DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025

IMPORTANT TAX DOCUMENT ENCLOSED

SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO 63043

REV 01/16/21 OSP

Notice to Employee

Do you have to file? Refer to the Instructions for Form 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 or 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.

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-2c. 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 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 \$8,537.40 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 one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Form 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

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Form 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 shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown in box 5.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Form 1040 and 1040-SR.

and 1040-SH. 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 tip amount unless 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 employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited 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 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 deferral 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 shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, 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 limited 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 in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2020, your employer may have allowed an additional deferral of up to \$5,500 (\$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 elective 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.

A— Uncollected social security or RRTA tax on tips. Include this tax on Forms 1040 and 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.

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 box 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 RRTA tax on taxable cost of groupterm 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 also is 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.

b Employer's Identification number c Employer's name, address, and ZIP code	20-5581515	12a See instructions for Box 12	1 Wages, tips, other compensation 14871.80	2 Federal income tax withheld 1439.01
DEET CLODAL ING		12b	3 Social security wages	4 Social security tax withheld
DEFT GLOBAL INC		Is	8205.13	508.72
32800 FRANKLIN RD		12c	5 Medicare wages and tips	6 Medicare tax withheld
STE 5		\$ 12d	8205.13 7 Social security tips	118.97
FRANKLIN MI 48025		le le	7 Social Security tips	o Allocateu tips
e Employee's first name and initial	Last name	This information is below from laborates the	9	10 Dependent care benefits
	1957307	This information is being furnished to the Internal Revenue Service		
SINDHU KATLA			11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
2030 SERENIDAD LANE		Copy B To Be Filed with	44.045	
APT C		Employee's FEDERAL Tax Return	14 Other	
MARYLAND HEIGHTS MO	63043			
		a Employee's soc. sec. no 675-67-6895		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 S	State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MO 26149907	14871.80 591.00			
Form W-2 Wage and Tax Statement 2020	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	 Vith Employee's FEDERAL Tax Retur
2020) Separation of the freedomy internal revenue service	OMB # 1343-0000	oopy B To Be Thea t	This Employee 3 I EDERAL Tax Netter
b Employer's Identification number	20-5581515	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	20 3301313	\$	14871.80	1439.01
DEFT GLOBAL INC		12b	3 Social security wages	4 Social security tax withheld
		\$ 12c	8205.13 5 Medicare wages and tips	508.72
32800 FRANKLIN RD		\$	8205.13	118.97
STE 5		12d	7 Social security tips	8 Allocated tips
FRANKLIN MI 48025		I\$		
e Employee's first name and initial	Last name	-	9	10 Dependent care benefits
	1957307		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
SINDHU KATLA		Copy 2 for State, City, or		employee plan sick pay
2030 SERENIDAD LANE		Local Tax Departments	14 Other	
APT C				
MARYLAND HEIGHTS MO	63043	a Employee's soc. sec. no		
f Employee's address and ZIP code		675-67-6895		
15 State Employer's state I.D. No. 16 State MO 26149907	State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MO	14871.80 591.00			
Form W-2 Wage and Tax Statement 2020	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	I ATE, CITY, or LOCAL Tax Department
2020				
REV 01/16/21 OSP				
REV 01/16/21 OSP b Employer's Identification number		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
REV 01/16/21 OSP b Employer's Identification number c Employer's name, address, and ZIP code		\$	14871.80	1439.01
		12a See instructions for Box 12	14871.80 3 Social security wages	1439.01 4 Social security tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC		\$	14871.80 3 Social security wages 8205.13	1439.01 4 Social security tax withheld 508.72
