# Attention:

- By February 1, 2021, the Employer is responsible for providing the W-2 forms to the Employee and/or notifying the Employee they are available in the online payroll employee portal under "My History".
- The forms must be printed by the Employer or Employee through the online payroll employee portal.
- Using a standard printer, you can print the forms on plain white paper. No special paper or envelopes are required. However, the forms must be legible.
- W-2 forms will NOT be mailed by the payroll service provider.

# General Instructions for W-2 Distribution and Filing

- Copy 1 is for the Employee and is provided for informational purposes only. The Employee should keep this for their records as it is a copy of what has been submitted to the state, city, and local tax agencies (if required).
- Copy B is for the Employee and should be filed by the Employee with the IRS.
- Copy C is for the Employee and is their copy to keep on file.
- Copy 2 is for the Employee and should be filed by the Employee with the state, city or local income tax agencies.

Please note, if the Employee worked in multiple states, a W-2 form will be available for each state and the same instructions apply. For any questions or corrections regarding the form, the Employee must reach out to the Employer.

#### W-2 Form Instructions

## 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 don't 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 (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 can't 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. See also 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 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. **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 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 is into 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** against your federal i

## 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 8959, Additional Medicare Tax. Withheld on all Medicare Tax withheld on all Medicare Tax withheld on all Medicare tax withheld on all Medicare wages and tips show in hox 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips show is hox 5, as well as the 0.9% Additional Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that you are required to your social security and Medicare tax owed on tips you din't report to your employer. Enter this amount on the wages line of your tax returm. By filing Form 4137, your social security provide to to your social security record (used to figure your benefits). **Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax returm. By filing Form 4137, your social security previde in box 1 if is a point over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute behalf (including amounts. **Box 11.** This amount is (a) reported in box 1 if 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 deferral and vou are or will be age 62 by the end of the calendar year, your employer should file Form \$24,3,13, pour employer should file Form \$25,000 is also included in box 1. Complete Form \$24,1

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 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 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. L—Substantiated employee business expense reimbursements (nontaxable) M— Uncollected social security or RTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR. N— Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR. N— Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR. P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 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-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 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, Taxable and Nontaxable Income, for reporting requirements. 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 (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-SR. AA—Designated Roth contributions under a section 401(k) plan BB—Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with 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 tax exempt organization section 457(b) plan. FF—Permitted benefits under a qualified small employer health reimbursement 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-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 clergy'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. 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.

		e's social security number	1						
22222	729-27-7	,							
b Employer identification number (EIN)				1	Wages, tips, other compensation	2 Federal income tax withheld			
82-1245555					67400.00	67400.00 11624.31			
c Employer's name, address, and	ZIP code			3	Social security wages	4 Social security tax withheld			
IFLEX INC					8008.00				
66 S MILLER RD				5	Medicare wages and tips6Medicare tax withheld				
STE LL4								116.12	
FAIRLAWN OH 44333				7	7 Social security tips 8 Allocated tips				
d Control number				9				anafita	
d Control number				9 10 Dependent care benefits				benefits	
e Employee's first name and initial Last name Suff.				11 Nonqualified plans 12a					
RITHVIK KANTH KANTAM				Statutory Retirement Third-party	d				
				13	Statutory Retirement Third-party employee plan sick pay	12b	, I		
12443 WHISPER HOLLOW DR				14	Other	12c			
APTI				14	Other				
MARYLAND HEIGHTS MO 63	2043					12d			
MARTEAND HEIGHTS MO 03043						C d e			
f Employee's address and ZIP cod	de					-			
15 State Employer's state ID numb	ber	16 State wages, tips, etc.	17 State incor	ne tax	x 18 Local wages, tips, etc.	<b>19</b> Lo	cal income tax	20 Locality name	
OH 54-087299 1		67400.00	220		30 67400.00	1348.00		FARLN	
Form <b>W-2</b> Wage and Tax Statement 202				2(	Department o	Department of the Treasury-Internal Revenue Service			

