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 for 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 employer to correct your employer to the correct way and the state of the correct way and any statement, with the Social Security Administration (SSA) to correct any Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount correct reported to the SAs on Form W-2. Be sure 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 to that early 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 wise the SSA websic are wown.SSA, gov.

Cost of employer-sponsored health coverage (if such osts is provided by the employer). The reporting in Rox IZ using Code DIO, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DIo is not taxable.

Credit for excess taxes. If you had more than one employer in 2020 and more than SS.537.40 in social security and/or Ter 1 rairoad retirement (RRTA) taxes were withheld, you may be able to chim a credit for the excess against your federal more than (SS.537.40 in social security and/or Ter 1 rairoad retirement (RRTA) taxes were withheld, you also may be able to chim a credit for the excess against your federal more than (SS.537.40 in second control of the con

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 899, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8999.

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 abov \$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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Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Betieve deferral (codes D, E, F, and S) and designated Roth contributions (codes AA, Ba, and EE) under all plans are generally limited to a total of \$19,500 (\$313,500 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 Har elimited 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 levit we 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. 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

compute any taxable and nontaxable amounts.

V—income from seers's of most active to your death of the control 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 checked, 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 clercy'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 subble and you fall to report it.

									may be imposed	on you if this income is taxable and you fai		
d Control number Void			Void	c Employer's	s name, address, and ZIP code		Department of the Treasury - Internal Revenue Service					
0035-18099323 0000000108-					COGNI	ER INC		OMB No. 1545-0008				
b Emplo	b Employer's identification number a Employee's social security number					4550 ATWATER CT			T			
82-1164008 750-84-745				34-7459					1 Wages, tips, other compensation 79980.02	2 Federal Income tax withheld 12620.51		
	0_ 110100		Third-party sick pay		BUFORD GA 30518							
Em								3 Social Security wages 79980.02	4 Social Security tax withheld 4958.76			
12 See	Instrs. for Box 12	14 Ot			25.12	e Employee	s name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld		
			WAPFL				7 677 1 5 5 5 5 6 77 1 3 6 7		79980.02			
WAPML		WAPML		IL 22			Z SHAREEF MOHAMM		7 Social Security tips	8 Allocated Tips		
						15325 F	REDMOND WAY, APT I	H295				
						REDMO	OND WA 98052		10 Dependent care benefits	11 Nonqualified plans		
								Verification Code				
15 State	Employer's	state I.D. No	o.	16 State wages,	tips, etc.		17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
GA	GA 3271611-OV		47358.93		7358.93	2298.48						
NJ 821-164-008/000		11823.00		1823.00	493.29							

Form W-2 Wage and Tax Statement

2020

2020

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

			1 ' '	or's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
0035-18099323 0000000108-				IER INC		OMB NO. 1345-0006				
		1 ' '	social security number	ber 4550 A	ATWATER CT		1 Wages, tips, other compensation 2 Federal Income tax withheld			
82-1164008			750-84-7459		RD GA 30518		79980.02	12620.51		
13 Statutory Retirement Employee plan			Third-party sick pay				3 Social Security wages 79980.02	4 Social Security tax withheld 4958.76		
12 See Instrs. for Box 12		14 Other WAPFL		5.12	ee's name, address, and ZIP code		5 Medicare wages and tips 79980.02	6 Medicare tax withheld 1159.7		
		WAPML	2		AZ SHAREEF MOHAMN REDMOND WAY, APT		7 Social Security tips			
					IOND WA 98052		10 Dependent care benefits	11 Nonqualified plans		
							Verification Code	1		
15 State Empl	oyer's sta	te I.D. No.	16 State wages, ti	ps, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
GA 3271611-OV			47358.93	2298.48						
NJ 821-164-008		8/000		11823.00	493.29					

Form W-2 Wage and Tax Statement

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

d Control number Void					c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service				
0035-18099323 0000000108-			COGNIER INC				OMB No. 1545-0008						
b Employer's identification number a Employee's social security number					4550 ATWATER CT								
82-1164008 750-84-7459						-		1 Wages, tips	s, other compensation 79980.02	2 Federal Income tax with	12620.51		
13 Statutory Retirement Third-party			BUFORD GA 30518										
Employee plan sick pay							3 Social Secu	79980.02	4 Social Security tax with	4958.76			
12 See Instrs. for Box 12 14 Other			e Employee	's name, address, and	ZIP code		5 Medicare w	vages and tips	6 Medicare tax withheld				
										79980.02		1159.71	
					NAWAZ SHAREEF MOHAMMED				7 Social Secu	urity tips	8 Allocated Tips		
					15325 I	REDMOND Y	WAY, APT	H295					
					REDM	OND WA 98	052		10 Dependen	nt care benefits	11 Nonqualified plans		
									Verificatio	on Code	•		
15 State	Employer's	state I.D. No.	16 State wages	s, tips, etc.		17 State income ta	x	18 Local wages, tips, etc.	. 19	Local income tax	20 Locality name		
GA	3271611-0)V		4	7358.93		2298.48						
			1					[