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.

Earned innour 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 credit is based on income and family size.

Workers without châldren could qualify for a smaller credit. You and any qualifying châldren must have valid social security numbers (SSNs). You can that the HEI fir your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an intante at a penal institution. For 2020 income limits and more information, vist www. ris. gov/EITC.

Also see 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.

Also see Pub. 390, named informe cream. Full factors and a finite factor 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, SSR, or money amount error reported to the SSA on Form W-2. Be use to get your copies of Form W-2 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 annear 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 S8.537.40 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 architection for the excess fairs your federal income tax. If you had more than or claim a credit for the excess against your federal more than S8.517.40 in stocial security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you also may be able to claim a credit for the excess against your federal more than 15.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the instructions for Forms 1040 and 1040-SR 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. Eater this amount on the wages line of your tax return.

Box 2. Eater 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 8999. Additional Medicar 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 show in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips abox \$200.000.

SOURCE SET OF STEAM SUBSTITUTE OF STEAM SUBSTI

figure the social security and Medicare tax owed on tips you didn't report to your empbyer. Enter this J.—Nontaxable six by pay (information only, not included in boxes 1, 3, or 5) amount on the wages line of your tax return. By filing Form 4137, your social security is will be credited to your social security record (used to figure your benefits).

K—20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR.

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K—20% excise tax on excess gol

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. R. F. and S) and designated Roth contributions (codes A. B. Ba and ED) under all plans are generally limited to a total of \$91,500 (15),300 if you only have SIMPLE plans; \$22,500 for section 40(8) plans if you qualify for the 15-year rule explained in \$7,000. Horizan kinder code Har emited to \$7,000. Deferrals under code Gar emited to \$7,000. Deferrals under code Gar emited to \$10,500. Deferrals under code Har emited to \$7,000. Horizan kinder of \$7,000. Horizan kin Box 12. The following list explains the codes shown in box 12. You may need this information to

shown, the contributions are for the current year.

A—Uncollected social security or RR74 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.

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

employees only). See the instructions for Forms 1040 and 1040-SR.

P—Exchable moving expense reimbursements paid drecily to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5)

O—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—Linghyees allay reductive contributions under a section 408(p) SIMPLE plan (not included in box 8—Linghyees allay reductive 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

requarements.

W—Emphyer 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 1040-954.

amount is also the clased in to 8x 1. It is volved to an automotical abs to the instructions for Forms 1040 and 1040-SR.

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

B. Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply one outsthetone Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan.

The —Permitted benefits under a qualified small employer health ambusement arrangement
GG—Income from qualified equity grants under section 83(b)
H.—Aggregate defernals under section 83(b) elections as of the close of the calendar year
Box 13. If the "Retirement plan" box is othecked, special limits may apply to the amount of traditional
RA 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 cleary's parsonage allowance and utilities.

withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable neone, educational assistance payments, or a member of the Cergy'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.

Form W-2 Wage and Tax Statement

2020

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 immosed on you if this income is taxable and you fail to report it.

1 01111 11 2 11					2020 00	, , ep.e.,	may be imposed	on you if this income is taxable and you fa	
0035-18099323 0000000087-			Void	c Employer's name, address, and ZIP code COGNIER INC		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
		865-	Employee's social security number 865-52-1335  Third-party		4550 ATWATER CT BUFORD GA 30518		1 Wages, tips, other compensation 80690.84	2 Federal Income tax withheld 12705.98	
Employee	plan	ent	sick pay			·	3 Social Security wages 13695.06	4 Social Security tax withheld $849.09$	
12 See Instrs. for Box 12		14 Other CASDI		06.91	e Employee's name, address, and ZIP code  ANIL MAKARAND MANTRA 350 RIVER OAKS PKWY UNI SAN JOSE CA 95134		5 Medicare wages and tips 13695.06 7 Social Security tips 10 Dependent care benefits	6 Medicare tax withheld  198.58 8 Allocated Tips  11 Nonqualified plans	
							Verification Code		
15 State Employe CA 113-771	or's state I.D.	No.	16 State wages,		17 State income tax 4675.68	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

# Form W-2 Wage and Tax Statement

2020

2020

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

				c Employer's name, address, and ZIP code COGNIER INC					Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
82-1 13 Sta	82-1164008 865-		's social security number -52-1335 Third-party I sick pay		4550 ATWATER CT BUFORD GA 30518				$ \begin{array}{c} \text{1 Wages, tips, other compensation} \\ 80690.84 \end{array} \begin{array}{c} \text{2 Federal Income tax withheld} \\ 127 \\ \text{3 Social Security wages} \end{array} $				
										13695.06	849.09		
12 See Instrs. for Box 12			4 Other CASDI 806.9		06.91	e Employee's name, address, and ZIP code  ANIL MAKARAND MANTRAVADI 350 RIVER OAKS PKWY UNIT 1110  SAN JOSE CA 95134					5 Medicare wages and tips 13695.06 198 7 Social Security tips 10 Dependent care benefits 11 Nonqualified plans Verification Code		
15 State Employer's state I.D. No. CA 113-7711-6		16 State wages, tips, etc.		0690.84	17 State income tax	4675.68	18 Local wages, tips, etc.	•	19 Local income tax	20 Locality name			

## Form W-2 Wage and Tax Statement

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

d Control number Void				c Employer's name, address, and ZIP code					Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
0035-18099323 0000000087-				COGNIER INC									
b Employer's identification number a Employee's social security number				4550 ATWATER CT					1 Wages, tips, other compensation 2 Federal Income tax withheld				
82-1164008 865-52-1335				BUFORD GA 30518					80690.84		2705.98		
13 Statutory Retirement Employee plan		Third-party sick pay							Security wages 13695.06	4 Social Security tax withheld 849.09			
12 See Instrs. for Box 12 14 Other CASDI				306.91					5 Medic	are wages and tips	6 Medicare tax withheld	100.50	
		ASDI	800.5							13695.06		198.58	
					ANIL MAKARAND MANTRAVADI				7 Social	Security tips	8 Allocated Tips		
				350 RIVER OAKS PKWY UNIT 1110									
					SAN JOSE CA 95134				10 Depe	ndent care benefits	11 Nonqualified plans		
										Verifi	cation Code	•	
15 State Employer's state I.D. No.		16 State wages	, tips, etc.		17 State income tax	x	18 Local wages, tips, etc.		19 Local income tax	20 Locality name			
CA 113-7711-6				8	0690.84		4675.68						