Notice to Employee
Do you have to file? Refer to the instructions for Forms 1040 and 1040-SR to determine if you
remined to file a tax return. Even if you do not have to file a tax return, you may be eligible for a

Do you have to He? Befer to the instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return, you may be eligible for a return if box 2 shows an amount or if you are eligible for any credit.

Earned income "cerid (ECL), you may be able to take the HZ for 2020 if your adjusted gross income (A(3I) is less than a certain amount. The amount of credit is based on income and family size. Workers without earlier load equality for a smaller credit. You and any qualifying children must have valid accial security numbers (SSNo, You can't take the HZ for you investment income is more than the specified amount for 2020 of it more in secured for service provided valide you were an immate at a preal institution. For 2020 income limits and more information, visit www.irs.gov/EITC. Also see Pub. Soy, Eumed Income Credit. Any HZ Ch this is more than you track hability is refunded to you, but only if you file a tax return.

Also see Pub. 596, Earned Income Credit. Any EUC that is more than your tax anamy is retunued 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. 317, Social Security and Chef 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-2ce, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or more yamount errored. Be sure to ask the employer to file Form W-2ce, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or move yamout error expected 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 nar correct to tar entit he same as shown on your social security and, you should ask for a new eard that displays your correct name at any SSA office or by eafing 800-772-1213. You may also vait the SSA webside at work. SSA 4950."

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in Exa U, suing Code Dip. of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code Di is not taxable.

Credit for excess taxes. If you had more than one employer in 2020 and more than SS.537-40 in social security and/or Tier 1 railroad retirement (RETA) taxes were withheld, you also may be able to claim a credit for the excess against your feder alineome tax. If you had more than one relinated Tax.

Instructions for Employee

Instructions for Employee

Box 1. Exter this amount on the wages line of your tax return.

Box 2. Exter this amount on the rederal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 850%. Additional Medicare Tax. See the

Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 850%.

Box 6. This mount includes the 1.4% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.5% Additional Medicare Tax on any of those Medicare wages and tips above

5200,000.

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

variencement return to record takes the allocated in amount lines you one process with advantage in amount of the source of the contraction of the

your income far return to report a feest 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 went if it is more or less than the allocated tips. Use Form 4137 to FORM W-2 Warge and Tax Statement 2020

figure the social security and Medicare tax owed on tips you den't report to your employer. Enter this J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5) amount on the wages line of your tax return. By filing Form 4137, your social security tops of used to give your benefits).

**C20% excise tax on excess golden parachate payments. See the instructions for Forms 1040 and redded to your social security record (used to figure your benefits).

terement we your some steedimy record titled to flagge you describes. But 10. This amount includes the tend dependent case bearfits that your employer paid to you or incurred on your behalf (including amounts from a section 12 (cardetenia) plan). Any amount over \$3.000 also is included in bot 1. Constant from 2 with 12 (cardetenia) plan). Any amount over compute any taxable and nortax able amounts from 2 with 12 (cardetenia) plan). Any of the part of the par

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongevernmental section 457(b) plan, or (b) included in box 3 mailer of it is a prior year deferral under a nonqualified or section 457(b) plan that became transhe for social security and Medicare taxes this 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, and you are or will be age 62 by the and of the calendar year, your employer should file Form SSA-131. Employer Report of Special Wage Payments, with the Social Security Administration and give you a corow.

you are a wall be age 0.by the end of the eacheraty very over employer should he form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy?

Box 12. The following list explains the codes shown in box 12. You may need this information to of complete your tax return. Bettive deferrals (codes 0.A. Et and S) and designated Roth contributions to of complete your tax return. Bettive deferrals (codes 10. Et a., and S) and designated Roth contributions (codes 0.A. Et a., and S) in the complex your tax return. Bettive deferrals (codes 0.A. Et a., and S) and designated Roth contributions (codes 0.A. Et a., and S) in the complex your tax return. Bettive deferrals index code are finited to 13.9.200 (31.3.003) (19.0.004) (19.0.004). The code of the code of the finited to 15.7.007) (19.0.004). The code of the code of the finited to 15.7.007) (19.0.004). The code of the code of the finite dot 15.7.007) (19.0.004). The code of the cod

K—20% excise tax on excess going parasitis payments. In 1040-SR.

L—substantisted employee business expense reimbursements (nontaxable)

M—tincollected 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—tincollected Medicar tax on enable 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 crimbur sements paid directly to a member of the U.S. Armed Forces

onuncis. 1 contributions under a section 408(p) SIMPLE plan (not included in box

Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to upute any taxable and nontaxable amounts.

D) tax-centry organization plan. See the flavouriest plan of the Internal Revenue Service.

