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 hox 2 shows an amount or if you are eligible for any credit. Emmed income credit (BC), You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and family size. Workers without children could quality for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for your avissment income is more than the specified amount for 2020 or if income is carned for services provided while you were an immate at a penal institution. For 2020 in come hims and more information, vist www srs. gov/ETIC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax lability is refunded to you, but only if you file a tax return.

Also see Pub. 590, taiment income creater, sur lace una to more una series and series an Service of the servic 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-2 form our 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-sponsore the datch coverage (if stack 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 Tjer 1 railroad retirement (RKTA) taxes were withheld, you also may be able to claim a credit for the scccss against your federal neone tax. If you had more than calload employer and more than S5,012.70 in Tire 2 RRTA tax was withheld, you also may be able to claim actual instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Instructions for Employee Box I. 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 8939, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8939 Box 6. This amount includes the 1.44% Medicare Tax withheld on all Medicare wages and tips ah 5700 000 \$200,000

\$220,000. 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 Unreported Tip Income, with your income tax return to report at least the allocated ip 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 percolour great that impound provide that the set is hand the directed time. Itse Form 4137 to you percolour great that impound provide that the set is than the directed time. Itse Form 4137 to Tke Form 4137

figure the social security and Medicare tax owed on tips you didn't report to your emphayer. Enter this J-amount on the wages line of your tax return. By filing Form 4137, your social security tps will be for 10 This amount includes the total dependent care benefits hat your employer paid to your or incurred on your behalf (including amounts from a section 125 (caffetria) plan). Any amount over \$5,000 ato is included in box 1. Complete Form 2441. Child and Dependent Care Expenses, to Social security and the security and the security of the security of the security deferred compensation on nongovernmental section 457(b) plan, or (b) included in box 3 and/or 511 if in a parity part of the security and Medicare taxes this year because there is no longer a substantial risks of forfeiture of your re right to the deferred amount. This box should'th be used if you had a deferral and a faithoriton in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are ow till be age (62 by the end of the calendary year, your employer should file Form SAS.13, Employer Report of Special Wage Payments, with the Social Security Administration and give you ar topp.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrads (codes D, E, F, and S) and esignated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19.5001 (\$13.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.500 (\$15.5 Box 12. The following list explains the codes shown in box 12. You may need this information to

Caccas decremany, consider tracks information on use year association on use current year. It is year is shown, the contributions are for the current years. 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.

 $C{\rm --Taxable}$ 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

B—Elective deferrals to a section 40(k) cash of a section 40(k) arrangement a SIMPLE reitement account that is part of a section 40(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.

-Substantiated employee business expense reimbursements (nontaxable)

L=-3ubstantiate enphyse to banks expense remnancements (nonsatore) M=-Lncollected social security or RRTA ax on tasable cost of group-term life insurance over \$50,000 (former employees only). See the instructions for Forms 1040 and 1040-SR. M=-Lncollected Medicare tax on transhe cost of group-term life insurance over \$50,000 (former employees only). See the instructions for Forms 1040 and 1040-SR.

employees only). See the instructions for Forms 1040 and 1040-SR. P—Excludable moving expense reimburscennets paid directly to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5) Q—Nontaable combat pay. See the instructions for Forms 1040 and 1040-SR for details on reporting this amount. R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employee sharp reduction combations under a section 408(p) SIMPLE plan (not included in box N—Employee sharp reduction combations 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

uurements. —Employer contributions (including amounts the employee elected to contribute using a section 5 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Account 19 A - V

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.

amount is also include in tox1. It is subject to an automal 20% tack puts interest. See the instructions for forms 100 and 100 SR. AA—Designated Roth contributions under a section 403(b) plan BB—Designated Roth contributions under a section 403(b) plan DD—Cox of employer-sponsored health coverage. The amount reported with Code DD is not take. BB—Designated Roth contributions under a section 403(b) plan. The amount reported with Code DD is not take. BB—Designated Roth contributions under a generation section 457(b) plan. This amount does not take. BB—Designated Roth contributions under a generation section 457(b) plan. The—Termitted Roth contributions under a section 83(b) (HI—Agergente deteraits under a agriffed snall employee health reinhumsenent arrangement GG—Income from qualified equity grants under section 83(b) (HI—Agergente deteraits under a agriffed snall employee health reinhumsenent arrangement GG—Income from qualified equity grants under section 83(b) (HI—Agergente deteraits under a cate section 83(b) exists and the section 457(b) (HI—Agergente plan⁺ box is checked, special limits may apply to the amount of traditional RA contributions you may deduct. See Pub. 500-A. Contributions to Individual Retirement Arrangements (IRAs).

withheld, unnor dues, unitorm payments, neath insurance premiums deducted, nontaxable neome, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Raihoad empbyers use this hox to report raihoad 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 raihoad retirement (RRTA) compensation.

empasyer in maroaa returement (RKIA) 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.

