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, 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 architection for the excess fairs your federal income tax. If you had more than or claim a credit for the excess against your federal more than S8.517.40 in stocial security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you also may be able to claim a credit for the excess against your federal more than 15.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax. 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 899, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8999.

  Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips show; in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips abov \$200.000.

SOURCE SET OF STATE AND ACT OF THE ADDRESS OF TOWN 15 AND ACT OF THE ADDRESS OF THE

figure the social security and Medicare tax owed on tips you didn't report to your empbyer. Enter this J.—Nontaxable six by pay (information only, not included in boxes 1, 3, or 5) amount on the wages line of your tax return. By filing Form 4137, your social security is will be credited to your social security record (used to figure your benefits).

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

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Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Betieve deferral (codes D, E, F, and S) and designated Roth contributions (codes AA, Ba, and EE) under all plans are generally limited to a total of \$19,500 (\$313,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code Har elimited to \$7,000.

However, if you were at least age 50 in 2020, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall levit we deferral limit must be included in income. See the instructions for Forms 1040 and 1040-SR.

Note, If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. Box 12. The following list explains the codes shown in box 12. You may need this information to

shown, the contributions are for the current year.

A—Uncollected social security or RR74 tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

a SIMPLE retirement account that is part of a section 401(k) arrangement

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

employees only). See the instructions for Forms 1040 and 1040-SR.

P—Exchable moving expense reimbursements paid drecily to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5)

O—Nontaxable combat pay. See the instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Linghyees allay reductive contributions under a section 408(p) SIMPLE plan (not included in box 8—Linghyees allay reductive contributions under a section 408(p) SIMPLE plan (not included in box

1) T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to

compute any taxable and nontaxable amounts.

Complete Form 8839, Qualified Adoption Expense compute any taxable and nontaxable amounts.

C—lincome 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.

requarements.

W—Emphyer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs) Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the instructions for Forms 1040 and 1040-954.

amount is also the clased in to 8x 1. It is volved to an automotical abs to the instructions for Forms 1040 and 1040-SR.

A.A.—Designated Roth contributions under a section 401(k) plan
B.—Designated Roth contributions under a section 403(b) plan
DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not tracible.

B. Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply one outsthetone Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan.

The —Permitted benefits under a qualified small employer health ambusement arrangement
GG—Income from qualified equity grants under section 83(b)
H.—Aggregate defernals under section 83(b) elections as of the close of the calendar year
Box 13. If the "Retirement plan" box is 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  d Control number  0940-P4088952 0000011677-000USA b Emolover's identification number  a Emolover's social security number					c Employer's name, address, and ZIP code  LARSEN & TOUBRO INFOTECH LIMIT			This information is being furnished to the Internal Revenue Servif you are required to file a tax return, a negligence penalty or of may be imposed on you if this income is taxable and you fail to Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
22 2524202   111 40 1110				NCOLN HWY ST N NJ 08817	E 3000	1 Wages, ti	ips, other compensation 112337.61	2 Federal Income tax withheld 18751.68			
	pla pla		sick pay				3 Social Se	ecurity wages	4 Social Security tax withheld		
12 See Instrs. for Box 12				0				e wages and tips	6 Medicare tax withheld		
DD 4560.60 CASDI 1076.91			121 111 121	SH REGANA ANAL ST		7 Social Se	ecurity tips	8 Allocated Tips  11 Nonqualified plans			
			MILPIT	CAS CA 95035		10 Depend	lent care benefits				
							Verificat	tion Code			
15 State	Employer's stat	e I.D. No.	16 State wages, tips, o		17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name		
CA 439-9161-1		1	07750.53	733	33.55						

# Form W-2 Wage and Tax Statement

2020

2020

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

	d Control number Void 0940-P4088952 0000011677-000USA			c Employer's name, address, and ZIP code  LARSEN & TOUBRO INFOTECH LIMIT				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
22-3 13 Sta	22-3524303 111-		AO 1110		2035 LINCOLN HWY STE 3000 EDISON NJ 08817			1 Wag	2 Federal Income tax withheld \$18751.68\$ 4 Social Security tax withheld			
C DD		14 Other COVID CASDI		00.00 076.91	e Employee's name, address, and ZIP code  AVINASH REGANA 1509 CANAL ST  MILPITAS CA 95035				5 Medicare wages and tips  7 Social Security tips  10 Dependent care benefits  Verification Code		6 Medicare tax withheld  8 Allocated Tips  11 Nonqualified plans	
15 State CA	Employer's state I.D. No. 439-9161-1		16 State wages, tips, etc.		7750.53	17 State income tax	7333.55	18 Local wages, tips, etc.		19 Local income tax	20 Locality name	

## Form W-2 Wage and Tax Statement

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

			577-000USA	Void Void Void Void Void Void Void		c Employer's name, address, and 21P code  LARSEN & TOUBRO INFOTECH LIMIT  2035 LINCOLN HWY STE 3000				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
		11-49-1119 Third-party		EDISON NJ 08817			1 Wage	es, tips, other compensation 112337.61	<sup>2</sup> Federal Income tax withheld 18751.68				
Employee   plan   sick pay									3 Social Security wages 4 Social Security tax withheld				
C		14 Other COVID		00.00	' '	's name, address, and Z			5 Medi	care wages and tips	6 Medicare tax withheld		
DD 4560.60 CASDI 1076.91			AVINASH REGANA 1509 CANAL ST MILPITAS CA 95035				7 Social Security tips		8 Allocated Tips				
							10 Dependent care benefits		11 Nonqualified plans				
									Veri	fication Code			
15 State	Employer's sta	te I.D. No.	16 State wages			17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name		
CA	439-9161-1			10′	7750.53		7333.55						