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD		\$ 12b \$	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5		\$ 12b \$ 12c	14871.80 3 Social security wages 8205.13	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025	20-5581515	\$ 12b \$	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025	20-5581515 Last name	\$ 12b \$ 12c \$ 12d	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [e Employee's first name and initial	20-5581515	\$ 2b \$ 2c \$ 2d \$	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [a Employee's first name and initial]	20-5581515 Last name 1957307	\$ 12b	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [e Employee's first name and initial] SINDHU KATLA 2030 SERENIDAD LANE	20-5581515 Last name 1957307	\$ 2b \$ 2c \$ 2d \$	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 e Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C	20-5581515 Last name 1957307	\$ 12b	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [e Employee's first name and initial] SINDHU KATLA 2030 SERENIDAD LANE	20-5581515 Last name 1957307	\$ 12b	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 e Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code	20-5581515 Last name 1957307 63043	\$ 12b \$ 12c \$ 12d \$ 12d \$ Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory employee Plan Third-party sick pay
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [a Employee's first name and initial] SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code [15 State Employer's state I.D. No. 16.5	20-5581515 Last name	\$ 12b	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 e Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code	20-5581515 Last name 1957307 63043	\$ 12b \$ 12c \$ 12d \$ 12d \$ Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory employee Plan Third-party sick pay
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [a Employee's first name and initial] SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code [15 State Employer's state I.D. No. 16.5	20-5581515 Last name	\$ 12b \$ 12c \$ 12d \$ 12d \$ Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory employee Plan Third-party sick pary
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 c Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 163 MO 26149907	20-5581515 Last name	\$ 2b \$ 2c \$ 12d \$ 2d \$ Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no 675-67-6895 18 Local wages, tips, etc.	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans 14 Other	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory employee Plan Third-party sick pary
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [a Employee's first name and initial] SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 163 MO 26149907 Form W-2 Wage and Tax Statement 2020	20-5581515	\$ 2b	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans 14 Other	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Plan Sick pay Sick pay 20 Locality name
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 c Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 163 MO 26149907	20-5581515 Last name	\$ 2b	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans 14 Other	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Plan Sick pay Sick pay 20 Locality name
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [e Employee's first name and initial] SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 S MO 26149907 Form W-2 Wage and Tax Statement 2020 b Employer's Identification number c Employer's name, address, and ZIP code	20-5581515 Last name	\$ 2b	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 14871.80 3 Social security wages	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement Third-party sick pay
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 e Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 s MO 26149907 Form W-2 Wage and Tax Statement 2020 b Employer's Identification number	20-5581515 Last name	\$ 12b \$ 12c \$ 12d \$ \$ \$ \$ \$ \$ \$ \$ \$	14871.80 3 Social security wages 8 2 0 5 . 1 3 5 Medicare wages and tips 8 2 0 5 . 1 3 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan Third-party sick pay 20 Locality name 27 Federal income tax withheld 1439.01 4 Social security tax withheld 508.72
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [e Employee's first name and initial] SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 S MO 26149907 Form W-2 Wage and Tax Statement 2020 b Employer's Identification number c Employer's name, address, and ZIP code	20-5581515 Last name	\$ 12b \$ 12c \$ 12d \$ 12b \$ 12c \$	14871.80 3 Social security wages 8 2 0 5 . 1 3 5 Medicare wages and tips 8 2 0 5 . 1 3 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 14871.80 3 Social security wages 8 2 0 5 . 1 3 5 Medicare wages and tips	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement Third-party plan Plan Plan Plan Plan Plan Plan Plan P
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [e Employee's first name and initial] SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 S MO 26149907	20-5581515 Last name	\$ 12b \$ 12c \$ 12d \$ \$ \$ \$ \$ \$ \$ \$ \$	14871.80 3 Social security wages 8 2 0 5 . 1 3 5 Medicare wages and tips 8 2 0 5 . 1 3 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan Third-party sick pay 20 Locality name 27 Federal income tax withheld 1439.01 4 Social security tax withheld 508.72