Form W-2 Wage and Tax Statement

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 imposed on you if this income is taxable and you fail to report it. 2020 Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code Void 0940-Y444M314 0000000703-DEVELO MICROMAN INC b Employer's identification number a Employee's social security numbe 4393A TULLER RD 2 Federal Income tax withh 1 Wages, tips, other comp 31-1219217 855-42-0721 12586.25 80862.70 DUBLIN OH 43017 13 Statutory Employee Retire plan Third-party sick pay 3 Social Security wages 4 Social Security tax with X Х 80862.70 5013.49 12 See Instrs. for Box 12 14 Othe e Employee's name, address, and ZIP code 5 Medicare wages and tip 6 Medicare tax withhel 80862.70 1172.51 ROHITH KOUSHIK PADAKANTI 7 Social Security tips 8 Allocated Tips 11414 LEBANON RD 10 Dependent care benefits 11 Nongualified plans APT 46 CINCINNATI OH 45241 Verification Code 16 State wages, tips, etc 20 Locality name 15 Sta Employer's state I.D. No 17 State income tax 18 Local wages, tips, etc 19 Local income tax 688.35 OH OH 51-9135560 80862.70 2386.00 45887.40 SHRVL DUBLN 34975.30 699.47 OH

Form W-2 Wage and Tax Statement

2020

2020

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

d Control number Void					Void	c Employer's name, address, and ZIP code MICROMAN INC				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008					
0940-Y444M314 0000000703-DEVELO															
b Employ	er's identification	on numbe	a Employee	's social security nu	mber	4393A TULLER RD									
31-12	219217		855	-42-0721					1 Wage	s, tips, other compensation	ederal Income tax				
13 Statu		Retire		Third-party		DUBLI	N OH 43017			80862.70			12586.25		
Emplo		plan	ment	sick pay					3 Socia	I Security wages	4 S	ocial Security tax v	withheld		
	Х		Х							80862.70			5013.49		
12 See Instrs. for Box 12 14 Other					e Employee's name, address, and ZIP code			5 Medic	are wages and tips	6 M	ledicare tax withhe	ld			
										80862.70			1172.51		
						ROHIT	H KOUSHIK PADAKAI	ITI	7 Socia	I Security tips	8 A	llocated Tips			
						11414 I	EBANON RD								
						APT 46			10 Depe	endent care benefits	11	Nonqualified plans			
							, NNATI OH 45241								
							NATI OH 43241		Verif	ication 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 nam	e		
OH 51-913556.0		1			0862.70	2386.00	4588	37.40	688.	35	OH	SHRVL			
								3497	75.30	699.	47	OH	DUBLN		
								5477	5.50	077.		on	DODLIN		

Form W-2 Wage and Tax Statement

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

d Control number Void					c Employer's name, address, and ZIP code					Department of the Treasury - Internal Revenue Service							
0940-Y444M314 0000000703-DEVELO				MICROMAN INC					OMB No. 1545-0008								
b Employ	/er's identificati	on number	a Employee's	social security nu	mber	43934	TULLER RD										
31-1219217 855-42-0721			– DUBLIN OH 43017					1 Wage	s, tips, other compensation 808	² 862.70	2 Federal Income tax withheld 12586.25						
Empl	loyee X	Retiren plan	X	Third-party sick pay							3 Socia	l Security wages 808	4 862.70	Social Security tax	withheld 5013.49		
12 See Instrs. for Box 12 14 Other					e Employee	s name, address, and ZIP cod	de			5 Medicare wages and tips			6 Medicare tax withheld				
												808	362.70		1172.51		
							H KOUSHIK PA JEBANON RD	DAKAI	NTI		7 Socia	I Security tips	8	Allocated Tips			
						APT 46	INATI OH 4524	1			10 Depe	endent care benefits	11	Nonqualified plans	i		
						CINCIN	NNATI OH 4524	1			Verif	ication Code					
15 State	Employ	er'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 nam	e		
OH 51-913556 0			8			0862.70	2386.0				7.40		688.35	-	SHRVL		
										34975	5.30		699.47	OH	DUBLN		

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 hox 2 shows an amount or if you are eligible for any credit. Emmed income credit (BC), You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and framily size. Workers without children could quality for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for your avissment income is more than the specified amount for 2020 or if income is carned for services provided while you were an immate at a penal institution. For 2020 in come hims and more information, vist www srs. gov/ETIC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax lability is refunded to you, but only if you file a tax return.

Also see Pub. 590, taimei informe e cour, sur la coura o more man particular o more man particular o 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-2 form our 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-sponsore the datch coverage (if stack 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 Tjer 1 railroad retirement (RKTA) taxes were withheld, you also may be able to claim a credit for the scccss against your federal neone tax. If you had more than calload employer and more than S5,012.70 in Tire 2 RRTA tax was withheld, you also may be able to claim actual 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

A set of the set of

5200.00. The set of the set of

figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5) K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. For form family and Medicare tax set his year because there is no longer a substantial risk of forfeiture of year. How the deferred anont, file gold payment exits if or forms 1040 and 1

