Copy B To Be Filed V FEDERAL Tax Return	1	<b>2020</b> <sup>OMB No.</sup> 1545-0008
a Employee's social	1 Wages, tips, other comp	
security number	18400.	
080-21-5419	3 Social security wages	4 Social security tax withheld
b Employer ID number	2115.	
27-3433146	5 Medicare wages and tip 2115.	
c Employer's name, addre	ss, and ZIP code	
Instart Logi 450 Lambert Palo Alto, C	Ave	
d Control Number 13835 539		
e Employee's name, addre	ss, and ZIP code	
450 Lambert A Palo Alto, C		9 Advance EIC payment
10 Dependent care benefits	s 11 Nonqualified plans	12a Code C 13.59
13 Statutory employee	14 Other	12b Code
	CASDI-E 18	<sup>3.85</sup> DD 1029.93
Retirement plan		12c Code
3rd party sick pay		12d Code
CA 313-4943-4	184	00.23 885.30
15 State Emplr.'s state I.D.		s, etc. 17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax S		Dept. of the Treasury - IRS
This information is being furn	nished to the Internal Revenu	e Service

Copy C For EMPLOY Notice to Employee of			2020 <sup>OMB N</sup> 1545-0	√o. )008
a Employee's social	1 Wages, tips	, other comp.	2 Federal income tax wi	thheld
security number		18400.23	3 1961	L.55
080-21-5419	3 Social secu		4 Social security tax wit	
b Employer ID number		2115.38	3	
27-3433146	5 Medicare w		6 Medicare tax withheld	1
c Employer's name, addre	ss, and ZIP code		-	
Instart Logi 450 Lambert Palo Alto, C	Ave			
d Control Number 13835 539				
e Employee's name, addre	ss, and ZIP code	e		
Ramachandran 450 Lambert Palo Alto, C	Street	umar		
7 Social security tips	8 Allocate	d tips	9 Advance EIC payme	ent
10 Dependent care benefit	s 11 Nonqua	lified plans	<b>12a</b> Code C 13	3.59
13 Statutory employee	14 Other CASDI-	E 183.8	DD 1025	9.93
Retirement plan			12c Code	
3rd party sick pay			12d Code	
CA 313-4943-4		18400	0.23 88	5.30
15 State Emplr.'s state I.D		te wages, tips, e		(
18 Local wages, tips, etc.	19 Local incom	e tax 2	20 Locality name	
Form W-2 Wage and Tax S	tatement		Dept. of the Treasur	y - IRS
This information is being fur tax return, a negligence pen and you fail to report it.				
Copy 2 To Be Filed V City, or Local Income	Tax Return	-	2020 <sup>OMB N</sup>	
a Employee's social	1 Wages, tips	, other comp.	2 Federal income tax wi	
security number		18400.23		
080-21-5419	3 Social secu	rity wages	4 Social security tax with	hheld
b Employer ID number	]	2115.38	3	
27-3433146	5 Medicare w	ages and tips	6 Medicare tax withheld	

