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 employer to correct your employer to the correct way and a 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, 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 archive for the excess fave your federal income tax. If you had more than ore than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the excess against your federal more than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the structures for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

## 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 8999. Additional Medicare Tax. See the Instructions for Forms 1004 and 1004-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 to Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200.000.

S200,000.

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 Increported Tip Income, with adequate your income tax return to report at least the allocated if parount unbess 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 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.

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

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 golden parachute payments. See the instructions for Forms 1040 and 1040-SR.

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

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, E, F, and S) and designated Roth contributions (codes AA, BB, and EB) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have \$1MPLE plans). The state of \$10,500 (\$13,500 if you only flams) \$25,000 for section 403(0) plans \$10,000 for section 403(0

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

 $\label{eq:condition} \begin{array}{ll} 1) \\ T-- Adoption \ benefits \ (not \ included \ in \ box \ 1). \ Complete \ Form \ 8839, \ Qualified \ Adoption \ Expenses, \ to \end{array}$ 

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)

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 subble and you fall to report it.

						·	, -, .c. cp.c.	máy be imposed	on you if this income is ta	xable and you	
d Control nu	umber			Void	c Employer's	s name, address, and ZIP code		Department of the Treasury - Internal Rever	ue Service		
0020-190	20-19047223 0000000058-			I	DIGITA	L SCRIPTS INC		OMB No. 1545-0008			
b Employer	Employer's identification number a Employee's social security number				50 CRA	GWOOD ROAD SUITE	218		T		
47-424	247811 503-93-0392			- 1	SOUTH PLAINFIELD NJ 07080			1 Wages, tips, other compensation 73004.84	2 Federal Income tax with	held 11015.06	
				зоотп	PLAINFIELD NJ 07080	)					
Employ							3 Social Security wages 73004.84	4 Social Security tax with	4526.30		
								/3004.84		4320.30	
12 See Insti	trs. for Box 12	14 Other		- 1	e Employee'	s name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld		
								73004.84		1058.57	
				1-		HI SAI YANUMULA IZER ST		7 Social Security tips	8 Allocated Tips		
			I	LOUIS	VILLE KY 40204		10 Dependent care benefits				
								Verification Code	•		
15 State	Employer's state	I.D. No.	16 State wages,	tips, etc.		17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
GA 3	3273200-RD	١		140	040.00	734.46					
KY 9	988887			589	964.84	2837.84					
KI	700007			302	7004	2637.64					

# Form W-2 Wage and Tax Statement

2020

2020

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

ol number				Void	c Employer	's name, address, and ZIP code		Departr	ment of the Treasury - Internal Revenu	e Service	
0020-19047223 0000000058-			DIGITAL SCRIPTS INC			OMB No. 1545-0008					
b Employer's identification number a Employee's social security number			50 CRA	GWOOD ROAD SUITE	E 218	1 Word	a tina ather componenties	2 Fodoral Income toy with	hold		
47-4247811 503-93-0392						i wage		2 rederal income tax with	11015.06		
		Third-party		300 III I LAINTIELD NJ 07000		O	3 Socia		4 Social Security tax with		
pioyee	pian	sick pay					73004.84		4526.30		
12 See Instrs. for Box 12 14 Other			e Employee's name, address, and ZIP code			5 Medic	care wages and tips	6 Medicare tax withheld			
									73004.84		1058.57
								7 Socia	l Security tips	8 Allocated Tips	
								10 Depe	endent care benefits	11 Nonqualified plans	
								Verif	ication Code		
Employer	r's state I.D.	No.	16 State wages.	tips, etc.		17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
1					1040.00	734.46					
988887				_		2837.84					
p	9047223 yer's identification 247811 tutory loyee     Instrs. for Box 12  Employe 3273200	9047223 0000 yer's identification number 247811 tutory Retirem Joyee Plan Instrs. for Box 12 14  Employer's state I.D. 3273200-RD	9047223 0000000058- yer's identification number   a Employee's   247811   503-1 tutory   Retirement   plan   14 Other    Employer's state I.D. No.   3273200-RD	9047223 0000000058- yer's identification number 247811 a Employee's social security nu 503-93-0392  Tuttory Retirement plan Third-party sick pay 14 Other  Employer's state I.D. No. 16 State wages, 3273200-RD	9047223 0000000058- yer's identification number   a Employee's social security number   503-93-0392	9047223   0000000058-   DIGITA	9047223   0000000058-   yer's identification number   a Employee's social security number   503-93-0392     503-93-0392     Third-party sick pay     14 Other     Employee's state I.D. No.   16 State wages, tips, etc.   17 State income tax   12   14 Other     14 Other     14 Other     15 State wages, tips, etc.   17 State income tax   14 Other     14 Other     14 Other     15 State wages, tips, etc.   17 State income tax   14 Other     14 Other     15 State wages, tips, etc.   17 State income tax   14 Other   14 Other     15 State wages, tips, etc.   17 State income tax   14 Other   15 State wages, tips, etc.   17 State income tax   14 Other   14 Other   15 State wages, tips, etc.   17 State income tax   14 Other   15 State wages, tips, etc.   17 State income tax   14 Other   15 State wages, tips, etc.   17 State income tax   14 Other   15 State wages, tips, etc.   17 State income tax   15 State wages, tips, etc.   17 State income tax   15 State wages, tips, etc.   17 State income tax   15 State wages, tips, etc.   17 State income tax   15 State wages, tips, etc.   17 State income tax   15 State wages, tips, etc.   17 State income tax   15 State wages, tips, etc.   17 State wages, tips, etc.   18 State wages, etc.   18 State wages, etc.   18	9047223   0000000058-   DIGITAL SCRIPTS INC	9047223   0000000058-   DIGITAL SCRIPTS INC	Digital Scripts Inc	DIGITAL SCRIPTS INC

