| Copy B-To Be Filed With Employee's 41-0852411 Federal Tax Return. OMB No. 1545-0008 | | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. | OMB No. 1545-0008 2 Federal income tax withheld | | | | | | |
| XX-XX-2576 | 90745.00 3 Social security wages | 14995.23 4 Social security tax withheld | | | | | | |
| b Employer ID number (EIN) | 90745.00 | 5626.19 | | | | | | |
| | 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| 45-2700157 | 90745.00 | 1315.80 | | | | | | |
| c Employer's name, address, and ZIP code E-GIANTS TECHNOLOGIES, LLC 4500 WESTOWN PKWY STE 115 | | | | | | | | |
| WEST DES MOINE | S IA | 50266 | | | | | | |
| d Control number | | | | | | | | |
| | e Employee's name, address, and ZIP code Suff. | | | | | | | |
| VENKATA SESHA PAVTUNIKUNTLA 4024 N STORY RD, APT #819 IRVING TX 75038 | | | | | | | | |
| 7 Social security tips | 8 Allocated tips | 9 Verification code | | | | | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code | | | | | | |
| 13 Statutory employee 14 Othe | er | 12b Code | | | | | | |
| Retirement plan | | 12c Code | | | | | | |
| Third-party sick pay | | 12d Code | | | | | | |
| 15 State Employer's state ID number 16 State wages, 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 Dept. of the Treasury IRS This information is being furnished to the Internal Revenue Service. | | | | | | | | |

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return. 41-0852411 OMB No. 1545-0008 1 Wages, tips, other comp. 90745.00 2 Federal income tax withheld 14995.23 a Employee's soc. sec. no. XXX-XX-2576 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 90745.00 5626.19 5 Medicare wages and tips 6 Medicare tax withheld 90745.00 45-2700157 1315.80 c Employer's name, address, and ZIP code E-GIANTS TECHNOLOGIES, LLC 4500 WESTOWN PKWY STE 115 WEST DES MOINES IΑ 50266 d Control number 329 e Employee's name, address, and ZIP code Suff. VENKATA SESHA PAVTUNIKUNTLA 4024 N STORY RD, APT #819 TX **IRVING** 75038 7 Social security tips 8 Allocated tips 9 Verification code 10 Dependent care benefits 11 Nonqualified plans 12a Code 13 Statutory employee 12b Code 14 Other Retirement plan 12c Code Third-party sick pay 12d Code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 20 Locality name 18 Local wages, tips, etc. 19 Local income tax Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury -- IRS DAA

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|--|----------------|---------------------------------------|--|--|--|--|--|
| Copy C-For EMPLO Notice to Employee | YEE'S on th | RECORDS (See ne back of Copy B.) | 41-0852411 OMB No. 1545-0008 | | | | |
| a Employee's soc. sec. no. | | 1 Wages, tips, other comp. 90745.00 | 2 Federal income tax withheld 14995.23 | | | | |
| b Employer ID number (| | 3 Social security wages 90745.00 | 4 Social security tax withheld 5626.19 | | | | |
| 45-2700157 | | 5 Medicare wages and tips 90745.00 | 6 Medicare tax withheld 1315.80 | | | | |
| c Employer's name, add | ress an | | 1919.00 | | | | |
| E-GIANTS TEC 4500 WESTOW | HNO /N Pk | LOGIES, LLC (WY STE 115 | | | | | |
| WEST DES MO | S IA | 50266 | | | | | |
| d Control number 329 | | | | | | | |
| e Employee's name, address, and ZIP code Suff. | | | | | | | |
| VENKATA SESHA PAVTUNIKUNTLA 4024 N STORY RD, APT #819 IRVING TX 75038 | | | | | | | |
| | | | | | | | |
| 7 Social security tips | | 8 Allocated tips | 9 Verification code | | | | |
| 10 Dependent care bene | fits | 11 Nonqualified plans | 12a Code | | | | |
| 13 Statutory employee | 14 Other | | 12b Code | | | | |
| Retirement plan | | | 12c Code | | | | |
| Third-party sick pay | | | 12d Code | | | | |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax | | | | | | | |
| 18 Local wages, tips, etc | | 19 Local income tax | 20 Locality name | | | | |

| Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return. | | | | | 41-0852411 OMB No. 1545-0008 | | |
|--|-------------------------|---------------------------|----------------------------------|--|---------------------------------|--|--|
| a Employee's soc. sec. | no. | 1 Wa | ages, tips, other com 90745.0 | 2 Federal income tax withheld 14995.23 | | | |
| XXX-XX-2576 | | | 3 Social security wages | | 4 Social security tax withheld | | |
| b Employer ID number (| (EIN) | 90745.00 | | 00 | 5626.19 | | |
| | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | |
| <u>45-2700157</u> | | | 90745.0 | 1315.80 | | | |
| c Employer's name, add | , | | | | | | |
| E-GIANTS TEC 4500 WESTOV | VN PI | OLO (W | OGIES, LLC Y STE 115 | | | | |
| WEST DES M | SINE | S | | IA | 50266 | | |
| d Control number | 29 | | | | | | |
| e Employee's name, address, and ZIP code Suff. | | | | | | | |
| VENKATA SESHA PAVTUNIKUNTLA 4024 N STORY RD, APT #819 | | | | | | | |
| IRVING TX | | | | | 75038 | | |
| 7 Social security tips | | 8 Allocated tips | | | 9 Verification code | | |
| 10 Dependent care benefits | | | lonqualified plans | 12a Code | | | |
| 13 Statutory employee | utory employee 14 Other | | | | 12b Code | | |
| Retirement plan | Retirement plan | | | | 12c Code | | |
| Third-party sick pay | k pay | | | | 12d Code | | |
| 15 State Employer's stat | e ID nur | nber | 16 State wages, tips | s, etc. | 17 State income tax | | |
| 18 Local wages, tips, etc. | | 19 L | ocal income tax | | 20 Locality name | | |

Notice to Employee

Do you have to file? Refer to the Form 1040 Instructions 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

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 cannot 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. 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.

Clergy and religious workers. If you are not 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 are not 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 1-800-772-1213. You also may visit the SSA at www.socialsecurity.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 employersponsored 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 \$8537.40 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 \$5012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

(Also see Instructions for Employee on the back of Copy C.)

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

Box 5. You may be required to report this amount on Form 8959.

BOX 5. You may be required to report ints amount on Form 8599, Additional Medicare Tax. See Form 1040 instructions to determine if you are required to complete Form 8599. 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 boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 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 by amount unless you can prove 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. On Form 4137, you will calculate the social security and Medicare tax over do not he allocated tips shown on other tips you don't report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits). Box 8. This amount is not included in boxes 1, 3, 5, or 7. For

benefits).

Box 9. If you are e-filing and if there is a code in this box, enter it when prompted by your software. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper filed where. filled returns.

Box 10. This amount includes the total dependent care benefits that

W-2 data submitted with your return. The code is not entered on paper-filled returns.

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 amounts.

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 deterral 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 should not be used if you had a deferral and a distribution in the same calendar year. If your made a deferral and a distribution in the same calendar year, your employer should file Form SSA-13! Employer Report Several, your employer should file Form SSA-13! Employer Report Several, your employer should file Form SSA-13! Employer Report Several your apprents, with the Social Security Administration and give you a copy.

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 immed 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 to a total of \$19,500 (\$13,500 if you only have 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 electi

B-Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

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

D-Elective deferrals to a section 401 (i) cash or deferred arrangement. Also make the second of the section 401 (i) cash or deferred arrangement. Also included the section 401 (ii) cash or deferred arrangement of a section 401 (ii) arrangement of the section 401 (iii) arrangement of the section 401 (iii) arrangement F-Elective deferrals under a section 408(ii) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals in a section 501(i) (18)(ii) tax-exempt organization plan H-Elective deferrals to a section 501(i) (18)(ii) tax-exempt organization plan L-Elective deferrals to a section 501(i) (18)(ii) tax-exempt organization plan L-Elective deferrals to a section 501(i) (18)(ii) tax-exempt organization plan L-Elective deferrals to a section 501(i) (18)(ii) tax-exempt organization plan L-Elective deferrals to a section 501(ii) (18)(iii) tax-exempt organization plan L-Elective deferrals to a section 501(ii) (18)(iii) tax-exempt organization plan L-Elective deferrals to a section 501(iii) defended in boxes 1, 3, or 5) (iii) (18)(iii) tax-exempt organization plan L-Elective deferrals to a section 501(iii) defended in plan the form 1040 instructions.

L-Substantiated employee business expense reimbursements nontaxable) M-Uncollected social security or RRTA tax on taxable cost of group-term life intervals and the security or RRTA tax on taxable cost of group-term life intervals and the security or RRTA tax on taxable cost of group-term life intervals and tax on taxable cost of group-term life intervals.

Form 1040 instructions.

N—Uncollected Medicaris tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to employee (not

P.—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3 or 5)

Q—Nontaxable combat pay, See the instructions for Form 1040 or Form 1040A 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 Mortion Expresser, tecompating an typological destrayable amounts.

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 and instructions for Schedule D (Form 1040) for reporting requirements.

Schedule D (Form 1040) for reporting requirements. W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cateeria) plan) to your health savings account. Report on Form 8899, Health Savings Accounts (Fide Most Contributed on the Contributed on the

DU—Cost of employer-sponsored nealm coverage. I ne amount reported win 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 taxexempt organization section 457(b) plan. FF-Permitted benefits under a qualified small employer health reimbursement

FF-Permitted benefits under a qualified small employer treasure 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, 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, nontables income, educational assistance insurance premiums deducted, nontables income, educational assistance and the state of the state o

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 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.