PAGE 1

Employee Re	
	ference Copy
W-2 Wage a	and Tax 2020
VV-Z Statem	ent <b>ZUZU</b> OMB No. 1545-0008
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d Control number Dept. 000059 RO/67U	Corp. Employer use only
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c Employer's name, address,	
HSTECHNOLO 3415 CUSTER	
SUITE 118	RUAD
PLANO, TX 75	023
TEANO, TA 75	025
	Batch #91269
e/f Employee's name, address,	and ZIP code
SHESI KIRAN TIRUN	MANI
64 SASSAFRAS CT	
NORTH BRUNSWICH	C. NJ 08902
	(, 110 00002
b Employer's FED ID number	a Employee's SSA number
47-4193854	XXX-XX-2681
1 Wages, tips, other comp.	2 Federal income tax withheld
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3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
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7 Social security tips	8 Allocated tips
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9	10 Dependent care benefits 12a See instructions for box 12
9 11 Nonqualified plans 14 Other 15.55 NY PFL	10 Dependent care benefits
9 11 Nonqualified plans 14 Other 15.55 NY PFL 137.60 SDI	10 Dependent care benefits       12a See instructions for box 12       1       12b
9 11 Nonqualified plans 14 Other 15.55 NY PFL 137.60 SDI 49.32 FLI 80.15 NJ DI	10 Dependent care benefits       12a See instructions for box 12       12b       12b       12b       12c
9 11 Nonqualified plans 14 Other 15.55 NY PFL 137.60 SDI 49.32 FLI 80.15 NJ DI 131.03U/WF/SWF	10 Dependent care benefits       12a See instructions for box 12       1       12b       12c       12d       12d       13 Stat emp Ret. plan 3rd party sick p
9 11 Nonqualified plans 14 Other 15.55 NY PFL 137.60 SDI 49.32 FLI 80.15 NJ DI	10 Dependent care benefits       12a See instructions for box 12       12b       12b       12c       12d       12d       13 Stat emp       Ret. plan 3rd party sick party
9 11 Nonqualified plans 14 Other 15.55 NY PFL 137.60 SDI 49.32 FLI 80.15 NJ DI 131.03U/WF/SWF 15 State Employer's state ID n	10 Dependent care benefits       12a See instructions for box 12       12b       12b       12c       12d       12d       13 Stat emp       Ret. plan 3rd party sick party
9 11 Nonqualified plans 14 Other 15.55 NY PFL 137.60 SDI 49.32 FLI 80.15 NJ DI 131.03U/WF/SWF 15 State Employer's state ID n TOTAL STATE 17 State income tax 2258.05	10 Dependent care benefits         12a See instructions for box 12         12b         12c         12d         13 State emplered Ret. plan 3rd party sick prior         16 State wages, tips, etc.         18 Local wages, tips, etc.
9 11 Nonqualified plans 14 Other 15.55 NY PFL 137.60 SDI 49.32 FLI 80.15 NJ DI 131.03UI/WF/SWF 15 State Employer's state ID n TOTAL STATE 17 State income tax	10 Dependent care benefits         12a See instructions for box 12         12b         12b         12c         12d         12d         13 Stat emp Ret. plan (and party sick p)         16 State wages, tips, etc.

# 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.

Gross Pay Reported W-2 Wag

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2
ges	66,350.00 <b>66,350.00</b>	66,350.00 <b>0.00</b>

Wages Box 5 of W-2 66,350.00 0.00

Medicare

CA. State Wages, Tips, Etc. Box 16 of W-2 13,760.00 13,760.00

2. Employee Name and Address.

# SHESI KIRAN TIRUMANI 64 SASSAFRAS CT NORTH BRUNSWICK, N NJ 08902

¤© 2020 ADP, Inc.

