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 for 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.

Asso see Pub. 396, galmed income Creati. Any Ert, mar is more man your tax manury is returned 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, 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 faints your federal more than (SSA) 12.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the excess against your federal more than (SSA) 12.70 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. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

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.

SOURCE SET OF STEAM SUBSTITUTE OF STEAM SUBSTI

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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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

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

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, 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 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 taxable and you fail to report it.

		and rux			2020	•	, ,	,	may be imposed	on you if this income is taxable and you fa		
0030-0030G740 0000000605-CONSUL					c Employer's name, address, and ZIP code REMOTE TIGER INC				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
		752 42 0020		6404 IVY LANE SUITE 320 GREENBELT MD 20770			1 Wag	es, tips, other compensation 26160.00	2 Federal Income tax withheld 2296.4			
Employee	plan		sick pay						al Security wages	4 Social Security tax withheld		
12 See Instrs. for Box 12		14 Other			e Employee's name, address, and ZIP code PRASHANT KETAN KUNDESHWAR 9261 DEERCROSS PARKWAY				care wages and tips	6 Medicare tax withheld 8 Allocated Tips		
					APT 2A CINCINNATI OH 45236				endent care benefits	11 Nonqualified plans		
15 State Employe OH 52-7884	er's state I. -82 9	D. No.	16 State wages		17 State income tax	686.88	18 Local wages, tips, etc	7440.00	19 Local income tax	00 OH BLUEA		

Form W-2 Wage and Tax Statement

2020

2020

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

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	030G740			CONSUL		c Employer's name, address, and ZIP code REMOTE TIGER INC					Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
26-0	a Employee's social security number a Employee's social security number			imber	6404 IVY LANE SUITE 320 GREENBELT MD 20770					es, tips, other compensation 26160	.00	2 Federal Income tax withheld 2296.44			
	loyee	plan		sick pay							ial Security wages		Social Security t		
12 See li	12 See Instrs. for Box 12 14 Other					e Employee's name, address, and ZIP code				5 Med	licare wages and tips	61	6 Medicare tax withheld		
						PRASHANT KETAN KUNDESHWAR 9261 DEERCROSS PARKWAY					ial Security tips	8 /	8 Allocated Tips		
					APT 2A			10 De	10 Dependent care benefits		11 Nonqualified plans				
					CINCINNATI OH 45236				Vei	Verification Code					
15 State	Employe	er's state I.	D. No.	16 State wages	, tips, etc.	•	17 State income tax		18 Local wages, tips, e	etc.	19 Local income tax		20 Locality r	name	
ОН	52-7884	182 9			20	6160.00		686.88		17440.00		218.00	ОН	BLUEA	

Form W-2 Wage and Tax Statement

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

d Control	l number					Void	c Employer's	's name, address, and ZIP code		Depart	ment of the Treasury - Internal Reven	ue Service			
0030-00	0030-0030G740 0000000605-CONSUL						REMOTE TIGER INC				OMB No. 1545-0008				
b Employ	er's identificat	tion num	ber a	Employee's	social security nu	mber	6404 IV	Y LANE SUITE 320		4.19/2-0		2 Federal Incom	- to which and		
26-05	518877			752-4	12-0020		GREEN	NBELT MD 20770		1 wag	1 Wages, tips, other compensation 26160.00		2296.44		
13 Stat Empl	utory lovee	Rei I pla	tirement n	t Third-party sick pay			OKLLIV	NDLLI NID 20770		3 Soci	3 Social Security wages		4 Social Security tax withheld		
	,										,		,		
12 See In	12 See Instrs. for Box 12 14 Other				e Employee's name, address, and ZIP code				care wages and tips	6 Medicare tax withheld					
					DDAGII	IANT KETAN KUNDE	TIMAD	70	al Security tips	8 Allocated Tips					
					PRASHANT KETAN KUNDESHWAR 9261 DEERCROSS PARKWAY				ai Security tips	8 Allocated Tips	•				
					APT 2A	=		10 Dep	pendent care benefits	11 Nonqualified plans					
							CINCIN	NNATI OH 45236		Ver	Verification Code				
15 State	Employ	yer's stat	e I.D. No		16 State wages,	tips, etc.		17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality	y name		
OH	52-788	482 9)			20	5160.00	686.88	17	440.00	218.	00 OH	BLUEA		

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) You 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 moome is earned for services provided while you were an intimate at a penal institution. For 2020 in come limits and more information, vist www. size, goveFTC.

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 architection for the excess faints your federal more than (SSA) 12.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the excess against your federal more than (SSA) 12.70 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 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 abor \$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 ip amount 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.

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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. R. F. and S) and designated Roth contributions (codes A. B. Ba and ED) under all plans are generally limited to a total of \$91,500 (15),300 if you only have SIMPLE plans; \$22,500 for section 40(8) plans if you qualify for the 15-year rule explained in \$7,000. Horizan kinder code Har emited to \$7,000. Deferrals under code Gar emited to \$7,000. Deferrals under code Gar emited to \$10,500. Deferrals under code Har emited to \$7,000. Horizan kinder of \$7,000. Horizan kin 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.

 $\textbf{C} — Taxable\ cost\ of\ group-term\ life\ insurance\ over\ \$50,000\ (included\ in\ boxes\ 1,\ 3\ (up\ to\ social\ security\ wage\ base),\ and\ 5)$

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

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

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

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 income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad empbyers 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 BLUEA

0030-0	0030G740	0000000605-CONSUL void					's name, address, and ZIP code TE TIGER INC			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
26-0	b Employer's identification number 26-0518877 13 Statutory Retirement plan Sick pay				mber	6404 IVY LANE SUITE 320 GREENBELT MD 20770				$ \begin{array}{c c} \text{1 Wages, tips, other compensation} & \text{2 Federal Income tax withhe} \\ \hline 26160.00 & \\ \hline \text{3 Social Security wages} & \text{4 Social Security tax withhe} \end{array} $			
12 See	12 See Instrs. for Box 12 14 Other					e Employee's name, address, and ZIP code				care wages and tips	6 Medicare tax withheld		
	PRASHANT KETAN KUNDESH 9261 DEERCROSS PARKWAY					7 Soci	al Security tips	8 Allocated Tips					
				APT 2A CINCINNATI OH 45236				pendent care benefits	11 Nonqualified plans				
						cirvei	WWIII 011 43230		Ver	fication 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		
ОН	52-78848	32 9			20	5160.00	686.88	17-	440.00	218.	00 OH BL	UEA	

Form W-2 Wage and Tax Statement 2020

d Control number	or To Employacia pagial segurity n	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 Employee plan sick					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 Employer's state	I.D. No. 16 State wages	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 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				mber			1 Wages, tips, other compensation	2 Federal Income tax withheld		
13 Statutory Employee			Third-party sick pay				3 Social Security wages	4 Social Security tax withheld		
12 See Instrs. for Box 12	14 Ot	ther			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 Employer's	s state I.D. No	o. 	16 State wages,	tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		