Conv 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 to the internal revenue of the service.

| d Control number | | Vo | | 's name, address, and ZIP code | | I I I I I I I I I I I I I I I I I I I | required to file a tax return, a negligence penalt nposed on you if this income is taxable and you | | |
|---|------------|----|------------|--------------------------------|----------------------------|--|---|--|--|
| | 000000052- | Ve | 1 | SLOBAL LLC | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
| b Employer's Identification number a Employee's social security number 46-3021137 534-95-2169 13 Statutory Retirement Third-party sick pay | | | | DENSFORD WAY CREEK GA 30097 | | 1 Wages, tips, other compensation | 2 Federal Income tax withheld 2.00 999.3 | | |
| | | | | CREEK GA 30077 | | 3 Social Security wages 7072 | 4 Social Security tax withheld | | |
| 12 See Instrs. for Box 12 | 14 Other | | e Employee | 's name, address, and ZIP code | | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| | | | | PANDEY ILLCREEK DRIVE | | 7 Social Security tips | 8 Allocated Tips | | |
| | | | | NA GA 30082 | | 10 Dependent care benefits | 11 Nonqualified plans | | |
| | | | | | | Verification Code | | | |
| 16 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 | | |
| GA 3441931-X | ' | | 7072.00 | 352.01 | | | | | |

Form W-2 Wage and Tax Statement

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

| | | • | | | | | | | • | • | | | | | |
|---|------------------------------------|-------------------------|--|----------------------|------|----------------------|---|--|----------|----------------------------|--------------------|-----------------------|-------------------------|--------|--|
| d Control number | | | c Employer's name, address, and ZIP code WHIZ GLOBAL LLC | | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | | | | | | |
| 46-3021137 534- | | 95-2169 | | JOHNS CREEK GA 30097 | | | 1 Wages, tips, other compensation 2 | | | 2 Federal Income tax withh | 999.31 | | | | |
| 13 Statutory Retirement Employee plan | | Third-party sick pay | | | | | | 3 Social Security wages 7072.00 4 Social Security tax withheld | | | 438.46 | | | | |
| 12 See li | 12 See Instrs. for Box 12 14 Other | | Other | | | e Employee | 's name, address, and ZIF | code | | 5 Medica | are wages and tips | 7072.00 | 6 Medicare tax withheld | 102.54 | |
| | | | | | | PANDEY ILLCREEK D | RIVE | | 7 Social | Security tips | | 8 Allocated Tips | | | |
| | | | | | SMYR | NA GA 30082 | | | 10 Depe | ndent care benefits | | 11 Nonqualified plans | | | |
| | | | | | | | | | | | Verifi | cation 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 to | ıx | 20 Locality name | | | |
| GA | 34419 | 31-X. | Ţ | | | 7 | 7072.00 | | 352.01 | | | | | | |

Form W-2 Wage and Tax Statement

2020

2020

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

| d Control number Void | | | c Employer's name, address, and ZIP code | | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | | | |
|--|--|-----------------|--|----------------------|---------------------------|----------------------------|---|---------------------------|-------------------------------|-------------------------|--------|--------|
| 0035-18091530 0000000052- | | WHIZ GLOBAL LLC | | | | | | | | | | |
| b Employer's identification number a Employee's social security number | | | 11132 DENSFORD WAY | | | | | | | | | |
| 46-3021137 534-95-2169 | | | JOHNS CREEK GA 30097 | | | | 1 Wages, tips, other comp | 7072.00 | 2 Federal Income tax withhe | 999.31 | | |
| 13 Statutory Retirement Thi | | Third-party | | JOHNS CREEK GA 3009/ | | | | | | | | |
| | | sick pay | | | | | 3 Social Security wages | 7072 00 | 4 Social Security tax withhel | | | |
| | | | | | | | | | | 7072.00 | | 438.46 |
| 12 See Instrs. for Box 12 14 Other | | | | e Employee | 's name, address, and ZIP | code | | 5 Medicare wages and tip: | s | 6 Medicare tax withheld | | |
| | | | | | | | | | 7072.00 | | 102.54 | |
| | | | | AJIT C | PANDEY | | | 7 Social Security tips | | 8 Allocated Tips | | |
| | | | 3571 MILLCREEK DRIVE | | | | | | | | | |
| | | | SMYRNA GA 30082 | | | | 10 Dependent care benefit | ts | 11 Nonqualified plans | | | |
| | | | 5.1111111111111111111111111111111111111 | | | | | | | | | |
| | | l | | | | | | | 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 | | | |
| GA 3441931-XJ | | ĺ | , | 7072.00 l | | 352.01 | | | | | | |
| | | | ĺ | | | | | | | | | |
| | | | 1 | | | | | | | | 1 | |