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

A set of the set of

\$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 in 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 records the result that your early if a imorg on less than the allocated time. If Sec Tax and 137 to the second that you received a smaller amount. If you have records that show the actual amount of tips you received result that your actual if is imorg or less than the allocated time. Ike Form 4137 to actual amount of tips s. Use Form 4137 to

figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this J—Nontaxable six k pay (information only, not included in boxss 1, 3, or 5) K=20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. See 11. This anomatic s(a) reported in box 1 if is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plant has became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forficure of you and are deferral and received a distribution in the same calendar year. If you are or will be age 62 by the ead of the calendary exer, your employer should fibe Form S83. Archer MSAs and Long-Term (Ext mount, file approxes only). See the instructions for Forms 883, Archer MSAs and Long-Term (Ext mount, file approxes only). See the instructions under a section 408(p) SIMPLE plan (not included in box 1). Complex Report of Special Wage Payments, with the Social Security Administration and give you or opy.

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)

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.

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

securary wage base), and 3), see rub. 525, I axable and Nontaxable Income, for reporting 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 (HSAc)

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 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 sanctior may be imposed on you if this income is taxable and you fail to report it.

0001 110011210 0000				a Employee's social security number 712-84-6454		c Employer's name, address, and 2/P code SAPPHIRE SOFTWARE SOLUTIONS IN 20130 LAKEVIEW CENTER PLAZA ST ASHBURN VA 20147			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 1 Wages, tips, other compensation 49528,00 8042,7		
13 Statutory Retirem Employee plan			nt Third-party sick pay					3 Social Security wages		4 Social Security tax withheld	
12 See Ir	12 See Instrs. for Box 12		14 Other UI/HC/WD		9.28	e Employee's name, address, and ZIP code UDAY KUMAR GUNDLURU 209 GROVE PLACE APT 207 ALAMO HEIGHTS TX 78209			5 Medicare wages and tips 6 Medicare tax withheld		
			DI		-						8 Allocated Tips 11 Nonqualified plans
					AL						
								Ver			
15 State		oyer's stat				ا مم	17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name
NJ 454-572-126/00 NJ FLI		/000	00 2.		3.00	913.12 33.61					

Form W-2 Wage and Tax Statement

2020

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

					_								
d Control number					Void	c Employer's	s name, address, and ZIP code		Department of the Treasury - Internal Revenue Service				
0087-A8611215 0000000299-						SAPPHIRE SOFTWARE SOLUTIONS IN				OMB No. 1545-0008			
b Employer's identification number a Employee's social security number					mber	20130 LAKEVIEW CENTER PLAZA ST							
45-45	572126		712-	84-6454	-6454		ASHBURN VA 20147			es, tips, other compensation 49528.00	2 Federal Income tax withheld 8042.70		
			nent	Third-party sick pay					3 Social Security wages		4 Social Security tax withheld		
	Employee plan			,									
12 See In	12 See Instrs. for Box 12		other I/HC/WD		89.28	e Employee'	e Employee's name, address, and ZIP code			care wages and tips	6 Medicare tax withheld		
		-											
1			I			UDAY KUMAR GUNDLURU				al Security tips	8 Allocated Tips		
							OVE PLACE APT 207						
						ALAM	O HEIGHTS TX 78209		10 Dep	pendent care benefits	11 Nonqualified plans		
						1			Ver	ification Code			
						1							
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		
NJ	NJ 454-572-126/0		000		21008.00		913.12						
NJ FLI						33.61							
		2-126/0	00		2	1008.00							

Form W-2 Wage and Tax Statement 2020

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

d Control number					Void	c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service			
0087-A8611215 0000000299-					SAPPHIRE SOFTWARE SOLUTIONS IN				OMB No. 1545-0008				
b Employer's identification number a Employee's se				social security nu	mber	20130 LAKEVIEW CENTER PLAZA ST							
10 10/2120			84-6454		ASHBURN VA 20147			1 Wag	es, tips, other compensation 49528.00	2 Federal Income tax withheld 8042.70			
13 Statutory Reti Employee plan		Retirem plan	ent	Third-party sick pay					3 Social Security wages		4 Social Security tax withheld		
12 See Instrs. for Box 12		Ü	Other /HC/WD	89.28		e Employee's name, address, and ZIP code			5 Medicare wages and tips 6 Me		6 Medicare tax withheld		
		DI	DI		54.62	UDAY KUMAR GUNDLURU 209 GROVE PLACE APT 207			7 Social Security tips		8 Allocated Tips		
						ALAM	O HEIGHTS T	X 78209		10 Dep	endent care benefits	11 Nonqualified plans	
										Ver	fication 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	
NJ 454-572-126/000		00		2	1008.00		913.12						
NJ FLI						33.61							