# 2020 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

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

	Wages, Tips, Other Compensation	Social Security Wages	Medicare Wages	
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	
GROSS PAY	157,567.48	157,567.48	157,567.48	
MobileStpd	-40.00	-40.00	-40.00	
FSA Health	-1,500.00	-1,500.00	-1,500.00	
PMED	-4,810.00	-4,810.00	-4,810.00	
PreTax Vis	-149.24	-149.24	-149.24	
Life Ins	290.42	290.42	290.42	
LongTrmDis	306.54	306.54	306.54	
401KEE	-7,851.90			
Excess Fica		-13,965.20		
W-2 WAGES	143,813.30	137,700.00	151,665.20	

**VIVEK PATHAK** 5652 BLANDON RUN Social Security Number: XXX-XX-2695

2 Federal income tax withheld

28902.33

18 Local wages, tips, etc. 53899.20

20 Locality name COLUMBUS

Copy

COLUMBUS, OH 43230

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Wages, tips, other comp.

3 Social security wages 137700.00

19 Local income tax

269.50

OH. State Reference

Wage and Tax Statement

employee's State Income

143813.30

## **PAGE 01 OF 02**

Wages, tips, other comp

17 State income tax

19 Local income tax

5180.90

269.50

Wage and

Statement

employee's State Income

OH. State Filing

143813.30

2 Federal income tax withheld

Social security tax withheld 8537.40

28902.33

11	Nonqualified plans			
	Nonquanneu pians		12a See ins C	tructions for box 12
	Other		12b D □	7851.90
14	Other		12c <b>DD</b>	19881.42
			12d	
			13 Stat em	Ret. plan 3rd party sick pay
15	State Employer's s	tate ID no.	16 State v	vages, tips, etc.
	OH 51-945146			143813.30
17	State income tax		18 Local v	wages, tips, etc.
		80.90		
19	Local income tax		20 Localit	
3302.85		101	AL LOCAL	
1	Wages, tips, other o	comp	2 Fodors	al income tax withheld
		13.30	2 reuera	28902.33
3	Social security wag	es	4 Social	security tax withheld
		00.00		8537.40
5	Medicare wages and 1516	d tips <b>65.20</b>	6 Medica	are tax withheld 2199.15
1	Control number	Dept.	Corp.	Employer use only
	3562809 WWP	8206		1187
:	Employer's name,	address a	nd ZIP cor	ie
	·			
)	Employer's FED ID 31-122882	number	a Emplo	yee's SSA number XXX-XX-2695
	Social security tips		8 Alloca	
)				ted tips
			10 Depen	dent care benefits
11	Nonqualified plans		12a See ir	dent care benefits
			12a See ir C	dent care benefits estructions for box 12 290.42
	Nonqualified plans Other		12a See ir C   12b D	dent care benefits  nstructions for box 12 290.42 7851.90
			12a See ir C   12b D   12c DD	dent care benefits estructions for box 12 290.42
			12a See ir C   12b D	dent care benefits  nstructions for box 12 290.42 7851.90
			12a See ir C   12b D   12c DD 12d	dent care benefits  nstructions for box 12 290.42 7851.90
14	Other		12a See ir C   12b D   12c DD 12d   13 Stat emp	nstructions for box 12 290.42 7851.90 19881.42
14 e/f		K N RUN	12a See in C   12b D   12c DD   12d   13 Stat emp	nstructions for box 12 290.42 7851.90 19881.42
14 e/f	Other  Employee's name, a VIVEK PATHA 5652 BLANDO	K N RUN OH 432	12a See ir C   12b D   12c DD   12d   13 Stat emp	nstructions for box 12 290.42 7851.90 19881.42 Ret. plan   3rd party sick pay X
14 15	Employee's name, a VIVEK PATHA 5652 BLANDO COLUMBUS, ( State Employer's s OH 51-945146 State income tax	K N RUN OH 432 state ID no.	12a See ir C   12b D   12c DD   12d   13 Stat emp d ZIP code	Ret. plan 3rd party sick pay
14 15	Employee's name, a VIVEK PATHA 5652 BLANDO COLUMBUS, ( State Employer's s OH 51-945146 State income tax	K N RUN OH 432 state ID no.	12a See ir C   12b D   12c DD   12d   13 Stat emp d ZIP code   230	restructions for box 12 290.42 7851.90 19881.42 Ret. plan   3rd party sick pay X
14 e/f	Employee's name, a VIVEK PATHA 5652 BLANDO COLUMBUS, (  State OH	K N RUN OH 432 state ID no.	12a See ir C   12b D   12c DD   12d   13 Stat emp d ZIP code   16 State v   18 Local   20 Localit TOT	Ret. plan 3rd party sick pay X see. 143813.30
14 15	Employee's name, a VIVEK PATHA 5652 BLANDO COLUMBUS, (  State OH	K N RUN OH 432 state ID no. 80.90 Filing	12a See ir C   12b D   12c DD   12d   13 Stat emp d ZIP code   230	Ret. plan 3rd party sick pay X agges, tips, etc. 143813.30 wages, tips, etc. 24 agg. 25 agg. 26 agg. 27 agg. 27 agg. 27 agg. 28 agg. 2

