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 box 2 shows an amount or if you are eligible for any credit.

Earned innour 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 credit is based on income and family size.

Workers without châldren could qualify for a smaller credit. You and any qualifying châldren must have valid social security numbers (SSNs). You can that the HEI for your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an intante at a penal institution. For 2020 income limits and more information, vist www. ris. gov/EITC.

Also see 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.

Also see Pub. 396, trained informe cream, my face and the 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 employer to correct your employer to the correct way and the state of the correct way and any 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, SSR, or money amount error reported to the SSA on Form W-2. Be use to get your copies of Form W-2 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 annear 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 S8.537.40 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 archive for the excess fave your federal income tax. If you had more than ore than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the excess against your federal more than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the structures for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

#### 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 8999, 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 show in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips abor \$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 if 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 empbyer. Enter this J.—Nontaxable six by 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 is will be credited to your social security record (used to figure your benefits).

K—20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR.

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K—20% excise tax on excess gol

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. R. F. and S) and designated Roth contributions (codes A. B. Ba and ED) under all plans are generally limited to a total of \$91,500 (15),300 if you only have SIMPLE plans; \$22,500 for section 40(8) plans if you qualify for the 15-year rule explained in \$7,000. Horizan kinder code Har emited to \$7,000. Deferrals under code Gar emited to \$7,000. Deferrals under code Gar emited to \$10,500. Deferrals under code Har emited to \$7,000. Horizan kinder of \$7,000. Horizan kin Box 12. The following list explains the codes shown in box 12. You may need this information to

shown, the contributions are for the current year.

A—Uncollected social security or RR74 tax on tips. 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.

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

employees only). See the instructions for Forms 1040 and 1040-SR.

P—Exchable moving expense reimbursements paid drecily to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5)

O—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—Linghyees allay reductive contributions under a section 408(p) SIMPLE plan (not included in box 8—Linghyees allay reductive 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

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontraxble 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—Emphyer contributions (including amounts the employee elected to contribute using a section 125 (calleteria) 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 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 1040-954.

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.

AA—Designated Roth contributions under a section 403(b) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

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

PF—Permitted benefits under a qualified small employer health resubursement arrangement GG—Income from qualified equity grants under section 83(i) elections as of the calcular year IIII—A regigner determined under section 85(i) elections as of the calcular year IIII—A regigned determined under section 85(i) elections as of the calcular year IIII—A regigned determined under section 85(i) elections as of the calcular year IIII—A regigned determined under section 85(i) elections as of the calcular year IIII—A regigned determined under the contribution of the amount of traditional RA contributions you may deduct. See Pub. 896-A. Contributions to Individual Retirement Arrangements (IRAs).

BOX 14 Employers may use this box to report riginor premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Raifroad employers use this box to report railroad retirement (IRTIA) compensation. Tier 1 tax, Ter 2 tax, Medicare tax, Included tiers reported by the employer to the employer in railroad retirement (IRTIA) compensation.

Note: Keep Copt C of Form W-2 C for at least 3 years after the due date for filing your income tax

ceiveu, report	that amoun	i even n n s	more or	iess man	tile allocated	ups. Use Form
Form	W-2	Wage	and	I Tax	State	ment

#### 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 sanction may be immosted on your if this income is suble and you fail to report it.

									may be imposed	I on you if this income is taxable and you fail		
0030-1	8038166	66 0000002293-EMPLOY				' '	's name, address, and ZIP code EPTS LLC		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
13-4	b Employer's identification number   a Employee's social security number		1750 TYSONS BLVD STE 1500 MCLEAN VA 22102		1 Wages, tips, other compensation 20504.90							
Emp	ployee	pla	1	sick pay					3 Social Security wages 20504.90	4 Social Security tax withheld 1271.30		
12 See	Instrs. for Box 12		14 Other CASDI	2	205.05	HARI I 10915 I APT 10	's name, address, and ZIP code KISHORE YARRABATI BLUFFSIDE DR 18 O CITY CA 91604	HINA	5 Medicare wages and tips 20504.90 7 Social Security tips 10 Dependent care benefits Verification Code	6 Medicare tax withheld  297.32  8 Allocated Tips  11 Nonqualified plans		
15 State CA	281-3408		i.D. No.	16 State wages		)504.90	17 State income tax 688.15	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

# Form W-2 Wage and Tax Statement

## 2020

2020

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

	d Control number Void 0030-18038166 0000002293-EMPLOY				c Employer's name, address, and ZIP code INFOCEPTS LLC					Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer's identification number   a Employee's social security number   13-4295390   282-31-9649		1750 TYSONS BLVD STE 1500 MCLEAN VA 22102			1 Wag	1 Wages, tips, other compensation 20504.90 2 Federal Income tax withheld 212							
	13 Statutory Retirement Third-party Employee plan sick pay							3 Soci	3 Social Security wages 20504.90 4 Social Security tax w		1271.30		
12 See I	12 See Instrs. for Box 12				205.05	e Employee's name, address, and ZIP code  HARI KISHORE YARRABATHINA 10915 BLUFFSIDE DR APT 108 STUDIO CITY CA 91604			7 Soci	care wages and tips 20504.90 al Security tips sendent care benefits	6 Medicare tax withheld  8 Allocated Tips  11 Nonqualified plans	297.32	
15 State CA	281-340	rer's state I.C 08-8	). No.	16 State wages		0504.90	17 State income tax	688.15	18 Local wages, tips, etc.		19 Local income tax	20 Locality name	

### Form W-2 Wage and Tax Statement

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

d Control number	·		Void	c Employer's	s name, address, and ZIP co	de		Depar	tment of the Treasury - Internal Reven	nue Service			
0030-18038166	30-18038166 0000002293-EMPLOY			INFOCEPTS LLC					OMB No. 1545-0008				
b Employer's identification number a Employee's social security number		1750 TYSONS BLVD STE 1500											
13-4295390 282-31-9649						1 Wag	es, tips, other compensation	2 Federal Income tax with					
	etirement	Third-party		MCLEAN VA 22102				20504.90		2129.60			
	lan	sick pay						3 Soci	al Security wages	4 Social Security tax withheld			
									20504.90		1271.30		
12 See Instrs. for Box 12	14 Other	•		e Employee	's name, address, and ZIP co	ode		5 Med	icare wages and tips	6 Medicare tax withheld			
	CASDI 205.05								20504.90		297.32		
				HARI KISHORE YARRABATHINA 10915 BLUFFSIDE DR APT 108				7 Soci	7 Social Security tips 8 Allocated				
								10 Dep	pendent care benefits	11 Nonqualified plans			
				STUDIO CITY CA 91604									
				STUDIO	J CII I CA 910	04		Ver	ification Code				
15 State Employer's st	ate I.D. No.	16 State wages,	tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name			
CA 281-3408-8			20	0504.90		688.15							