9 Advance EIC payment

13.59

885.30

Dept. of the Treasury - IRS

1029.93

12a Code С

12b Code

12c Code

12d Code

183.85 DD

18400.23

2115.38

s and ZIP code

8 Allocated tips

11 Nongualified pla

 15
 State Empir.'s state I.D. #
 16
 State wages, tips, etc.
 17
 State income tax

 18
 Local wages, tips, etc.
 19
 Local income tax
 20
 Locality name

Copy 1 To Be Filed V City, or Local Income	e Tax F	Return				OMB No. 1545-0008
a Employee's social			-	Federal inco	ome tax withheld	
security number		18400.23				1961.55
080-21-5419	3 So	cial security wa	ges	4	Social secu	rity tax withheld
b Employer ID number			15.3			
27-3433146	5 Me	dicare wages a		-	Medicare ta	ix withheld
			15.3	8		
c Employer's name, addre	ess, and	ZIP code				
Instart Logi	c, I	nc.				
450 Lambert						
Palo Alto, C	'A 94	306				
1410 11200, 0						
d Control Number						
13835 539						
e Employee's name, addre	ess, and	ZIP code				
Denie ale en deren		1	-			
Ramachandran			5			
450 Lambert						
Palo Alto, C	A 94	306				
7 Social security tips	8	Allocated tips		9	Advance I	EIC payment
10 Dependent care benefit	s 11	Nonqualified p	ans	12	a Code	
					С	13.59
13 Statutory employee	14 Oth			12	b Code	
	C	ASDI-E	183.	<sup>85</sup> I	DD	1029.93
Retirement plan				12	c Code	
3rd party sick pay				12	d Code	
ord party slow pay					<b>u</b> 0000	
<b>A</b>		-			a.	
CA 313-4943-4			1840	0.2	3	885.30
15 State Emplr.'s state I.D 18 Local wages, tips, etc.	1010	16 State wag al income tax	es, tips,	etc.	17 State cality name	income tax
To Local wayes, ups, etc.	13 100	ar income tax		20 LO	cally name	
Form W-2 Wage and Tax S	tatomo	nt			Dont of th	e Treasury - IRS
i onn w-z waye and lax a	natemie				Dept. of th	e neasury - IRS

Instart Logic, Inc. 450 Lambert Ave Palo Alto, CA 94306

> 13835 539 Ramachandran Vijayakumar 450 Lambert Street Palo Alto, CA 94306

d Control Number 13835 539

7 Social security tips

13 Statutory employee

Retirement plan

3rd party sick pay

CA

313-4943-4

Form W-2 Wage and Tax Statement

10 Dependent care benefits

27-3433146

c Employer's name, addre

Instart Logic, Inc. 450 Lambert Ave Palo Alto, CA 94306

e Employee's name, address, and ZIP code Ramachandran Vijayakumar 450 Lambert Street Palo Alto, CA 94306

> 14 Other CASDI-E

Employee Ref	erence Copy			
W-2 Wage a				
VV-Z Stateme	ent <b>ZUZU</b> OMB No. 1545-0008			
Copy C for employee's records.				
d Control number Dept.	Corp. Employer use only A 8024			
131856 CLI2/TBR 000300				
c Employer's name, address, a COLLABERA IN				
110 ALLEN RO				
BASKING RIDG				
	Batch #02445			
e/f Employee's name, address,	and ZIP code			
RAMACHANDRAN VI	JAYAKUMAR			
3560 FLORA VISTA	AVENUE			
UNIT 331				
SANTA CLARA CA	95051			
b Employer's FED ID number	a Employee's SSA number			
22-3093525 1 Wages, tips, other comp.	2 Federal income tax withheld			
86820.66	2 Federal Income tax withined 9151.03			
3 Social security wages	4 Social security tax withheld			
, ,				
5 Medicare wages and tips	6 Medicare tax withheld			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12 DD 3678.21			
14 Other	12b			
868.21 SDI	12c			
	12d   13 Stat emp Ret. plan βrd party sick pay			
	To Stat emplities, plan Sid party sick pa			
15 State Employer's state ID no				
CA 442-6255 8	86820.66			
17 State income tax 6267.44	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			
	20 Locality name			

# 2020 W-2 and EARNINGS SUMMARY

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

#### 1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other	Social Security	Medicare	CA. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay	90,216.00	90,216.00	90,216.00	90,216.00
Less Other Cafe 125	3,395.34	3,395.34	3,395.34	3,395.34
Less Exempt Wages	N/A	86,820.66	86,820.66	N/A
Reported W-2 Wages	<b>86,820.66</b>	<b>0.00</b>	<b>0.00</b>	86,820.66

2. Employee Name and Address.

## RAMACHANDRAN VIJAYAKUMAR 3560 FLORA VISTA AVENUE UNIT 331 SANTA CLARA CA 95051

¤© 2020 ADP, Inc.