# Form W-2 Wage and Tax Statement

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

d Control number					DIGITA	r's name, address, and ZIP code AL SCRIPTS INC		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
47-42	47-4247811 503-93-0392		mber		AGWOOD ROAD SUITE H PLAINFIELD NJ 07080		1 Wages, tips, other compensation 73004.84	2 Federal Income tax withheld 11015.06			
	Employee   plan   sick pay						3 Social Security wages 73004.84	4 Social Security tax withheld 4526.30			
12 See li	nstrs. for Box 1	2 14	Other			e Employee	e's name, address, and ZIP code		5 Medicare wages and tips 73004.84	6 Medicare tax withheld 1058.57	
							THI SAI YANUMULA NZER ST		7 Social Security tips	8 Allocated Tips	
						LOUIS	VILLE KY 40204		10 Dependent care benefits	11 Nonqualified plans	
									Verification Code		
1 ' ' '		16 State wages			17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
GA 3273200-RD				14	4040.00	734.46					

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 income credit (ECL) vom may be able to take the BEC for 2000 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 security numbers (SSNs). You can this the BEC if your investment income is more than the specified amount for 2020 or if mome is earned for services provided while you were an intimate at a penal institution. For 2020 in come limits and more information, vist we wis regoverITC.

Also see Pub. 596, Earned Income Credit. Any BEC 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 a 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, 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 archive for the excess fave your federal income tax. If you had more than ore than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the excess against your federal more than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the structures for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

## 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.

S200,000.

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 Increported Tip Income, with adequate your income tax return to report at least the allocated if parount unbess 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 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.

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 golden parachute payments. See the instructions for forms 1040 and 1040-SR.

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. 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

D—Elective deferrals to a section 401(k) cash or deferred arrangement. A 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

 $\label{eq:condition} \begin{array}{ll} 1) \\ T-- Adoption \ benefits \ (not \ included \ in \ box \ 1). \ Complete \ Form \ 8839, \ Qualified \ Adoption \ Expenses, \ to \end{array}$ 

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 Ac).

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, unnon dues, uniform payments, neath insurance premiums deducted, nontaxable income, cleductional 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 2, to be filed with employee's tax return for KY

d Control number				Void	c Employer	's name, address, and ZIP code					
0020-19047223	0000	0000058-			DIGITAL SCRIPTS INC			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
		ployee's social security number  503-93-0392  Third-party		50 CRAGWOOD ROAD SUITE 218 SOUTH PLAINFIELD NJ 07080		1 Wages, tips, other compensation 2 Federal Income tax withhe 73004.84					
Employee	plan   sick pay							3 Social Security wages 73004.84	4 Social Security tax withheld 4526.30		
12 See Instrs. for Box 12		Other				's name, address, and ZIP code		5 Medicare wages and tips 73004.84			
						THI SAI YANUMULA NZER ST		7 Social Security tips	8 Allocated Tips		
					LOUIS	VILLE KY 40204		10 Dependent care benefits	11 Nonqualified plans		
								Verification Code			
15 State Employer's	state I.D	. No.	16 State wages,			17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
KY 988887				58	3964.84	2837.84					

### 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 Third-party Employee plan sick pay		'			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		
5 State Employer's	state I.D.	No.	16 State wage	s, 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	e
X OMB No. 1545-0008	
b Employer's identification number a Employee's social security number	
	eral Income tax withheld
13 Statutory Retirement Third-party Employee plan sick pay 3 Social Security wages 4 Social Security wages 4 Social Security wages 5 Social Security wages 4 Social Security wages 5 Social Security wages 5 Social Security wages 6 Social Security wages 6 Social Security wages 7 Social Security wages 7 Social Security wages 9 Social Security w	al 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	icare tax withheld
7 Social Security tips 8 Allocated Ti	cated Tips
10 Dependent care benefits 11 Nonqualifie	nqualified plans
Verification Code	
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Local	20 Locality name