax withheld			
01-0808309			873-79-9493			NEWARK DE 19713			95048.00			8053.31	
13 Statutory Retirem Employee plan		ent Third-party sick pay					3 Socia	ll Security wages 95048.00	4 Social Security tax withheld 5892.98				
12 See I	12 See Instrs. for Box 12 14		Other			e Employee	s name, address, and ZIP code		5 Medi	care wages and tips 95048.00	6 Medicare tax withheld	1378.20	
						VEERENDRA MADINEDI 1413 LOVELAND MADERIA ROAD			7 Social Security tips		8 Allocated Tips		
						UNIT#10 LOVELAND OH 45140		10 Dependent care benefits		11 Nonqualified plans			
						LOVEL	AND OH 45140		Veri	fication Code			
15 State Employer's state I.D. No. 16 State wages, tips, etc.					tips, etc.	17 State income tax 18 Local wages, tips, etc.				19 Local income tax	20 Locality name		
OH 53-030964 0		9		5048.00	2921.53	562	58.00	562.	58 OH	LOVEL			

Form W-2 Wage and Tax Statement 2020

d Control number Void X						c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer's identification number a Employee's social security number						-			1 Wages, tips, other compensation		2 Federal Income tax withheld	
13 Statutory Retirement Employee plan			Third-party sick pay	1				3 Socia	al Security wages	4 Social Security tax withheld		
12 See Instrs. for Box 12		2	14 Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips		care wages and tips	6 Medicare tax withheld		
									7 Socia	al Security tips	8 Allocated Tips	
					ſ				10 Dep	endent care benefits	11 Nonqualified plans	
l									Veri	fication Code		
15 State Employer's stat		er's state	e I.D. No. 16 State wages, tip		, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2020

d Control number Void c Employer's name, address, and ZIP code Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 Х b Employer's identification number a Employee's social security number 1 Wages, tips, other compensation 2 Federal Income tax withheld Retire 13 Statutory Third-party sick pav 3 Social Security wages 4 Social Security tax withheld 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 7 Social Security tips 8 Allocated Tips 10 Dependent care benefits 11 Nonqualified plans Verification Code 15 State Employer's state I.D. No 16 State wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name 18 Local wages, tips, etc.