**Employee** 

Control number

9763562809 WWP

Reference

Wage and Tax Statement

8206

Employer's name, address, and ZIP code **A&F MANAGEMENT CO** P O BOX 182168

COLUMBUS, OH 43218-2154

e/f Employee's name, address, and ZIP code

143813.30

137700.00

151665.20

**VIVEK PATHAK** 5652 BLANDON RUN COLUMBUS, OH 43230

Employer's FED ID number 31-1228829

ages, tips, other comp

Social security wages

Social security tips

Medicare wages and tips

Copy

a Employee's SSA number XXX-XX-2695

6 Medicare tax withheld

10 Dependent care benefits

8 Allocated tips

Federal income tax withheld

Social security tax withheld

28902.33

8537.40

2199.15

Employer use only

1187

5 Medicare wages and tips 151665.20	6 Medicare tax withheld 2199.15
d Control number Dept.	Corp. Employer use only
9763562809 WWP 8206	1187
c Employer's name, address,	and ZIP code
A&F MANAGEMENT P O BOX 182168	СО
COLUMBUS, OH 4	3218-2154
1	
b Employer's FED ID number 31-1228829	a Employee's SSA number XXX-XX-2695
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
	C   290.42
14 Other	<sup>12b</sup> D   7851.90
	<sup>12c</sup> DD 19881.42
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address	
VIVEK PATHAK	
5652 BLANDON RUN	
COLUMBUS, OH 4	13230
15 State Employer's state ID n OH 51-945146	no. 16 State wages, tips, etc. 143813.30
17 State income tax 5180.90	18 Local wages, tips, etc. 53899.20
3.30.00	00000.20

20 Locality name

**COLUMBUS** 

3 Social security wa 1377	ges 00.00	4 Social	security tax withheld 8537.40			
5 Medicare wages at 1516	nd tips 65.20	6 Medica	are tax withheld 2199.15			
d Control number 9763562809 WWP	Dept. <b>8206</b>	Corp. Employer use only 118				
c Employer's name,	address, a	nd ZIP cod	le			
A&F MANAGE P O BOX 182 COLUMBUS,	168		ı			
b Employer's FED ID		a Emplo	yee's SSA number XXX-XX-2695			
7 Social security tipe	s	8 Alloca	ted tips			
9		10 Depen	dent care benefits			
11 Nonqualified plans	<b>3</b>	12a C	290.42			
14 Other		<sup>12b</sup> D	7851.90			
		12c DD	19881.42			
		12d				
			p. Ret. plan 3rd party sick pa			
e/f Employee's name, VIVEK PATHA 5652 BLANDO COLUMBUS,  15 State Employer's	K N RUN OH 432	230				
OH 51-945146			143813.30			

# 2020 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

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GROSS PAY	157,567.48	157,567.48	157,567.48
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PMED	-4,810.00	-4,810.00	-4,810.00
PreTax Vis	-149.24	-149.24	-149.24
Life Ins	290.42	290.42	290.42
LongTrmDis	306.54	306.54	306.54
401KEE	-7,851.90		
Excess Fica		-13,965.20	
W-2 WAGES	143,813.30	137,700.00	151,665.20