1 Wages, tips, other comp.	2 Federal income tax withheld	1 Wages, tips, other comp.	2 Federal income tax withheld	1 Wages, tips, other comp.	2 Federal income tax withheld
66350.00	8054.80	66350.00	8054.80	66350.00	8054.80
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.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only
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c Employer's name, address, ar		c Employer's name, address, a		c Employer's name, address, a	
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b Employer's FED ID number 47-4193854	a Employee's SSA number XXX-XX-2681	b Employer's FED ID number 47-4193854	a Employee's SSA number XXX-XX-2681	b Employer's FED ID number 47-4193854	a Employee's SSA number XXX-XX-2681
	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	11 Nonqualified plans	<b>12</b> a	11 Nonqualified plans	12a
	12b	14 Other	12b	14 Other	12b
15.55 NY PFL 137.60 SDI	12c	137.60 CA SDI	12c	137.60 CA SDI	12c
	12d	15.55 NY PFL	12d	15.55 NY PFL	12d
80.15 NJ DI 131.03UI/WF/SWF	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pa
e/f Employee's name, address an	d ZIP code	e/f Employee's name, address a	nd ZIP code	e/f Employee's name, address a	nd ZIP code
SHESI KIRAN TIRUM 64 SASSAFRAS CT NORTH BRUNSWICK,		SHESI KIRAN TIRUM 64 SASSAFRAS CT NORTH BRUNSWICK		SHESI KIRAN TIRUM 64 SASSAFRAS CT NORTH BRUNSWICK	
15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.	15 State Employer's state ID no CA 110-8098 3	. 16 State wages, tips, etc. 13760.00	15 State Employer's state ID no CA 110-8098 3	b. 16 State wages, tips, etc. 13760.00
17 State income tax 2258.05	18 Local wages, tips, etc.	17 State income tax 811.14	18 Local wages, tips, etc.	17 State income tax 811.14	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
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W-2 Wage an Statemen	nt <b>ZUZU</b>	W-2 Wage a Statement		W-2 Wage a Stateme	

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W-2 Wage a Statemen	
Copy 2 to be filed with employee's Stat	OMB No. 1545-0008 e Income Tax Return.
d Control number Dept.	Corp. Employer use only
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c Employer's name, address,	
HSTECHNOLOG	
3415 CUSTER	ROAD
SUITE 118	
PLANO, TX 750	)23
	Batch #91269
e/f Employee's name, address, a	and ZIP code
SHESI KIRAN TIRUM	IANI
64 SASSAFRAS CT	
NORTH BRUNSWICK	
NORTH BRONSWICK	, NJ 00902
	a Frankavaa'a SSA numbar
b Employer's FED ID number 47-4193854	a Employee's SSA number XXX-XX-2681
1 Wages, tips, other comp.	2 Federal income tax withheld
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00330.00	8054.80
3 Social security wages	4 Social security tax withheld
3 Social security wages	4 Social security tax withheld
<ol> <li>Social security wages</li> <li>Medicare wages and tips</li> </ol>	4 Social security tax withheld
<ol> <li>Social security wages</li> <li>Medicare wages and tips</li> <li>Social security tips</li> </ol>	<ol> <li>Social security tax withheld</li> <li>Medicare tax withheld</li> <li>Allocated tips</li> </ol>
<ol> <li>Social security wages</li> <li>Medicare wages and tips</li> </ol>	<ol> <li>Social security tax withheld</li> <li>Medicare tax withheld</li> </ol>
<ol> <li>Social security wages</li> <li>Medicare wages and tips</li> <li>Social security tips</li> <li>9</li> </ol>	<ol> <li>Social security tax withheld</li> <li>Medicare tax withheld</li> <li>Allocated tips</li> <li>Dependent care benefits</li> </ol>
<ol> <li>Social security wages</li> <li>Medicare wages and tips</li> <li>Social security tips</li> </ol>	<ol> <li>Social security tax withheld</li> <li>Medicare tax withheld</li> <li>Allocated tips</li> </ol>
<ol> <li>Social security wages</li> <li>Medicare wages and tips</li> <li>Social security tips</li> <li>Nonqualified plans</li> </ol>	Social security tax withheld     Medicare tax withheld     Allocated tips     Dependent care benefits     I2a See instructions for box 12     I
<ol> <li>Social security wages</li> <li>Medicare wages and tips</li> <li>Social security tips</li> <li>Social security tips</li> <li>In Nonqualified plans</li> <li>Other</li> </ol>	Social security tax withheld     Medicare tax withheld     Medicare tax withheld     Allocated tips     Dependent care benefits     I2a See instructions for box 12     I     I2b     I     I2c     I
<ul> <li>3 Social security wages</li> <li>5 Medicare wages and tips</li> <li>7 Social security tips</li> <li>9</li> <li>11 Nonqualified plans</li> <li>14 Other <ul> <li>49.32 FLI</li> <li>80.15 NJ DI</li> </ul> </li> </ul>	Social security tax withheld     Medicare tax witheld     Medicare tax withheld     Medicare tax withheld     Medicar
3 Social security wages     Medicare wages and tips     Social security tips     11 Nonqualified plans     14 Other     49.32 FLI	Social security tax withheld     Medicare tax withheld     Medicare tax withheld     Allocated tips     Dependent care benefits     I2a See instructions for box 12     I     I2b     I     I2c     I
3 Social security wages     Medicare wages and tips     Social security tips     11 Nonqualified plans     49.32 FLI     80.15 NJ DI     131.03U/WF/SWF	4       Social security tax withheld         6       Medicare tax withheld         8       Allocated tips         10       Dependent care benefits         12a       See instructions for box 12         12b       I         12c       I         12d       I         13       Stat emp         Ret. plan       3rd party sick pay
<ul> <li>3 Social security wages</li> <li>5 Medicare wages and tips</li> <li>7 Social security tips</li> <li>9</li> <li>11 Nonqualified plans</li> <li>11 Other</li> <li>49.32 FLI 80.15 NJ DI 131.03U/WF/SWF 15.55 NY PFL</li> </ul>	4       Social security tax withheld         6       Medicare tax withheld         8       Allocated tips         10       Dependent care benefits         12a       See instructions for box 12         12b       I         12c       I         12d       I         13       Stat emp         Ret. plan       3rd party sick pay
<ul> <li>3 Social security wages</li> <li>5 Medicare wages and tips</li> <li>7 Social security tips</li> <li>9</li> <li>11 Nonqualified plans</li> <li>14 Other         <ul> <li>49.32 FLI 80.15 NJ DI 131.03U/WF/SWF</li> <li>15.55 NY PFL</li> <li>15 State Employer's state ID no</li> </ul> </li> </ul>	Social security tax withheld     Medicare tax witheld     Medicare tax withheld     Medicare tax withheld     Medicar
3       Social security wages         5       Medicare wages and tips         7       Social security tips         9	Social security tax withheld     Medicare tax withheld     Medica

