## Attention:

- By February 1, 2021, the Employer is responsible for providing the W-2 forms to the Employee and/or notifying the Employee they are available in the online payroll employee portal under "My History".
- The forms must be printed by the Employer or Employee through the online payroll employee portal.
- Using a standard printer, you can print the forms on plain white paper. No special paper or envelopes are required. However, the forms must be legible.
- W-2 forms will NOT be mailed by the payroll service provider.

### General Instructions for W-2 Distribution and Filing

- Copy 1 is for the Employee and is provided for informational purposes only. The Employee should keep this for their records as it is a copy of what has been submitted to the state, city, and local tax agencies (if required).
- Copy B is for the Employee and should be filed by the Employee with the IRS.
- Copy C is for the Employee and is their copy to keep on file.
- Copy 2 is for the Employee and should be filed by the Employee with the state, city or local income tax agencies.

Please note, if the Employee worked in multiple states, a W-2 form will be available for each state and the same instructions apply. For any questions or corrections regarding the form, the Employee must reach out to the Employer.

#### W-2 Form Instructions

#### 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. **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 is into 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** against your federal i

#### 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 8959, Additional Medicare Tax. Withheld on all Medicare Tax withheld on all Medicare Tax withheld on all Medicare tax withheld on all Medicare wages and tips show in hox 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips show is hox 5, as well as the 0.9% Additional 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 you are required to your social security and Medicare tax owed on tips you din't report to your employer. Enter this amount on the wages line of your tax returm. By filing Form 4137, your social security provide to 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 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 returm. By filing Form 4137, your social security previde in box 1 if is a point over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute behalf (including amounts. **Box 11.** This amount is (a) reported in box 1 if 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 and vou are or will be age 62 by the end of the calendar year, your employer should file Form \$24,3,13, pour employer should file Form \$25,000 is also included in box 1. Complete Form \$24,1

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 boxes 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 RTA 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. 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 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.

	a Employee's social security number	r				
22222	744-04-9176	OMB No. 15	45-0008			
<b>b</b> Employer identification number	(EIN)		1 Wa	ages, tips, other compensation	2 Federal income ta	ax withheld
46-2393325				81359.36 1291		
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1105 STERLING BROOKE DRIVE			5 M	5 Medicare wages and tips 6 Medicare tax withheld		
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ALPHARETTA GA 30022						
d Control number			9		10 Dependent care b	penefits
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e Employee's first name and initial	Last name	Suff.		onqualified plans	12a	
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f Employee's address and ZIP cod	le				0	
15 State Employer's state ID numb	ber 16 State wages, tips, e	tc. 17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
	d Tay Statement		חכ	Department of	of the Treasury-Internal F	Revenue Service
Form WV-Z wage an	d Tax Statement		= U		<b>,</b>	

Copy 1-For State, City, or Local Tax Department

	a Employee's social security number 744-04-9176	OMB No. 154	5-0008	Safe, accurate, FAST! Use	IRSC	file		e IRS website at s.gov/efile
b Employer identification number 46-2393325	(EIN)		1 Wag	ges, tips, other comp 813	ensation 359.36	2 Feder	al income ta	ax withheld 12916.59
c Employer's name, address, and ZIP code SL TEK SOLUTIONS INC			<b>3</b> Social security wages 81359.36			4 Social security tax withheld 5044.28		
1105 STERLING BROOKE DRIVE			5 Medicare wages and tips 81359.36			6 Medicare tax withheld 1179.71		
ALPHARETTA GA 30022			<b>7</b> Soc	cial security tips		8 Alloca	ited tips	
d Control number			9			10 Deper	ndent care l	penefits
e Employee's first name and initial	Last name	Suff.	<b>11</b> No	nqualified plans		<b>12a</b> See i	nstructions	for box 12
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APT# 2029			14 Oth	er		12c		
IRVING TX 75063						12d		
f Employee's address and ZIP coc	de							
15 State Employer's state ID numb	ber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages,	tips, etc. 1	9 Local inc	ome tax	20 Locality name
Form <b>W-2</b> Wage and	d Tax Statement	202	20	Dep	artment of	the Treasury	/-Internal	Revenue Service

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

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

	a Employee's social security number 744-04-9176	OMB No. 154	5-0008	are required to file a tax return	shed to the Internal Revenue Service. If you , a negligence penalty or other sanction income is taxable and you fail to report it.	
b Employer identification number (EIN)			1 W	1 Wages, tips, other compensation 2 Federal income tax withhe		
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ALPHARETTA GA 30022			7 S	ocial security tips	8 Allocated tips	
d Control number			9		<b>10</b> Dependent care benefits	
e Employee's first name and initial Last name Suff.			11 N	onqualified plans	<b>12a</b> See instructions for box 12	
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IRVING TX 75063					12d	
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f Employee's address and ZIP code			L			
15 State Employer's state ID numb	ber <b>16</b> State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality nam	
Form <b>W-2</b> Wage an	d Tax Statement	202	20	Sa	of the Treasury—Internal Revenue Servic afe, accurate, AST! Use	

# Copy C-For EMPLOYEE'S RECORDS

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

	a Employee's social security number						
	744-04-9176	OMB No. 154	5-0008				
b Employer identification number (EIN)			1 Wa	ages, tips, other compensation	2 Federal income tax withheld		
46-2393325				81359.36	12916.59		
c Employer's name, address, and ZIP code			<b>3</b> Sc	ocial security wages	4 Social security tax withheld		
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			1	81359.36	1179.71		
ALPHARETTA GA 30022			7 Sc	ocial security tips	8 Allocated tips		
d Control number			9		10 Dependent care benefits		
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f Employee's address and ZIP cod	de						
15 State Employer's state ID numb	ber 16 State wages, tips, etc	. 17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name		
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Form W=Z Wage and	d Tax Statement		ニリ	Department	The neasury-internal nevenue Service		

Form **W-2** Wage and Tax Statement Copy 2-To Be Filed With Employee's State, City, or Local

Income Tax Return