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. 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 th

\$2200,000.
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 tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that you we the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to

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 Store any taxable and nontaxable amounts. Bes 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation on nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it (n is a prior year deferral dunder a nonqualified or section 457(b) plan, deferral and a faribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age (2b yhe tend of the calendar year, your employer should lie 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 Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax returns. Elective deferrals (codes D, E, F, and S) and designatel Roh contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only we SIMPLE plans). S22,500 for scion 403(b) plans is you qualify for the 15-year net explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000. However, if you were at last age 50 in 2020, your employer may have allowed an additional deferral of up to \$5,500 (\$3,000 for section 401(b) (plans) (J) and 408(b) ShHDET plans). This additional deferral amount is not subject to the overall limit on decivicy deferrals. For code G, the limit on decivity deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amountin encode to the overall elective deferral limit must be

administrator for more information. Amounts in excess of the overall electrice deternal limit must included in income. See the instructions for Forms 1000 and 1040-581. Note, If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrads, consider these amounts for the year shown, not the current year. If no year is 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.

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

juremens. —Emphyser 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 Accounts 8 -1.

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.

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 D—Cost of employer-sponsored health coverage: The amount reported with Code DD is not taxable. BE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under at accempt organization section 457(b) plan. FE—Permitted benefits under a qualified small employer health reinbursement arrangement GG—Income from qualified quary grants under section 83(i) HIB—Aggregate deferrals under section 83(o) clections as of the close of the calendar year Box 13.1 (If er Keirement plan¹⁵ box) 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 14.1 employers may use this box to report information such as state disability insurance taxes withEdL union dues, uniform payments, health insurance premiums deducted, nontaxable income,

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.

supersyst an unit out returnent (KRLA) 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.

Service. or other sanction I to report it.

Form W-2 Wage a	nd Tax Statement	2020 Co	py C, for employee	's records This information is If you are required may be imposed o	being furnished to the Internal Revenue S to file a tax return, a negligence penalty o on you if this income is taxable and you fai		
d Control number	Void	c Employer's name, address, and ZIP code	De	partment of the Treasury - Internal Revenue	e Service		
0940-Y430321P 0000	00S5064-PROJEC	FORT MYER CONSTRUCTION	N CORPORA	OMB No. 1545-0008			
b Employer's identification number	a Employee's social security number	2237 33RD STREET NE	11	1 Wages, tips, other compensation 2 Federal Income tax withheld			
54-0956585	196-79-5064	WASHINGTON DC 20018		74750.00	10351.69		
13 Statutory Retirement Third-party Employee plan sick pay				3 Social Security wages 4 Social Security tax withh			
				11250.00	697.50		
	Other	e Employee's name, address, and ZIP code	51	Nedicare wages and tips	6 Medicare tax withheld		
DD 5717.78 C.	AR A 7200.00			11250.00	163.13		
		PRANATHI SERI 1530 SPRING GATE DR #910		Social Security tips	8 Allocated Tips		
		MCLEAN VA 22102	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		
VA 30540956585F	001 7	4750.00 3717.51					

Form W-2 Wage and Tax Statement 2020

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

	4303211			-PROJEC s social security nu	Void	c Employer's name, address, and ZIP code FORT MYER CONSTRUCTION COP			N CORPORA	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
		79-5064 Third-party	-5064		2237 33RD STREET NE WASHINGTON DC 20018		1 Wages, tips, other compensation 74750.00		2 Federal Income tax withheld 10351.69				
	loyee	plan	ment	sick pay	I					3 Socia	al Security wages 11250.00	4 Social Security tax wit	^{hheld} 697.50
12 See In DD	nstrs. for Box 1 57	12 17.78	14 Other CAR A 7200.		200.00) PRANATHI SERI 1530 SPRING GATE DR #9103				care wages and tips <u>11250.00</u> al Security tips	6 Medicare tax withheld 8 Allocated Tips	163.13	
						MCLEAN VA 22102				10 Dependent care benefits 11 Nonqualified plans			
										Veri	fication Code		
15 State Employer's state I.D. No. 1		16 State wages,	, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name			
VA 30540956585F001			74	4750.00		3717.51							

Form W-2 Wage and Tax Statement 2020 Copy 2, to be filed with employee's tax return for VA

c Employer's name, address, and ZIP code d Control numbe hio Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 0940-Y430321P 00000S5064-PROJEC FORT MYER CONSTRUCTION CORPORA b Employer's identification number a Employee's social security number 2237 33RD STREET NE 1 Wages, tips, other compensation 2 Federal Income tax withheld 54-0956585 196-79-5064 74750.00 WASHINGTON DC 20018 10351.69 13 Retire plan Statutory Employee Third-party sick pay 3 Social Security wage 4 Social Security tax withhe 11250.00 697.50 12 See Instrs. for Box 12 14 Other DD 5717.78 CAR A e Employee's name, address, and ZIP code 5 Medicare wages and tips 6 Medicare tax withheld 7200.00 11250.00 163.13 PRANATHI SERI 7 Social Security tips 8 Allocated Tips 1530 SPRING GATE DR #9103 10 Dependent care benefits 11 Nonqualified plans MCLEAN VA 22102 Verification Code 15 State Employer's state I.D. No 16 State wages, tips, etc 18 Local wages, tips, etc 19 Local income tax 20 Locality name 17 State income tax 30540956585F001 74750.00 VA 3717.51