Copy 1-For State, City, or Local Tax Department

	a Employee's social security number 729-27-7464	OMB No. 154		Safe, accurate, FAST! Use	٢f		e IRS website at s.gov/efile	
b Employer identification number (EIN) 82-1245555				ges, tips, other compensation 67400.00	2	Federal income ta	ax withheld 11624.31	
c Employer's name, address, and ZIP code				cial security wages 8008.00	4 Social security tax withheld 496.50			
66 S MILLER RD				dicare wages and tips 8008.00	6 Medicare tax withheld 116.12			
STE LL4 FAIRLAWN OH 44333				7 Social security tips 8 Allocated tips				
d Control number				10 Dependent care benefits				
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a See instructions for box 1.			for box 12		
RITHVIK KANTH KANTAM			13 Statutory Retirement Third-party plan sick pay					
12443 WHISPER HOLLOW DR APT I				er	e 12c C e e			
MARYLAND HEIGHTS MO 63043					120 C 0 0 0 0	d		
f Employee's address and ZIP cod		1		1 1			1	
15 State Employer's state ID numb   OH 54-087299 1	er <b>16</b> State wages, tips, etc 67400.00				ocal income tax 1348.00	20 Locality name FARLN		
Form <b>W-2</b> Wage and	d Tax Statement	202	Department of the Treasury—Internal Revenue Service					

Form **W-2** Wage and Tax Statement

Copy B-To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

	a Employed 729-27-74	ree's social security number 7464 OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. I are required to file a tax return, a negligence penalty or other sanctic may be imposed on you if this income is taxable and you fail to repo						ther sanction	
b Employer identification number (EIN)				1 Wa	ages, tips, other compensation	2 Federal	income ta		
82-1245555					67400.00			11624.31	
c Employer's name, address, and ZIP code				<b>3</b> So	ocial security wages	4 Social security tax withheld			
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66 S MILLER RD				5 M	5 Medicare wages and tips 6 Medicare tax withheld				
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MARYLAND HEIGHTS MO 63043						12d			
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f Employee's address and ZIP code									
15 State Employer's state ID numb	ber	<b>16</b> State wages, tips, etc.			<b>18</b> Local wages, tips, etc.	19 Local incor	ne tax	20 Locality name	
OH 54-087299 1		67400.00	2	205.80	67400.00	1348.00		FARLN	
	d Tay Ct			חנ	Department of	of the Treasury-	-Internal	Revenue Service	
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Copy C-For EMPLOYEE'S RE	CORDS					AST! Use			

Copy C-For EMPLOYEE'S RECORDS

(See Notice to Employee on the back of Copy B.)

		e's social security number		F 0000					
729-27-7464 OMB No. 1545									
b Employer identification number (EIN)				1 Wages, tips, other compensation					
82-1245555					67400.00 11624.			11624.31	
c Employer's name, address, and	ZIP code			<b>3</b> So	ocial security wages <b>4</b> Social security tax withheld				
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STE LL4				8008.00			116.12		
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FAIRLAWN OH 44333									
d Control number				9 10 Dependent care benefits				penefits	
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a						
RITHVIK KANTH KANTAM						d e			
RITHVIK KANTH KANTAM			13 Stat	tutory Retirement Third-party ployee plan sick pay	<b>12</b>	<b>.</b>			
12443 WHISPER HOLLOW DR					o d e				
			14 Oth	ner	120	<b>,</b>			
APT I					d e				
MARYLAND HEIGHTS MO 63	043					120	ł		
f Employee's address and ZIP coc	le								
15 State Employer's state ID numb	ber	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	<b>19</b> Lo	ocal income tax	20 Locality name	
OH 54-087299 1		67400.00	2	205.80	67400.00		1348.00	FARLN	
Form $W-2$ Wage and Tax Statement $202$			ニリ	Department of the Treasury-Internal Revenue Service					

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return