### **}}} RIPPLING**

### Aparna Muthineni's Earning Summary

Box 1: Wages, tips, other compensation		Box 3: Social security wages			
ss Pay \$120,000.00		Gross Pay	\$120,000.00		
- Medical Deductions - Employee Contribution	\$3,836.66	- Medical Deductions - Employee Contribution	\$3,836.66		
- Dental Deductions - Employee Contribution	\$431.86	- Dental Deductions - Employee Contribution	\$431.86		
Amount in Box 1	\$115,731.48	Amount in Box 3	\$115,731.48		
Box 5: Medicare wages and tips		Box 12-Code: DD: Cost of employer sponsored h	ealth coverage		
Box 5: Medicare wages and tips Gross Pay	\$120,000.00	Box 12-Code: DD: Cost of employer sponsored h Medical - Employee Contribution			
	\$120,000.00 \$3,836.66		ealth coverage		
Gross Pay	,	Medical - Employee Contribution	ealth coverage \$3,836.66		

Box 16 for VA: State wages, tips, etc.						
Gross Pay	\$120,000.00					
- Medical Deductions - Employee Contribution	\$3,836.66					
- Dental Deductions - Employee Contribution	\$431.86					
Amount in Box 16	\$115,731.48					

	a Employe	e's social security number 920	OMB No. 154	5-0008	Safe, accurate, FAST! Use	RSC-1	file	Visit the www.irs	e IRS website at s.gov/efile
b Employer identification number (EIN) 54-2033894				1 Wages, tips, other compensation 115731.48			2 Federal income tax withheld 19911.12		
c Employer's name, address, and ZIP code Technology Solutions Provider Inc. 11490 Commerce Park DR Suite 200			<b>3</b> Social security wages 115731.48			4 Social security tax withheld 7175.43			
Reston VA 20191				5 Medicare wages and tips 115731.48			6 Medicare tax withheld 1678.07		
VA 20191				7 Social security tips			8 Allocated tips		
d Control number				9			10 Depe	endent care	benefits
e Employee's first name and init Aparna	Muth	name nineni	Suff.	<b>11</b> No	nqualified plans		12a See ° DD	instructions	
12956 Pinehurst Greens C Fairfax	T			13 Stat emp	utory Retirement T loyee plan	hird-party sick pay	12b		
VA 22033				14 Oth	er		<b>12c</b>		
							<b>12d</b>		
f Employee's address and ZIP c	ode								
15 State Employer's state ID num   VA 30-542033894F-00		<b>16</b> State wages, tips, etc. 115731.48	17 State incon 6138.31	ne tax	18 Local wages, tip	os, etc. 1	19 Local in	come tax	20 Locality name
				חר	Dena	tment of	the Treasu	n/_Internal	Revenue Service

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

2020

Department of the Treasury-Internal Revenue Service

# Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

### Notice to Employee

**Do you have to file?** Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned income credit (EIC).** You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit *www.irs.gov/EITC.* See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.** 

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**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-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also 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 Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

(See also Instructions for Employee on the back of Copy C.)

a Employee's social security number				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				
	406-97-1920	<sup>15-0008</sup> may be imposed on you if this income is taxable and you fail to report it.						
<b>b</b> Employer identification number	1 Wages, tips, other compensation 2 Federal income tax with				ax withheld			
54-2033894			11573	1.48	19911.1	2		
c Employer's name, address, and Technology Solutions Prov	3 Soc 11573	cial security wages 1.48	4 Social security tax withheld 7175.43					
11490 Commerce Park DR	C Suite 200		5 Me	dicare wages and tips	6 Medi	care tax with	held	
Reston VA 20191			11573	1.48	1678.07	,		
VA 20191			<b>7</b> Soc	cial security tips	8 Alloc	ated tips		
d Control number			9		10 Depe	endent care b	penefits	
e Employee's first name and initia	al Last name	Suff.	11 No	nqualified plans	12a See	instructions	for box 12	
Aparna	Muthineni		1		i DD	8105.16		
12956 Pinehurst Greens C Fairfax	Т		13 Stat emp	utory Retirement Third-party loyee plan sick pay	<b>12b</b>			
VA 22033			14 Oth	er	<b>12c</b>			
			I		12d			
f Employee's address and ZIP co	de							
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incom	ie tax	18 Local wages, tips, etc.	19 Local ind	come tax	20 Locality name	
VA 30-542033894F-001	1 115731.48	6138.31						
					··· -			

Form W-2 Wage and Tax Statement

2020

Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

#### Instructions for Employee

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

Box 1. Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. 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 shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**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 Forms 1040 and 1040-SR.

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.

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 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 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.

**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 (continued on back of Copy 2)

	a Employee	e's social security number								
	406-97-19	920	OMB No. 154	45-0008						
b Employer identification number (EIN)				1 Wages, tips, other compensation			2 Federal income tax withheld			
54-2033894					115731.48			19911.12		
c Employer's name, address, and ZIP code Technology Solutions Provider Inc.				3 Social security wages 115731.48			4 Social security tax withheld 7175.43			
11490 Commerce Park DR	Suite 200			5 Medicare wages and tips 115731.48			6 Medicare tax withheld			
Reston							1678.07			
VA 20191				7 Social security tips 8 Allo			cated tips			
d Control number				9			10 Dep	endent care	benefits	
e Employee's first name and initia	l Last r	name	Suff.	11 No	nqualified plans		<b>12a</b>			
Aparna Muthineni							DD	8105.16	5	
12956 Pinehurst Greens CT Fairfax VA 22033			13 Stat emp	tutory Retirement Third-party oloyee plan sick pay		12b				
			14 Other		<b>12c</b>					
							<b>12d</b>			
f Employee's address and ZIP co	de									
15 State Employer's state ID numl	ber	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wage	s, tips, etc.	19 Local in	ncome tax	20 Locality name	
VA 30-542033894F-001		115731.48	6138.31							
			<u> </u>				f the Trees	in Internel	Revenue Service	

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



Department of the Treasury-Internal Revenue Service

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

# **Instructions for Employee** (continued from back of Copy C)

Box 12 (continued)

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

 ${\bf G-}$  Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

 ${\rm H-Elective}$  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 group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

**P**-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

**Q**—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

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

S-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

 ${\rm T-Adoption}$  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).

 $\mathbf{Y}-\mathbf{D}\mathbf{e}\mathbf{f}\mathbf{e}\mathbf{r}\mathbf{r}\mathbf{a}\mathbf{ls}$  under a section 409A nonqualified deferred compensation plan

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

AA-Designated Roth contributions under a section 401(k) plan

BB-Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF**—Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

HH-Aggregate deferrals under section 83(i) elections as of the close of the calendar year

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

**Note:** Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.