2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's record Control number Dept. Employer use only 347428 CLI2/BNU 112130 2490

Employer's name, address, and ZIP code

BOSTON CONSULTING GROUP 200 PIER FOUR BLVD **BOSTON MA 02210**

Batch #02515

8537.40

3070.65

e/f Employee's name, address, and ZIP code ANANTHA KRISHNA DEEPAK MANUGURI 747 10TH AVE **APT 30F**

NEW YORK NY 10019

b Employer's FED ID number a Employee's SSA number 04-2432614 /ages, tips, other comp. XXX-XX-9952 Federal income tax withheld 203453.90 39301.35 Social security wages Social security tax withheld

137700.00 Medicare wages and tips 6 Medicare tax withheld 207261.60 Social security tips 8 Allocated tips

10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12

14 Other 12c DD <u>6797.64</u> 26.40 SDI 196.72 PFL 13 Stat emp. Ret. plan 3rd party sick pay

15 State Employer's state ID no. 16 State wages, tips, etc. TOTAL STATE 18 Local wages, tips, etc

14006.16 203453.90 20 Locality name
NYC RES 19 Local income tax

. 8055.89

1	1 Wages, tips, other comp. 203453.90			2 Federa		tax withheld 39301.35
3	3 Social security wages 137700.00		4 Social security tax withheld 8537.40		tax withheld 8537.40	
5	5 Medicare wages and tips 207261.60			6 Medica	are tax wit	thheld 3070.65
d	Control nu	mber	Dept.	Corp.	Employ	er use only
34	7428 CL	2/BNU	112130		Α	2490
c Employer's name address a			nd ZID oos	la.		

BOSTON CONSULTING GROUP INC 200 PIER FOUR BLVD

BOSTON MA 02210

Employer's FED ID number 04-2432614 XXX-XX-9952 Social security tips Allocated tips

10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 C 320.32 14 Other ח 3807.70 12c DD 6797.64 26.40 SDI 196.72 PFL 12d 13 Stat emp. Ret. plan 3rd party sick pay

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

ANANTHA KRISHNA DEEPAK MANUGURI

747 10TH AVE APT 30E

NEW YORK NY 10019

15 State Employer's state ID no. 16 State wages, tips, etc. TOTAL STATE 17 State income tax 18 Local wages, tips, etc. 203453.90 14006.16 19 Local income tax 8055.89 20 Locality name NYC RES Filing Federal Copy

Wage and Statement

OMB N

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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	206,941.28	206,941.28	206,941.28	199,257.52
Plus GTL (C-Box 12)	320.32	320.32	320.32	320.32
Less 401(k) (D-Box 12)	3,807.70	N/A	N/A	3,807.70
Wages Over Limit	N/A	69,561.60	N/A	N/A
Reported W-2 Wages	203,453.90	137,700.00	207,261.60	195,770.14

2. Employee Name and Address.

ANANTHA KRISHNA DEEPAK MANUGURI 747 10TH AVE APT 30E NEW YORK NY 10019

* New York requires total Federal wages to be reported in Box 16.

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1 Wages, tips, other comp. 203453.90	2 Federa		ax withheld 39301.35
3 Social security wages 137700.00	4 Social	4 Social security tax withheld 8537.40	
5 Medicare wages and tips 207261.60	6 Medica	are tax wit	hheld 3070.65
d Control number Dept.	Corp.	Employ	er use only
347428 CLI2/BNU 112130		Α	2490

Employer's name, address, and ZIP code

BOSTON CONSULTING GROUP INC 200 PIER FOUR BLVD **BOSTON MA 02210**

b	Employer's FED ID number 04-2432614	a Employee's SSA number XXX-XX-9952		
7	Social security tips	8 Alloca	ted tips	
9		10 Depen	dent care benefits	
11	Nonqualified plans	12a C	320.32	
14	Other	^{12b} D	3807.70	
	26.40 NY SDI	12c DD	6797.64	
	196.72 NY PFL	12d		
		13 Stat em	p. Ret. plan 3rd party sick pay	

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

ANANTHA KRISHNA DEEPAK MANUGURI

747 10TH AVE APT 30E

NEW YORK NY 10019

15 State	Employer's state ID no.	16 State wages, tips, etc.
NY	04-2432614	203453.90
17 State	income tax	18 Local wages, tips, etc.
	13713.84	
19 Local	income tax	20 Locality name

