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 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 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 Box 12, 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 (S). The arrangement of the control of the con Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

## 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 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 abov \$200,000.

Box 8. This amount is not included in the control of the

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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

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

requartments.

W—Emphoyer 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 (HSA) 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.

instructions for Forms 1040 and 1040-SR.

A.—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.

BE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under at accempt organization section 457(b) plan. This amount does not apply to contributions under a qualified small employer health reimbursemen arrangement GG—Income from qualified capity grants under section 83(i)
HII—Aggregate deferrals under section 83(i) elections as of the close of the calendar year
Box 1.3. If the \*Reiriement plan\* Dos is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. Contributions to Individual Retrement
Arrangements (IRAs).

Box 1.4. Employers may use this box to report information such as state disability insurance taxes withbeld, union dues, uniform payments, health insurance premiums deducted, nontaxable income,

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.

	)M57213-000100 void	c Employer's name, address, and ZIP code MINDTREE LIMITED	Oyee's records  This information is being furnished to the Internal Revenue S If you are required to flie a tax return, a negligence penalty or may be imposed on you if this income is taxable and you fall Department of the Treasury - Internal Revenue Service  OMB No. 1545-0008		
b Employer's Identification number   a Employee's social security number   98-0215091   376-59-8436   13 Statutory   Retirement   Third-party		25 INDEPENDENCE BLVD STE 401 WARREN NJ 07059	1 Wages, tips, other compensation 90886.96	2 Federal Income tax withheld 14979.52	
Employee plan	sick pay		3 Social Security wages 90886.96	4 Social Security tax withheld 5634.99	
12 See Instrs. for Box 12 DD 4840.44	Other	e Employee's name, address, and ZIP code SRINIVASA REDDY 9435 BLUE JAY WAY	5 Medicare wages and tips 90886.96 7 Social Security tips	6 Medicare tax withheld  1317.82 8 Allocated Tips	
		IRVING TX 75063	10 Dependent care benefits 11 Nonqualified 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 Locality name	

## Form W-2 Wage and Tax Statement

2020

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

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d Control number		M57213-000100		c Employer's name, address, and ZIP code MINDTREE LIMITED			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
98-0215091 37 13 Statutory Retirement		376-59-8436 ent Third-pa	376-59-8436 Third-party	25 INDEPENDENCE BLVD STE 401 WARREN NJ 07059		es, tips, other compensation 90886.96	2 Federal Income tax withheld 14979.52			
Employee	plan	sick pay				3 300	90886.96	5634.99		
12 See Instrs. for Box 12 DD 4840.44			e Employee's name, address, and ZIP code SRINIVASA REDDY 9435 BLUE JAY WAY			icare wages and tips 90886.96 al Security tips	6 Medicare tax withheld 1317.82			
				IRVING TX 75063		10 Deg	pendent care benefits	11 Nonqualified plans		
						Ver	ification Code			
15 State Emplo	yer's state I.D.	No. 16 State wa	iges, tips, etc.	:. 17 State income tax	18 Local wages, tips,	etc.	19 Local income tax	20 Locality name		
l l		l l		1	1					

## 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								
13 Statutory Employee	pla		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	
15 State Empl	oyer's state	e I.D. No.	16 State wages	, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name