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 e Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 state Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025	20-5581515 Last name	\$ 2b	14871.80 3 Social security wages 8 205.13 5 Medicare wages and tips 8 205.13 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 14871.80 3 Social security wages 8 205.13 5 Medicare wages and tips 8 205.13	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Price Pric
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 e Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5	Last name 1957307 63043 State wages, tips, etc.	\$ 12b \$ 12c \$ 12d \$ 12d \$ 12d \$ 12d \$ 12	14871.80 3 Social security wages 8 205.13 5 Medicare wages and tips 8 205.13 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 14871.80 3 Social security wages 8 205.13 5 Medicare wages and tips 8 205.13	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Price Pric
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 e Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 state Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025	20-5581515 Last name	\$ 12b \$ 12c \$ 12d \$ 12d \$ 12d \$ 12d \$ Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no 675-67-6895 18 Local wages, tips, etc. OMB # 1545-0008 12a See instructions for Box 12 \$ 12b \$ 12c \$ 12c \$ 12d \$ 17bis information is being furnished to the Internal Revenue Service. If you are required to flea tax return, a negligence	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan Third-party sick pay 20 Locality name 2 Federal income tax withheld 1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 e Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 state Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025	Last name 1957307 63043 State wages, tips, etc.	\$ 12b \$ 12c \$ 12d \$ 12d \$ 12d \$ 12d \$ Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no 675-67-6895 18 Local wages, tips, etc. OMB # 1545-0008 12a See instructions for Box 12 \$ 12b \$ 12c \$ 12c \$ 12d \$ 11c \$	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan sick pay plan 14 Social security tax withheld 1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 S MO 26149907 Form W-2 Wage and Tax Statement 2020 b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 Employee's first name and initial	Last name	\$ 12b \$ 12c \$ 12c \$ 12d \$ 12d \$ Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no 675-67-6895 18 Local wages, tips, etc. OMB # 1545-0008 12a See instructions for Box 12 \$ 12b \$ 12c \$ 12d \$ This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or forer sanction may be imposed	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan sick pay plan 20 Locality name
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [e Employee's first name and initial] SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 S MO 26149907 Form W-2 Wage and Tax Statement 2020 b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [e Employee's first name and initial]	Last name	\$ 12b	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan sick pay plan 20 Locality name
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [Employee's first name and initial] SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO [Employee's address and ZIP code [15 State Employer's state I.D. No. 16 State Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 [Employer's first name and initial] SINDHU KATLA 2030 SERENIDAD LANE	Last name	\$ 12b \$ 12c \$ 12c \$ 12d \$ 12c \$ 12d \$ 1	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan sick pay plan 20 Locality name
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 e Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 s MO 26149907 Form W-2 Wage and Tax Statement 2020 b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 e Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO	Last name	\$ 12b	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan sick pay plan 20 Locality name
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 © Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state I.D. No. 163 MO 26149907 Form W-2 Wage and Tax Statement 2020 b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 © Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C	20-5581515	\$ 12b \$ 12c \$ 12c \$ 12d \$ 12c \$ 12d \$ 1	14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 14871.80 3 Social security wages 8205.13 5 Medicare wages and tips 8205.13 7 Social security tips	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan sick pay plan 20 Locality name
b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 6 Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code 15 State Employer's state ID. No. 163 MO 26149907 Form W-2 Wage and Tax Statement 2020 b Employer's Identification number c Employer's name, address, and ZIP code DEFT GLOBAL INC 32800 FRANKLIN RD STE 5 FRANKLIN MI 48025 6 Employee's first name and initial SINDHU KATLA 2030 SERENIDAD LANE APT C MARYLAND HEIGHTS MO f Employee's address and ZIP code	Last name	\$ 12b	14871.80 3 Social security wages 8 205.13 5 Medicare wages and tips 8 205.13 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 14871.80 3 Social security wages 8 205.13 5 Medicare wages and tips 8 205.13 7 Social security tips 9 11 Nonqualified plans	1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement Plan Sick pay 20 Locality name 2 Federal income tax withheld 1439.01 4 Social security tax withheld 508.72 6 Medicare tax withheld 118.97 8 Allocated tips