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 EB) under all plans are generally limited to a total of \$19,500 (\$153,500 f you only have SIMPLE plans; \$22,5200 for section 40(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code far limited to \$19,500. Deferrals under code H are limited to \$7,000. How ever, 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 of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral 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 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 limit on Elective deferral lective deferral lective deferral lective 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 EL, your made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferral, consider 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

Caccas decremary, consider mack alternation on the year assoring non-the current year. It in year as shown, the combinations are for the current year. A—Theollected 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. $C{\rm --Taxable}$ 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

B—Elective deferrals to a section 40(k) cash of a section 40(k) arrangement a SIMPLE reitement account that is part of a section 40(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

2020

2020

employees only). See the instructions for Forms 1040 and 1040-SR. P—Excludable moving expense reimburscennesh paid directly to a member of the U.S. Armed Forces (not included in boxes 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 Ferra Care Insurance Contracts: S—Employee sharp reductive contributions under a section 408(p) SIMPLE plan (not included in box S—Employee sharp reductive contributions

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

requireme requirements. W—Emphyser 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-SR.

amount is also include in tox1. It is subject to an automal 20% tack puts interest. See the instructions for forms 100 and 100 SR. AA—Designated Roth contributions under a section 403(b) plan BB—Designated Roth contributions under a section 403(b) plan DD—Cox of employer-sponsored health coverage. The amount reported with Code DD is not take. BB—Designated Roth contributions under a section 403(b) plan. The amount reported with Code DD is not take. BB—Designated Roth contributions under a generation section 457(b) plan. This amount does not take. BB—Designated Roth contributions under a generation section 457(b) plan. The—Termitted Roth contributions under a section 83(b) (HI—Agergente deteraits under a agriffed snall employee health reinhumsenent arrangement GG—Income from qualified equity grants under section 83(b) (HI—Agergente deteraits under a agriffed snall employee health reinhumsenent arrangement GG—Income from qualified equity grants under section 83(b) (HI—Agergente deteraits under a cate section 83(b) exists and the section 457(b) (HI—Agergente plan⁺ box is checked, special limits may apply to the amount of traditional RA contributions you may deduct. See Pub. 500-A. Contributions to Individual Retirement Arrangements (IRAs).

withheld, unnor dues, unitorm payments, neath insurance premiums deducted, nontaxable neome, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Raihoad empbyers use this hox to report raihoad 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 raihoad retirement (RRTA) compensation.

G—Elective deferrals and employer contributions (including nonelective 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.

Form W-2 Wage and Tax Statement

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

	d Control number Void 0940-Y444M314 0000000703-DEVELO			c Employed's name, address, and ZIP code MICROMAN INC				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008					
31-1 13 Sta	over's identification 219217 atutory oloyee X	Retirem plan	855-4	social security nu <u>42-0721</u> Third-party sick pay	Imber		TULLER RD N OH 43017			is, tips, other compensation 80862.70 Il Security wages 80862.70	2 Federal Income tax w 4 Social Security tax w	12586.25	
12 See	12 See Instrs. for Box 12 14 Other e				ROHIT 11414 I APT 46	's name, address, and ZIP code H KOUSHIK PADAKAI LEBANON RD J NATI OH 45241	NTI	7 Socia 10 Dep	care wages and tips 80862.70 Il Security tips endent care benefits lication Code	6 Medicare tax withhele 8 Allocated Tips 11 Nonqualified plans	1172.51		
15 State Employer's state LD. No. 16 State wages, tips, et OH 51-913556 0 8)862.70	17 State income tax 2386.00	18 Local wages, tips, etc. 4588	37.40	19 Local income tax 688.	20 Locality name	SHRVL			

Form W-2 Wage and Tax Statement

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

					Void		's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008					
						IMICKC	MAN INC							
b Employ	yer's identificat	ion number	a Employee'	s social security nu	mber	4393A '	TULLER RD		1 Wages, tips, other compensation 2 Federal Income tax withheld					
	219217			42-0721		DUBLIN OH 43017			1 Wages, tips, other compensation 2 Federal Income tax withheld 80862.70 125					
Empl	tutory loyee	Retire plan	ment Third-party sick pay						3 Socia	al Security wages	4 Social Securi			
X X		Х	ζ						80862.70	5013.49				
12 See Instrs. for Box 12			4 Other			e Employee	's name, address, and ZIP code		5 Medi	care wages and tips	6 Medicare tax	withheld		
										80862.70		1172.51		
						ROHIT	'H KOUSHIK PADAKA	NTI	7 Socia	al Security tips	8 Allocated Tip:	5		
						11414 I	LEBANON RD							
								10 Dep	endent care benefits	11 Nonqualified plans				
						CINCI	NNATI OH 45241		Veri	fication Code				
15 State Employer's state I.D. No. 16 State wages, tips,				tips, etc.		17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Localit	y name			
OH 51-913556		5560		8			2386.00	349	975.30	699.	47 OH	DUBLN		

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			
							r wages, ups, other compensation				
13 Statutory Retirement Employee plan		Third-party sick pay				3 Social Security wages	4 Social Security tax withheld				
12 See Instrs. for Box	x 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		16 State wages	, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				