**VIVEK PATHAK** 5652 BLANDON RUN COLUMBUS, OH 43230

## **PAGE 02 OF 02**

2 Federal income tax withheld

4 Social security tax withheld 8537.40

28902.33

151665.20		2199.15	
7 Social security tips	8 Allocate		
9	10 Depende	ent care benefits	
11 Nonqualified plans	12a See instru	ictions for box 12 <b>290.42</b>	
14 Other	12b <b>D</b>	7851.90	VIVEK PATHAR
14 Other	12c <b>DD</b>	19881.42	5652 BLANDOI
	12d   13 Stat emp	Ret.plan 3rd party sick pay	COLUMBUS, O
15 State Employer's state ID n	<u> </u>	X	
OH 51-945146	o. 10 otate we	143813.30	
17 State income tax	18 Local wa	ages, tips, etc.	
5180.90		53899.20	
19 Local income tax 269.50	20 Locality	name MBUS	¤© 2020 ADP, Inc.
209.50	COLO	WIDOS	
1 Wages, tips, other comp.	2 Federal	income tax withheld	1 Wages, tips, other comp.
143813.30		28902.33	143813.30
3 Social security wages 137700.00	4 Social s	ecurity tax withheld 8537.40	3 Social security wages 137700.00
5 Medicare wages and tips 151665.20	6 Medicar	e tax withheld 2199.15	5 Medicare wages and tips 151665.20
d Control number         Dept.           9763562809 WWP         8206	Corp.	Employer use only 1188	<b>d Control number</b> Dept. <b>9763562809 WWP 8206</b>
P O BOX 182168 COLUMBUS, OH 4	3218-2154		COLUMBUS, OH 4
COLUMBUS, OH 4	_		
COLUMBUS, OH 4	_	ee's SSA number XXX-XX-2695	b Employer's FED ID number 31-1228829
COLUMBUS, OH 4:  b Employer's FED ID number 31-1228829	_	ee's SSA number XXX-XX-2695	b Employer's FED ID number
COLUMBUS, OH 4	a Employe	ee's SSA number XXX-XX-2695	b Employer's FED ID number 31-1228829
COLUMBUS, OH 4:  b Employer's FED ID number 31-1228829 7 Social security tips	a Employe 8 Allocate 10 Depend 12a See ins	se's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12	b Employer's FED ID number 31-1228829  7 Social security tips
COLUMBUS, OH 4:  b Employer's FED ID number 31-1228829 7 Social security tips	a Employe 8 Allocate 10 Depend	ee's SSA number XXX-XX-2695 d tips ent care benefits	b Employer's FED ID number 31-1228829 7 Social security tips
COLUMBUS, OH 4:  b Employer's FED ID number 31-1228829 7 Social security tips 9	a Employe 8 Allocate 10 Depend 12a See ins C	be's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans
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COLUMBUS, OH 4:  b Employer's FED ID number 31-1228829 7 Social security tips 9	a Employe 8 Allocate 10 Depend 12a See ins C   12b D   12c DD   12d	ee's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90 19881.42	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans
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b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other	a Employe  8 Allocate  10 Depend  12a See ins  C    12b D    12c DD   12d    13 Stat emp f	ee's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90 19881.42 Ret. plan   3rd party sick pay	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address VIVEK PATHAK
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COLUMBUS, OH 4:  b Employer's FED ID number 31-1228829 7 Social security tips 9: 11 Nonqualified plans 14 Other  eff Employee's name, address a	a Employe 8 Allocate 10 Depend 12a See ins C   12b D   12c DD 12d   13 Stat emple	ee's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90 19881.42 Ret. plan   3rd party sick pay	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address VIVEK PATHAK 5652 BLANDON RUI
b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  elf Employee's name, address a VIVEK PATHAK 5652 BLANDON RUN COLUMBUS, OH 43	a Employe 8 Allocate 10 Depend 12a See ins C   12b D   12c DD   12d   13 Stat emp   13 Stat emp   14 See ins 15 D   16 D   17 D   18 Stat emp   19 Stat emp   10 D   11 Stat emp   11 Stat emp   12 Stat emp   13 Stat emp   14 Stat emp   15 Stat emp   16 Stat emp   17 Stat emp   18 St	ee's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90 19881.42 Ret. plan   3rd party sick pay X	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address VIVEK PATHAK 5652 BLANDON RUI COLUMBUS, OH 4
COLUMBUS, OH 4:  b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address a VIVEK PATHAK 5652 BLANDON RUN COLUMBUS, OH 4:  15 State Employer's state ID no 51-945146	a Employe 8 Allocate 10 Depend 12a See ins C   12b D   12c DD   12d   13 Stat employe 13230	se's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90 19881.42 Ret. plan   3rd party sick pay X	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address VIVEK PATHAK 5652 BLANDON RUI COLUMBUS, OH 4  15 State Employer's state ID n 51-945146