Instructions for Handling W-2 Forms

These instructions assume you are printing on perforated W-2 paper with preprinted IRS instructions or you are printing on blank or "plain paper".

Printing Form W-2: When you print the employee copies of W-2, our payroll service creates one Acrobat file containing all pages for all of your employees:

- 3-Part: A Copy 2 prints on the first sheet. Copies B, C, and a second Copy 2 print on the next sheet.
- 4-Part: Copies B, C and two copies of Copy 2 print on a single page.
- IRS instructions to the employee are preprinted on the reverse side of the perforated paper stock.

Important Note: If you purchased perforated paper that does not have the IRS instructions preprinted, you must change your Form Printing Preference to use the "Plain paper" option, which includes employee filing instructions.

- In rare cases, additional copies of C, B, and 2 print for a single employee. (See "Special cases" below.)
- These instructions are included last and are printed only once.

Special Cases: Some employees have more data than fits on a single copy of Form W-2. For example, if an employee is subject to more than two local taxes, has more than four items in Box 14 or Box 12, we print additional copies of Form W-2 with just the additional data.

How many pages? The Acrobat window displays the number of pages in the file at the bottom of the window. The last two pages are these instructions. See our **Tip** at the end of this sheet for economizing on perforated paper.

Run a test first: Do a test by printing all the W-2 forms on plain paper. Use the test copies to allow each employee to check their social security number (SSN) and to check your company information before transmitting Copy A electronically to the Social Security Administration (SSA). See "Correct any information before you transmit Copy A" in these instructions.

What to do with copies of this form:

- If using 3-part perforated paper, Copy 2 prints pn page 1 with the employee's address near the top of the page. The W-2 is formatted so that the employee's address is visible through a single-window, standard No. 10 business envelope (4-1/8" by 9-1/2", left-aligned window).
- If using 4-part perforated paper, all 4 copies print on a single page. Use the envelopes provided by your forms supplier.
- If using plain paper, a coversheet prints with instructions to the employee and with the employee's address near the top of the page. The coversheet is formatted so that the employee's address is visible through a single-window, standard No. 10 business envelope (4-1/8" x 9-1/2", left-aligned window).
- By February 1, provide each of your employees with copies B, C, and 2. The employee keeps Copy C for their own records; files Copy B with the federal tax return; and files Copy 2 with the state return. A second Copy 2 is included to be filed, if necessary, with any local income tax return. If necessary, additional copies of C, B, and 2 print for each employee.

Ask each employee to check the Social Security Number (SSN) and tell you immediately if it is incorrect.

When you click **W-2, Copies A & D** from the To Do list or the Annual Forms page, you can transmit Copy A to the Social Security Administration (SSA) and print your employer copy.

- Print Copy D on plain paper and keep it in your own records for four years.
- No later than February 1, authorize our payroll service to transmit Copy A to the SSA. When we
 have successfully transmitted your forms, you will receive an email notification. Will file a W-2
 for each employee you have paid during the previous year and recorded in ourservice.

Correct any information before you transmit Copy A

- Confirm your employer federal ID number (FEIN) and address. To make a correction, click the Setup tab. To correct the employer FEIN, click Federal Taxes; to correct the filing address, click General Tax Information.
- Check the employee's Social Security number and address. To make a correction, click the
 Employees tab, then click the employee's name. To correct the Social Security number, click
 Edit in the Taxes & Exemptions section; to correct the address, click Edit in the Basics section.

How to read the W-2:

Box 1 shows total wages and tips that are subject to federal income tax. It does not include amounts withheld for some purposes (such as contributions to retirement plans).

Box 3 asks for total wages and tips subject to Social Security. The amount includes wages withheld for retirement plans, but not contributions to Section 125 plans. This amount will not exceed the 2020 cap of \$137,700.

Box 5 asks for wages and tips subject to Medicare, which has no cap. The amount includes wages withheld for retirement plans.

Boxes 1, 3, and 5 will contain different amounts if your employees have retirement plans or if they have reached the Social Security cap.

Saving employee forms

When you have printed and checked all paper employee copies of the W-2, save the forms:

- 1. Click **Taxes & Forms** in the navigation bar at the top of the page.
- 2. Click Annual Forms.
- 3. Click W-2, Copies B, C & 2.
- 4. Click Archive.

You can view or reprint the forms you have archived at any time by returning to the Annual Forms page and clicking the link at the bottom of the page.

When you click **Archive**, the To Do item is removed from your To Do list.

Notes:

- When you file Copy A electronically, you do not need to file form W-3.
- If you report employees' income to more than one state, be sure to enter by hand any state EIN that we have not pre-filled.
- If your employees pay local tax, be sure you have entered the codes for local taxes to appear on the W-2. Click **Setup** in the navigation bar at the top of the page, then **Tax Setup**, and then **Tax code to appear on W-2 forms**. Some tax agencies require a specific code; others allow you to make up your own code. (Check with the local tax agency.)
- If you have not paid employees this year, you are not required to provide W-2, Copies B, C, & 2. You can Archive these instructions to remove the To Do from your To Do List.

Tip: You can economize on perforated paper by printing review/test copies on plain paper and saving your perforated paper for the final forms. You will not need perforated paper to print the two page instructions at the end of the file.