NY.State Reference

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

Copy

1	Wage	s, tips, other c	comp. 53.90	2	Federa	I income	tax withheld 39301.35
3	Socia	l security wag 1377	jes 00.00	4	Social	security	tax withheld 8537.40
5	Medicare wages and tips 207261.60			6	Medica	are tax wi	ithheld 3070.65
d	Contr	ol number	Dept.		Corp.	Empl	oyer use only
34	7428	CLI2/BNU	112130			Α	2490
С	Emple	oyer's name, a	address, ai	٦d	ZIP cod	е	

BOSTON CONSULTING GROUP INC

200 PIER FOUR BLVD **BOSTON MA 02210**

b	Employer's FED ID number 04-2432614	a Employee's SSA number XXX-XX-9952
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a C 320.32
14	Other	^{12b} D 3807.70
	26.40 NY SDI	12c DD 6797.64
	196.72 NY PFL	12d
		13 Stat emp. Ret. plan 3rd party sick par

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

ANANTHA KRISHNA DEEPAK MANUGURI

747 10TH AVE APT 30E

NEW YORK NY 10019

15 State E	mployer's state ID no. 4-2432614	16	State wages, tips, etc. 203453.90
17 State in	come tax	18	Local wages, tips, etc.
	13713.84		
19 Local in	ncome tax	20	Locality name

NY.State Filing Copy Wage and Statement

Copy 2 to be filed with employee's State Income Tax

NJ.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Control number Dept. Corp. Employer use only CLI2/BNU 112130 2491

Employer's name, address, and ZIP code

BOSTON CONSULTING GROUP 200 PIER FOUR BLVD **BOSTON MA 02210**

Batch #02515

Social security tax withheld

e/f Employee's name, address, and ZIP code ANANTHA KRISHNA DEEPAK MANUGURI 747 10TH AVE **APT 30F**

NEW YORK NY 10019

Social security wages

b Employer's FED ID number a Employee's SSA number 04-2432614 Wages, tips, other comp. XXX-XX-9952 Federal income tax withheld 203453.90 39301.35

137700.00 8537.40 Medicare wages and tips 6 Medicare tax withheld 3070.65 207261.60 Social security tips 8 Allocated tips

10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12 14 Other 13 Stat emp Ret. plan 3rd party sick pay

15 State Employer's state ID no. 16 State wages, tips, etc. NJ 042432614/000 7683.76 17 State income tax 18 Local wages, tips, etc. 292.32

19 Local income tax 20 Locality name

Wages, tips, other comp 2 Federal income tax withheld 203453.90 39301.35 3 Social security wages 137700.00 4 Social security tax withheld 8537.40 Medicare wages and tips 207261.60 Medicare tax withheld 3070.65 Control number Dept 347428 CLI2/BNU 112130 2491

Employer's name, address, and ZIP code

BOSTON CONSULTING GROUP INC 200 PIER FOUR BLVD **BOSTON MA 02210**

b	Employer's FED ID number 04-2432614	a Employee's SSA number XXX-XX-9952
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
e/f	Employee's name, address ar	nd ZIP code

ANANTHA KRISHNA DEEPAK MANUGURI

747 10TH AVE APT 30E

NEW YORK NY 10019

5 State Employer's state ID no. 16 State wages, tips, etc. NJ 042432614/000 7683.76 17 State income tax 18 Local wages, tips, etc.

20 Locality name 19 Local income tax

NJ.State Filing Сору Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

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.

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

Gross Pay 7,683.76 7,683.76 Reported W-2 Wages 7,683.76 7,683.76

2. Employee Name and Address.

ANANTHA KRISHNA DEEPAK MANUGURI 747 10TH AVE APT 30E **NEW YORK NY 10019**

* New York requires total Federal wages to be reported in Box 16. © 2020 ADP, Inc

1	Wages, tips, other c	2 Federal income tax withheld 39301.35			
3	Social security was	4 Social security tax withheld 8537.40			
5	Medicare wages an 2072	6 Medica	are tax with	held 3070.65	
d	Control number	Dept.	Corp.	Employer	use only
34	7428 CLI2/BNU	112130		Α	2491

c Employer's name, address, and ZIP code

BOSTON CONSULTING GROUP INC 200 PIER FOUR BLVD **BOSTON MA 02210**

b	Employer's FED ID number 04-2432614	a Employee's SSA number XXX-XX-9952
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
e/f	Employee's name, address a	and ZIP code

ANANTHA KRISHNA DEEPAK MANUGURI

747 10TH AVE APT 30E

NEW YORK NY 10019

15 State NY	Employer's state ID no. 04-2432614	16 State wages, tips, etc. 203453.90
17 State	income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