b Employer's FED ID number 31-1228829  7 Social security tips 9  11 Nonqualified plans 14 Other  e/f Employee's name, address a VIVEK PATHAK 5652 BLANDON RUN COLUMBUS, OH 43	a Employe 8 Allocate 10 Depend 12a See ins C   12b D   12c DD   12d   13 Stat emp   13 Stat emp   3230  0. 16 State wa	ee's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90 19881.42 Ret. plan 3rd party sick pay X  arges, tips, etc. 143813.30 ages, tips, etc. 53899.20	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address VIVEK PATHAK 5652 BLANDON RUI COLUMBUS, OH 4  15 State Employer's state ID n OH 51-945146  17 State income tax 5180.90
COLUMBUS, OH 4:  b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address a VIVEK PATHAK 5652 BLANDON RUN COLUMBUS, OH 4:  15 State Employer's state ID no 51-945146 17 State income tax	a Employe 8 Allocate 10 Depend 12a See ins C   12b D   12c DD   12d   13 Stat empl 13 Stat empl 13 Stat empl 14 State was 18 Local was 18 Local was	ee's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90 19881.42 Ret. plan 3rd party sick pay X  arges, tips, etc. 143813.30 ages, tips, etc. 53899.20	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address VIVEK PATHAK 5652 BLANDON RUI COLUMBUS, OH 4  15 State Employer's state ID n OH 51-945146  17 State income tax
b Employer's FED ID number 31-1228829  7 Social security tips  9  11 Nonqualified plans  14 Other  e/f Employee's name, address a VIVEK PATHAK 5652 BLANDON RUN COLUMBUS, OH 43  15 State Employer's state ID no 51-945146  17 State income tax 5180.90	a Employe 8 Allocate 10 Depend 12a See ins C   12b D   12c DD 12d   13 Stat employe 13 Stat employe 14 State was 18 Local was 20 Locality COLU	ee's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90 19881.42 Ret. plan   3rd party sick pay X   3rd party sick pay	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address VIVEK PATHAK 5652 BLANDON RUN COLUMBUS, OH 4  15 State Employer's state ID n OH 51-945146 17 State income tax 5180.90 19 Local income tax
COLUMBUS, OH 4:  b Employer's FED ID number 31-1228829  7 Social security tips  9  11 Nonqualified plans  14 Other  elf Employee's name, address a VIVEK PATHAK 5652 BLANDON RUN COLUMBUS, OH 4:  15 State Employer's state ID no 51-945146  17 State income tax 5180.90  19 Local income tax 269.50  City or Local	a Employe 8 Allocate 10 Depend 12a See ins C   12b D   12c DD 12d   13 Stat employe 13 Stat employe 14 State was 18 Local was 20 Locality COLU	se's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90 19881.42 Ret. plan   3rd party sick pay X	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address VIVEK PATHAK 5652 BLANDON RUI COLUMBUS, OH 4  15 State Employer's state ID n 51-945146 17 State income tax 5180.90 19 Local income tax 3033.35 City or Local
b Employer's FED ID number 31-1228829  7 Social security tips  9  11 Nonqualified plans  14 Other  e/f Employee's name, address a VIVEK PATHAK 5652 BLANDON RUN COLUMBUS, OH 43  15 State Employer's state ID no 51-945146  17 State income tax 5180.90  19 Local income tax 269.50  City or Local	a Employe 8 Allocate 10 Depend 12a See ins C   12b D   12c DD 12d   13 Stat employe 14 State was 18 Local was 18 Local was 20 Locality COLU Filing and Tax	ee's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90 19881.42 Ret. plan   3rd party sick pay X   3rd	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address VIVEK PATHAK 5652 BLANDON RUN COLUMBUS, OH 4  15 State Employer's state ID n OH 51-945146 17 State income tax 5180.90 19 Local income tax 3033.35
b Employer's FED ID number 31-1228829  7 Social security tips  9  11 Nonqualified plans  14 Other  e/f Employee's name, address a VIVEK PATHAK 5652 BLANDON RUN COLUMBUS, OH 43  15 State Employer's state ID no 51-945146  17 State income tax 5180.90  19 Local income tax 269.50  City or Local Wage a	a Employe 8 Allocate 10 Depend 12a See ins C   12b D   12c DD   12d   13 Stat emple 3230  o. 16 State wa 18 Local wa 20 Locality Filing and Tax ent	ee's SSA number XXX-XX-2695 d tips ent care benefits tructions for box 12 290.42 7851.90 19881.42 Ret. plan   3rd party sick pay X   43813.30 ages, tips, etc. 143813.30 ages, tips, etc. 53899.20 name MBUS Copy 2020 OMB No. 1545-0008	b Employer's FED ID number 31-1228829 7 Social security tips 9 11 Nonqualified plans 14 Other  e/f Employee's name, address VIVEK PATHAK 5652 BLANDON RUN COLUMBUS, OH 4  15 State Employer's state ID n OH 51-945146 17 State income tax 5180.90 19 Local income tax 3033.35 City or Local Wage