1 Wages, tips, other comp. 86820.66	2 Federal income tax withheld 9151.03	1 Wages, tips, other comp. 86820.66	2 Federal income tax withheld 9151.03	1 Wages, tips, other comp. 86820.66	2 Federal income tax withheld 9151.03
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
d         Control number         Dept.           131856         CLI2/TBR         000300	Corp. Employer use only A 8024	d         Control number         Dept.           131856         CLI2/TBR         000300	Corp. Employer use only A 8024	d         Control number         Dept.           131856         CLI2/TBR         000300	Corp. Employer use only A 8024
c Employer's name, address, a COLLABERA IN 110 ALLEN RO BASKING RIDG	IC AD	c Employer's name, address, a COLLABERA IN 110 ALLEN RO BASKING RIDG	IC AD	c Employer's name, address, a COLLABERA IN 110 ALLEN RO. BASKING RIDG	IC AD
b Employer's FED ID number 22-3093525	a Employee's SSA number XXX-XX-5419	b Employer's FED ID number 22-3093525	a Employee's SSA number XXX-XX-5419	b Employer's FED ID number 22-3093525	a Employee's SSA number XXX-XX-5419
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 3678.21	11 Nonqualified plans	<sup>12a</sup> DD 3678.21	11 Nonqualified plans	DD 3678.21
14 Other 868.21 SDI	12b           12c           12d           13 Stat emp           Ret. plan           3rd party sick pay	14 Other 868.21 CA SDI	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay	14 Other 868.21 CA SDI	12b
e/f Employee's name, address a	nd ZIP code	e/f Employee's name, address a	nd ZIP code	e/f Employee's name, address a	nd ZIP code
RAMACHANDRAN VI 3560 FLORA VISTA UNIT 331 SANTA CLARA CA S	AVENUE	RAMACHANDRAN VI 3560 FLORA VISTA UNIT 331 SANTA CLARA CA S	AVENUE	RAMACHANDRAN VI 3560 FLORA VISTA UNIT 331 SANTA CLARA CA S	AVENUE
15 State Employer's state ID no CA 442-6255 8	. 16 State wages, tips, etc. 86820.66	15 State Employer's state ID no CA 442-6255 8	0. 16 State wages, tips, etc. 86820.66	15 State Employer's state ID no CA 442-6255 8	. 16 State wages, tips, etc. 86820.66
17 State income tax 6267.44	18 Local wages, tips, etc.	17 State income tax 6267.44	18 Local wages, tips, etc.	17 State income tax 6267.44	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
Federal Fil	ling Copy		eference Copy	CA.State Fil	ing Copy
W-2 Wage a Stateme Copy B to be filed with employee's Fi		W-2 Wage a Statement Copy 2 to be filed with employee's State		W-2 Wage an Stateme Copy 2 to be filed with employee's State	

### 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 line of 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 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 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 show 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 employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits). **Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes thris year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you acopy.

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 EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule 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 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 amount is not subject to the overall limit on elective deferrals. For code G, the 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 elective 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 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 deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

 ${\bf A-}$  Uncollected 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.  ${\bf B-}$  Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

C – 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 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

 ${\rm G-Elective}$  deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

 ${\rm H-Elective}$  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 box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L-Substantiated employee business expense reimbursements (nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N—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.

 P-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 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-Term Care Insurance Contracts.
 S—Employee salary reduction 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 compute any taxable and nontaxable 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-Employer 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 (HSAs).
 Y-Deferrals under a section 409A nonqualified deferred compensation plan Z-Income under a nonqualified deferred compensation plan that fails to

2-income under a hondpaline deterred compensation plan that has 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.

**EE**-Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF**—Permitted benefits under a qualified small employer health reimbursement arrangement

**GG**—Income from qualified equity grants under section 83(i) **HH**—Aggregate deferrals under section 83(i) 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 IRA 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 clergy'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.

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.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):

TAX	RETURN
THIS FORM W-2	OTHER W-2'S

## 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 don't 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 income 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 the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit www.irs.gov/EITC. See also 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.

**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-2c 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 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-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 \$8,537.40 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 one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.