NY.State Reference

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

Copy

1	Wages, tips, other c	2 Federal income tax withheld 39301.35				
3	Social security wag	4 Social security tax withheld 8537.40				
5	Medicare wages an 2072	6 Medica	are tax withh	neld 8070.65		
d	Control number	Dept.	Corp.	Employer	use only	
347	7428 CLI2/BNU	112130		Α	2491	

Employer's name, address, and ZIP code

BOSTON CONSULTING GROUP INC 200 PIER FOUR BLVD **BOSTON MA 02210**

l							
b	Employer's FED ID number 04-2432614	a Employee's SSA number XXX-XX-9952					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a					
14	Other	12b					
		12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
		·					

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

ANANTHA KRISHNA DEEPAK MANUGURI 747 10TH AVE

APT 30E **NEW YORK NY 10019**

15 State NY	Employer's state ID no. 04-2432614	16	State wages, tips, etc. 203453.90
17 State	income tax	18	Local wages, tips, etc.
19 Local	income tax	20	Locality name

NY.State Filing Copy Wage

and Statement Copy 2 to be filed with employee's State Income Tax

2020 W-2 and EARNINGS SUMMARY

City or Local Reference Copy

Wage and Tax 2020
Statement
Copy 2 to be filed with employee's City or Local Income Tax Return.

d Control number Dept. Corp. Employer use only 347428 CLI2/BNU 112130 A 2492

c Employer's name, address, and ZIP code

BOSTON CONSULTING GROUP INC 200 PIER FOUR BLVD BOSTON MA 02210

Batch #02515

e/f Employee's name, address, and ZIP code ANANTHA KRISHNA DEEPAK MANUGURI 747 10TH AVE APT 30E

NEW YORK NY 10010

NE	EW YC	PRK NY 10019						
b	Emplo	yer's FED ID number 04-2432614	а	Emp		/ee's SS (XX-X)		
1	Wage	s, tips, other comp.	2	Fede	ral	income	tax v	vithheld
		203453.90					393	01.35
3	Socia	security wages 137700.00	4	Soci	al :	security		ithheld 37.40
5	Medic	are wages and tips 207261.60	6	Medi	ca	re tax wi		d 70.65
7	Social	security tips	8	Allo	ate	ed tips		
9			10	Depe	end	lent care	bene	efits
11	Nonqu	ualified plans	12	See i	nstr	uctions fo		12 0.32
11	Other		121		Т		380	
14	Other	26.40 SDI	120	d d) 		679	7.64
			13	Stat e	mp	Ret. plan	3rd pa	arty sick pay
15	State	Employer's state ID no	16	State	w	ages, tip	s, etc	: .
17	State i	income tax	18	Loca	l w	ages, tip		c. 53.90
19	Local	income tax 8055.89	20	Loca		y name NYC F	RES	

1 Wages, tips, other comp. 203453.90			2 Federal income tax withheld 39301.35				
3	Social security wag 1377	es 00.00	4 \$	Social	security tax withheld 8537.40		
5	5 Medicare wages and tips 207261.60			Medica	are tax withheld 3070.65		
d	Control number	Dept.	С	Corp.	Employer use only		
34	7428 CLI2/BNU	112130			A 2492		

c Employer's name, address, and ZIP code

BOSTON CONSULTING GROUP INC 200 PIER FOUR BLVD BOSTON MA 02210

b	Employer's FED ID number 04-2432614	a Employee's SSA number XXX-XX-9952				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See C	instructio	ns for box 12 320.32		
14	Other	^{12b} D		3807.70		
	26.40 SDI	12c DD	1	6797.64		
		12d				
		13 Stat en	np. Ret. plan	3rd party sick pay		
e/f	Employee's name, address ar	nd ZIP co	de			

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

ANANTHA KRISHNA DEEPAK MANUGURI

747 10TH AVE

APT 30E

NEW YORK NY 10019

15 State	Emplo	yer's sta	te ID n	o. 16 \$	State	wages, t	ips, etc.	
17 State	income	tax		18	Local	wages,	tips, etc. 203453.9	0
19 Local income tax 8055.89			20 l	20 Locality name NYC RES				
	City	or Lo	ocal	Filir	ng	Сору		
1A /	^	W/a	ne s	and	Tax	_	000	

Statement
Copy 2 to be filed with employee's City or Local Income Tax Return

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.

NYC RES Local Wages, Tips, Etc. Box 18 of W-2 206,941.28

 Gross Pay
 206,941.28

 Plus GTL (C-Box 12)
 320.32

 Less 401(k) (D-Box 12)
 3,807.70

 Reported W-2 Wages
 203,453.90

2. Employee Name and Address.

ANANTHA KRISHNA DEEPAK MANUGURI 747 10TH AVE APT 30E NEW YORK NY 10019

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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