2020 W-2 and Earnings Summary

Form W-2 W	lage and Tax Statement		
Copy C — For EMPLOY			
This information is being furnished to the I to file a tax return, a negligence penalty or imposed on you if this income is taxable a	IBS. If you are required OMB No. 1545-0008		
Control OT 200 OONTI			
Employer's name, address, and ZIP code	B 00103		
DOOSAN FUEL CELI	L AMERICA INC		
101 EAST RIVER DRIVE, 7TH FLOOR			
EAST HARTFORD CT 06108			
EAST HARTFORD C.	1 00100		
Employee's name, address, and ZIP code MATHEW GEORGI			
63 SUMMIT ST	REET, APARTMENT		
MANCHESTER CT	Г 06040		
86044.9	2 13717.90		
1 Wages, tips, other comp.			
86137.9	7 5340.55		
3 Social security wages	4 Social security tax withheld		
86137.9	7 1249.00		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nongualified plans	12a C 67.60		
	12b DD 5036.30		
13 Statutory Retirement Third-party sick pay			
employee plan sick pay	12d		
Employee's social security no			
347-97-2901	SEO 879.58		
Employer ID number (EIN)			
47-1300816			
15 St. Employer's state ID number	16 State wages, tips, etc. 17 State income tax		
CT 63180939 000	86044.92 4378.59		

	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages and Tips
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Less: Excess Wages Total Reported Wages	\$87,186.03	\$87,186.03	\$87,186.03
	\$0.00	\$0.00	\$0.00
	(\$93.05)	N/A	N/A
	(\$1,048.06)	(\$1,048.06)	(\$1,048.06)
	\$0.00	\$0.00	\$0.00
	N/A	\$0.00	N/A
	\$86,044.92	\$86,137.97	\$86,137.97
Tax Withheld	Fed Income	Social Security	Medicare
	Box 2 of W-2	Box 4 of W-2	Box 6 of W-2
	\$13,717.90	\$5,340.55	\$1,249.00

Tax Withheld

Form W-2

Copy 2 — To Be Filed With

CT State Income Tax Box 17 of W-2 \$4,378.59

MATHEW GEORGE 63 SUMMIT STREET, APARTMENT 16 MANCHESTER, CT 06040

Wage and Tax Statement

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

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Form W-2

Copy 2 — To Be Filed With

Form W-2 Wage and Tax Statement Copy B — To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the IRS. OMB No. 1545-0008 Department of Treasuryinternal Revenue Service

19 Local income tax

20 Locality name

Control number 0L308 98NB 00185

EAST HARTFORD CT 06108

Employer's name, address, and ZIP code

18 Local wages, tips, etc.

Employer's name, address, and ZIP code

DOOSAN FUEL CELL AMERICA INC

101 EAST RIVER DRIVE, 7TH FLOOR

Employee's name, address, and ZIP code

MATHEW GEORGE

63 SUMMIT STREET, APARTMENT MANCHESTER CT 06040

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1	86044.9 Wages, tips, other comp	_		13717.90 income tax withheld
3	86137.9 Social security wages	7	4 Social se	5340.55 security tax withheld
5	86137.9 Medicare wages and tips		6 Medicar	1249.00 re tax withheld
7	Social security tips		8 Allocate	ed tips
9			10 Depende	lent care benefits
11	Nonqualified plans		12a C 12b DD	67.60 5036.30
13	Statutory employee Plan Third-part sick pay	ty	12c D 12d	93.05
L	mployee's social security r $347-97-2901$ mployer ID number (EIN)	10.	14 SEO	879.58
1	47-1300816 5 st. Employer's state ID number T 63180939 000	1	State wages, tips, 36044.9	
18	Local wages, tips, etc.	19	Local income tax	20 Locality name