City

Control number

9763562809 WWP

or Local

8206

Employer's name, address, and ZIP code **A&F MANAGEMENT CO** P O BOX 182168

COLUMBUS, OH 43218-2154

e/f Employee's name, address, and ZIP code

143813.30

137700.00

1<u>51665.20</u>

**VIVEK PATHAK** 5652 BLANDON RUN COLUMBUS, OH 43230

Employer's FED ID number 31-1228829 ages, tips, other comp

Social security wages

Medicare wages and tips

Wage and Tax Statement

Reference

Corp.

Сору

Employer use only

a Employee's SSA number XXX-XX-2695

6 Medicare tax withheld

Federal income tax withheld

Social security tax withheld

28902.33

8537.40

2199.15

1188

		00.00			0557.40
5	Medicare wages an 1516	d tips 65.20	6 Medica	are tax wi	ithheld 2199.15
d 97	Control number 63562809 WWP	Dept. <b>8206</b>	Corp.	Emplo	yer use only 1188
С	Employer's name, a	ddress, ar	nd ZIP cod	le	
	A&F MANAGE P O BOX 182 COLUMBUS, (	168		4	
b	Employer's FED ID 31-12288	number	a Emplo	yee's SS	A number XX-2695
7	Social security tips		8 Alloca	ted tips	AA-2033
9			10 Depen	dent care	e benefits
11	Nonqualified plans		12a C		290.42
14	Other		<sup>12b</sup> D		7851.90
			12c DD		19881.42
			12d		
			13 Stat emp	Ret. plan	3rd party sick page
e/f	Employee's name,	address ar	nd ZIP cod	le	l
	VIVEK PATHA 5652 BLANDO COLUMBUS,	N RUN OH 43			
15	OH Employer's s 51-945146	tate ID no.		Ĭ 1	43813.30
17	State income tax 518	30.90	18 Local	wages, ti 1	ps, etc. <b>51665.20</b>
19	Local income tax	33.35	20 Locali NE	ty name <b>W ALB</b>	ANY
	City or	Local	Refere	nce	Сору
1	<b>N-2</b> opy 2 to be filed with em	Statem		OMB	020 3 No. 1545-0008
	op, 2 to be med with em	p.o.you a oity	S. LOCAI IIIC	oo rax IN	o.a

1 <b>\</b>	143813.30 3 Social security wages 137700.00		2 Federal income tax withheld 28902.33			
3 \$			4 Social security tax withheld 8537.40			
5 I			6 Medicare tax withheld 2199.15			
	Control number	Dept.	Corp.	Employer use only		
976	9763562809 WWP 8206			1188		
c I	Employer's name, a	ddress, ar	nd ZIP cod	le		
-	O BOX 1821 COLUMBUS, O		18-2154	ı		
C	Employer's FED ID	0H 432				
b I	COLUMBUS, O	0H 432	a Emplo	yee's SSA number XXX-XX-2695		
С b I	Employer's FED ID 31-122882	0H 432	a Emplo			
С b I	Employer's FED ID 31-122882	0H 432	a Emplo	yee's SSA number XXX-XX-2695		
C b 1 7 \$	Employer's FED ID 31-122882	0H 432	a Emplo	yee's SSA number XXX-XX-2695 ted tips		
C b I 7 3 9	Employer's FED ID 31-122882 Social security tips	0H 432	a Emplo 8 Alloca 10 Depen	yee's SSA number XXX-XX-2695 ted tips ident care benefits		

Social Security Number: XXX-XX-2695

e/f Employee's name, address and ZIP code

**VIVEK PATHAK** 5652 BLANDON RUN COLUMBUS, OH 43230

15	State OH	Employ 51-94		state ID no.	16	State	te wages, tips, etc. 143813.30	
17	State	income		80.90	18	Loca	al wages, tips, etc. 151665.20	
19	Local	income		33.35	20	Loca <b>NE</b>	ality name EW ALBANY	
		City	or	Local	Fil	ling	Сору	

12d 13 Stat emp

Ret. plan 3rd party sick pay

Wage and Tax

Statement Copy 2 to be filed with employee's City or Local In

#### 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

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 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 end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give

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

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. 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

**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 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 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.

AA-Designated Roth contributions under a section 401(k) 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.

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 filling 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):



### **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