# 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.

Tips, Etc. Box 16 of W-2 30,830.00 **30,830.00** 

NJ. State Wages,

NY. State Wages, Tips, Etc. Box 16 of W-2

> 5,760.00 **66,350.00**

2. Employee Name and Address.

### SHESI KIRAN TIRUMANI 64 SASSAFRAS CT NORTH BRUNSWICK, NJ 08902

¤© 2020 ADP, Inc.

Gross Pay

**Reported W-2 Wages** 

					1
1 Wages, tips, other comp. 66350.00	2 Federal income tax withheld 8054.80	1 Wages, tips, other comp. 66350.00	2 Federal income tax withheld 8054.80	1 Wages, tips, other comp. 66350.00	2 Federal income tax withheld 8054.80
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.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only
000059 RO/67U	A 53	000059 RO/67U	A 53	000059 RO/67U	A 53
c Employer's name, address, a		c Employer's name, address, a		c Employer's name, address, a	
HSTECHNOLOG 3415 CUSTER I SUITE 118 PLANO, TX 750	ROAD	HSTECHNOLOG 3415 CUSTER I SUITE 118 PLANO, TX 750	ROAD	HSTECHNOLOG 3415 CUSTER I SUITE 118 PLANO, TX 750	ROAD
b Employer's FED ID number 47-4193854	a Employee's SSA number XXX-XX-2681	b Employer's FED ID number 47-4193854	a Employee's SSA number XXX-XX-2681	b Employer's FED ID number 47-4193854	a Employee's SSA number XXX-XX-2681
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	11 Nonqualified plans	12a	11 Nonqualified plans	12a
14 Other	12b	14 Other	12b	14 Other	12b
49.32 FLI	12c	15.55 NY PFL	12c	15.55 NY PFL	12c
80.15 NJ DI	12d		12d		12d
131.03UI/WF/SWF 15.55 NY PFL	13 Stat emp.Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pa
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64 SASSAFRAS CT		64 SASSAFRAS CT		64 SASSAFRAS CT	
NORTH BRUNSWICK	, NJ 08902	NORTH BRUNSWICK	, NJ 08902	NORTH BRUNSWICK	, NJ 08902
15 State Employer's state ID no NJ 474-193-854/000	. 16 State wages, tips, etc. 30830.00	15 State Employer's state ID no NY 47-4193854	.16 State wages, tips, etc. 66350.00	15 State Employer's state ID no NY 47-4193854	. 16 State wages, tips, etc. 66350.00
17 State income tax 1155.45	18 Local wages, tips, etc.	17 State income tax 291.46	18 Local wages, tips, etc.	17 State income tax 291.46	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
NJ.State Fili	ng Copy	NY.State Re	ference Copy	NY.State Fil	ing Copy
W-2 Wage and Statemer		W-2 Wage at Statement		W-2 Wage and Statemer 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.