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.

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 the state of the correct way and any 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 archive for the excess fave your federal income tax. If you had more than ore than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the excess against your federal more than 65.012.70 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. 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.

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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 tps will be credited to your social security report to your employer paid to you or incurred on your behalf (including amounts from a section 123 (cafeteria) plan). Any amount over \$50,000 also is included in the chief of the chief paid in the complete form 2441, Child and Dependent Care Expenses, to compute any taxable and notaxable amounts.

Box 11. This anounts (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan than became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your acro will be age 62 by the end of the calendary year, your employer should if box 158, 131, 151, Employer Report of Special Wage Payments, with the Social Security Administration and give you 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. 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.

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

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontraxble 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—Emphyer contributions (including amounts the employee elected to contribute using a section 125 (calleteria) 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 checked, 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 clercy'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.

			., ,	may be imposed	on you if this income is taxable and you fai			
d Control number  0472-D214 000  b Employer's identification number	00374319-002800	TECH	's name, address, and ZIP code MAHINDRA AMERICAS INC	Department of the Treasury - Internal Reven	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
22 2222606 670 59 2027			EMOCRACY DRIVE 2000	1 Wages, tips, other compensation 40964.52	2 Federal Income tax withheld 2232.60			
Employee   plan	ement I nira-party   sick pay	PLANO	O TX 75024	3 Social Security wages 40964.52	4 Social Security tax withheld 2539.84			
12 See Instrs. for Box 12 C 103.80 DD 1797.50	14 Other	SREEV 1270 SI	o's name, address, and ZIP code VALLI MEKALA PRUCE POINT APT # 7 N MN 55123	5 Medicare wages and tips  40964.52  7 Social Security tips  10 Dependent care benefits  Verification Code	6 Medicare tax withheld 593.97 8 Allocated Tips 11 Nonqualified plans			
15 State Employer's state I. MN 8988741	.D. No. 16 State wages, ti	ps, etc. 40964.52	17 State income tax 1093.00 18 Local wages, tips, e	tc. 19 Local income tax	20 Locality name			

# Form W-2 Wage and Tax Statement

2020

2020

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

	d Control number 0472-D214 0000374319-002800 Void			Void		's name, address, and ZIP code MAHINDRA AMERICA	S INC	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer's identification number 22-3282696 a Employee's social security numl 679-58-2027  13 Statutory Retirement Third-party sick pay				5700 DEMOCRACY DRIVE SUITE 2000 PLANO TX 75024			$ \begin{array}{c c} \textbf{1 Wages, tips, other compensation} & \textbf{2 Federal Income tax withheld} \\ \textbf{40964.52} & \textbf{223} \\ \textbf{3 Social Security wages} & \textbf{4 Social Security tax withheld} \\ \textbf{40964.52} & \textbf{253} \\ \end{array} $				
12 See Instrs. for Box 12 14 Other 103.80 DD 1797.50					SREEV 1270 SI	's name, address, and ZIP code  'ALLI MEKALA  PRUCE POINT APT #7  N MN 55123		5 Medicare wages and tips 40964.52 7 Social Security tips 10 Dependent care benefits  Verification Code	6 Medicare tax withheld 593.97 8 Allocated Tips 11 Nonqualified plans		
15 State MN	Employer's sta	te I.D. No.	16 State wages,		964.52	17 State income tax 1093.00	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 MN

d Control number  0472-D214  0000374319-002800  b Employee's identification number   a Employee's social secur				Void	TECH N	's name, address, and ZIP MAHINDRA	AMERICA	S INC	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
		679-5	679-58-2027		5700 DEMOCRACY DRIVE SUITE 2000		1 Wages, tips, other compensation $40964.52$			2 Federal Income tax withheld 2232.60			
Employee   plan   sick pay				PLANO TX 75024			3 Socia	ocial Security wages 40964.52 4 Social Security tax withheld 2		2539.84			
12 See Instrs. for Box 12 C 103.80 14 Other					e Employee's name, address, and ZIP code				5 Medio	care wages and tips $40964.52$	6 Medicare tax withheld	593.97	
DD 1797.50						SREEVALLI MEKALA 1270 SPRUCE POINT APT # 7			7 Socia	al Security tips	8 Allocated Tips		
						EAGAN MN 55123			10 Dependent care benefits		11 Nonqualified plans		
										Verification 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			
MN	898874	1			40	0964.52		1093.00					