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 and and and a series of the 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 for your name, SSN, or address is incorrect, correct Opies B, Cand 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2e. Corrected Wage and Tax 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, 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

0943-12066112

27-3331256

L

13 Statutory Employee

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 into f 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 L45% Medicare Tax withheld on all Medicare wages and tips sho in Box 5, sa well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips sho 5700 000 \$200,000

\$200,000. 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 precisione that amount are if it is more one less than the allocated line. Itse Form 4137 to s. Use Form 4137

**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 (\$15.5 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 the 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)

2020

2020

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—substantiate employee usings expense remnusciencits (unitable) M—Lnoelletted social security or RRTA ax on tatable cost of group-term life insurance over \$50,000 (former employees only). See the instructions for Forms 1040 and 1040-SR . M—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.

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—Nottaable 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

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 administication for the signal effect of the second section 403(b) plan Bild—Designated Roth contributions under a section 403(b) plan Bild—Designated Roth contributions under a section 403(b) plan DD—Cox1 of employer-sponsored health coverage. The amount reported with Code DD is not table. Bild D contributions under a tack-accemptory of the amount reported with Code DD is not table. DF—Permitted Roth contributions under a section 437(b) plan. This amount does not DF—Permitted Roth contributions under a section 437(b) plan. DF—Permitted Roth contributions under a section 437(b) plan. DF—Permitted reduction under a section 33(b) client of 47(b) plan. DF—Permitted reduction under a section 33(b) client and section 33(b) DF—Permitted reductions under section 33(b) client and section 33(b) DF—Permitted reduction under a section 33(b) client and section 34(b) DF—Permitted reduction under a section 33(b) client and section 34(b) DF—Permitted reductions and the client and section 34(b) reduction and the client area and the DF—Permitted reduction and the section 33(b) client and section 34(b) reduction 34

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. Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code Void JNIT TECHNOLOGIES INC 0000001311 b Employer's identification number a Employee's social security numbe 3145 BORDENTOWN AVE SUITE D1 2 Federal Income tax withh 1 Wages, tips, other compe 280-45-2900 85758.11 13062.24 PARLIN NJ 08859 Retire plan Third-party sick pay 4 Social Security tax withheld 3 Social Security wages

										85758.11		5317.00
12 See Instrs. for Box 12		2	14 Other		e Employee's name, address, and ZIP code			5 Medicare wages and tips		6 Medicare tax withheld		
									85758.11			1243.49
					AMARNATH BOLLAM				7 Social Security tips		8 Allocated Tips	
						1595 SPRING HARBOR DR APT B DELRAY BEACH FL 33445				10 Dependent care benefits		
										ie		
15 State	Employ	er's state	e I.D. No.	16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	19 Local	income tax	20 Locality name	
IN	014235	0142351598 001		ç	004.26 285.46							

## Form W-2 Wage and Tax Statement

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

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d Control number Void					Void	c Employer	er's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
0943-12066112 0000001311-						JNIT TI	TECHNOLOGIES INC						
b Employer's identification number a Employee's social security number					umber	3145 B	BORDENTOWN AVE SUI	(TE D1	1 Wages, tips, other compensation 2 Federal Income tax withheld				
27-3331256 280-45-			-45-2900	45-2900		PARLIN NJ 08859			85758.11		3062.24		
13 Statutory Retirement Employee I plan			ient	Third-party sick pay			11 11 00000		3 Social Security wages		4 Social Security tax withhele		
Employee plan sick pay				SICK pay					5 Ootial Cooliny II	85758.11			
12 See Instrs. for Box 12		. 14	14 Other			e Employee	e's name, address, and ZIP code		5 Medicare wages a	•	6 Medicare tax withheld		
									85758.11			1243.49	
						AMAR	RNATH BOLLAM		7 Social Security ti	ps	8 Allocated Tips		
						1595 SF	PRING HARBOR DR		L				
						APT B			10 Dependent care	benefits	11 Nonqualified plans		
						DELRAY BEACH FL 33445							
									Verification Code				
15 State	Employe	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 name		
IN 0	1598 00	)1	1	(	9004.26	285.46							
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## Form W-2 Wage and Tax Statement 2020

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

d Control number Void					c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
0943-12066112 0000001311-					JNIT TECHNOLOGIES INC								
b Employer's identification number a Employee's social security number					3145 BORDENTOWN AVE SUITE D1								
27 2221256 280 45 2000								1 Wages	tips, other compensation	2 Federal Income tax with			
27-5551250 280-43-2900 13 Statutory Retirement Third-party				PARLIN NJ 08859					85758.11		13062.24		
Employee   plan			sick pay					3 Social Security wages		4 Social Security tax withheld			
				I						85758.11	5317.00		
12 See Instrs. for Box 12 14 Other				e Employee's name, address, and ZIP code				5 Medica	are wages and tips	6 Medicare tax withheld			
										85758.11		1243.49	
					AMARNATH BOLLAM					Security tips	8 Allocated Tips		
					1595 SI	1595 SPRING HARBOR DR							
					APT B				10 Deper	ndent care benefits	11 Nonqualified plans		
				I									
					DELRAY BEACH FL 33445				Verification Code				
					Í -								
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		
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