Employee's State, City, or Lo	ocal	OMB No. 1545-0008 Department of Treasury - Internal Revenue Service		
Control 0L308 98NB	00185			
Employer's name, address, and ZIP code				
DOOSAN FUEL CELL	AMERICA	INC		
101 EAST RIVER DE		1		
EAST HARTFORD CT	•	II I LOOK		
EAST HARTFORD CT	00100			
Employee's name, address, and ZIP code MATHEW GEORGE				
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MANCHESIER CI	06040			
86044.92		13717.90		
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86137.97		1249.00		
5 Medicare wages and tips				
7 Social security tips	8 Allocate	8 Allocated tips		
9	10 Depende	ent care benefits		
11 Nonqualified plans	12a C	67.60		
	12b DD	5036.30		
13 Statutory Retirement Third-party sick pay	12c D	93.05		
X	12d			
Employee's social security no.	14			
347-97-2901	SEO	879.58		
Employer ID number (EIN)				
47-1300816				
	6 State wages, tips	etc. 17 State income tax		
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18 Local wages, tips, etc.	9 Local income tax	20 Locality name		

Employee's State, City, or Lo Income Tax Return.	ocal	OMB No. 1545-0008 Department of Treasury - Internal Revenue Service		
Control OL308 98NB	00185			
Employer's name, address, and ZIP code				
DOOSAN FUEL CELL	AMERICA	INC		
101 EAST RIVER DR				
EAST HARTFORD CT				
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Employee's name, address, and ZIP code MATHEW GEORGE				
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86044.92 1 Wages, tips, other comp.	2 Federal i	13717.90 ncome tax withheld		
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9	10 Depende	ent care benefits		
9 11 Nonqualified plans	10 Dependent 12a C 12b DD	67.60		
11 Nonqualified plans	12a C 12b DD			
11 Nonqualified plans	12a C	67.60 5036.30		
11 Nonqualified plans	12a C 12b DD 12c D	67.60 5036.30 93.05		
11 Nonqualified plans 13 Statutory Plan Third-party sick pay X	12a C 12b DD 12c D 12d	67.60 5036.30		
11 Nonqualified plans 13 Statutory Petirement Third-party sick play X Employee's social security no. 347-97-2901	12a C 12b DD 12c D 12d	67.60 5036.30 93.05		
11 Nonqualified plans 13 Statutory Patrice Plans Third-party plan Sick play Employee's social security no.	12a C 12b DD 12c D 12d	67.60 5036.30 93.05		
11 Nonqualified plans 13 Statutory Plain Third-party sick play X Employee's social security no. 347-97-2901 Employer ID number (EIN) 47-1300816	12a C 12b DD 12c D 12d	67.60 5036.30 93.05		
11 Nonqualified plans 13 Statutory Plain Third-party sick play X Employee's social security no. 347-97-2901 Employer ID number (EIN) 47-1300816	12a C 12b DD 12c D 12d 14 SEO	67.60 5036.30 93.05		
11 Nonqualified plans	12a C 12b DD 12c D 12d 14 SEO	67.60 5036.30 93.05		
11 Nonqualified plans 13 Statutory Retirement Third-party plan Sick pay X X	12a C 12b DD 12c D 12d 14 SEO	67.60 5036.30 93.05 879.58 .etc. 17 State income tax 4378.59		
11 Nonqualified plans 13 Statutory Retirement Third-party plan Sick pay X X	12a C 12b DD 12c D 12d 14 SEO 3 State wages, tips 8 6 0 4 4 . 9	67.60 5036.30 93.05 879.58 .etc. 17 State income tax 4378.59		
11 Nonqualified plans 13 Statutory Retirement Third-party plan Sick pay X X	12a C 12b DD 12c D 12d 14 SEO 3 State wages, tips 8 6 0 4 4 . 9	67.60 5036.30 93.05 879.58 .etc. 17 State income tax 4378.59		

Wage and Tax Statement

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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.

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).

(Instructions for Employee continued on back of Copy 2.)

Instructions for Employee (Continued from back of Copy B.)

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 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 ryou had a deternal 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 you a copy.

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) taxexempt 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

(Instructions for Employee continued on back of Copy C.)

Instructions for Employee (Continued

from back of Copy 2.)

Box 12. (continued)

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.