Notice to Employee
Do you have to file? Refer to the instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned innour credit (EIC). You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family size.

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

Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Also see Pub. 390, named informe cream. Full factors and a finite factor 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 correct reported to the SAs on Form W-2. Be sure to get your copies of Form W-2: from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct to that early 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 wise the SSA websic are wown.SSA, gov.

Cost of employer-sponsored health coverage (if such osts is provided by the employer). The reporting in Box 12, using Code DIO, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DIO is not taxable.

Credit for excess taxes. If you had more than one employer in 2020 and more than SS, 537.40 in social security and/or Ter 1 rairoad retirement (RRTA) taxes were withheld, you may be able to chim a credit for the excess against your federal more than (S). The arrangement of the control of the con Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

## Instructions for Employee

- Box 1. Enter this amount on the Wages line of your tax return.

  Box 2. Enter this amount on the federal income tax withheld line of your tax return.

  Box 5. You may be required to report this amount on Form 8999. Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

  Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips show in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips abov \$200,000.

  Box 8. This amount is not included in the control of the

S200,000.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax. on Increported Tip Income, with adequate your income tax return to report at least the allocated if parount unbess you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to

figure the social security and Medicare tax owed on tips you didn't report to your empbyer. Enter this J.—Nontaxable six by pay (information only, not included in boxes 1, 3, or 5) amount on the wages line of your tax return. By filing Form 4137, your social security is will be credited to your social security record (used to figure your benefits).

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

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K—20% excise tax on excess gol

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Betieve deferral (codes D, E, F, and S) and designated Roth contributions (codes AA, Ba, and EE) under all plans are generally limited to a total of \$19,500 (\$313,500 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 Har elimited 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 levit we 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. Box 12. The following list explains the codes shown in box 12. You may need this information to

shown, the contributions are for the current year.

A—Uncollected social security or RR74 tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

B- Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

a SIMPLE retirement account that is part of a section 401(k) arrangement

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

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

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

O—Nontaxable combat pay. See the instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

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

 $\label{eq:condition} \begin{array}{ll} 1) \\ T-- Adoption \ benefits \ (not \ included \ in \ box \ 1). \ Complete \ Form \ 8839, \ Qualified \ Adoption \ Expenses, \ to \end{array}$ 

requartments.

W—Emphoyer 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 (HSA)

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the instructions for Forms 1040 and 1040-954.

instructions for Forms 1040 and 1040-SR.

A.—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.

BE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under at accempt organization section 457(b) plan. This amount does not apply to contributions under a qualified small employer health reimbursemen arrangement GG—Income from qualified capity grants under section 83(i)
HII—Aggregate deferrals under section 83(i) elections as of the close of the calendar year
Box 1.3. If the \*Reiriement plan\* Dos is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. Contributions to Individual Retrement
Arrangements (IRAs).

Box 1.4. Employers may use this box to report information such as state disability insurance taxes withbeld, union dues, uniform payments, health insurance premiums deducted, nontaxable income,

withheld, unnon dues, uniform payments, neath insurance premiums deducted, nontaxable income, cleductional assistance payments, or a member of the Cergy'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.

Form W-2 Wage and Tax Statement

2020

Copy C, for employee's records

This information is being furnished to the Internal Revenue Service.
If you are required to file a tax return, a negligence penalty or other sanction
makes have multi this incomer is abubble and you fail to report it.

l-000100 Void social security number 65-3980 Third-party sick pay	c Employer's name, address, and ZIP code MINDTREE LIMITED 25 INDEPENDENCE BLVD STE 401 WARREN NJ 07059  e Employee's name, address, and ZIP code PURUSHOTTHAM GANAPATHITEKMAL	Department of the Treasury - Internal Revent OMB No. 1545-0008  1 Wages, tips, other compensation 41888.30  3 Social Security wages 43847.84  5 Medicare wages and tips 43847.84	2 Federal Income tax withheld
social security number 65-3980 Third-party	25 INDEPENDENCE BLVD STE 401 WARREN NJ 07059  e Employee's name, address, and ZIP code PURUSHOTTHAM GANAPATHITEKMAL	1 Wages, tips, other compensation 41888.30 3 Social Security wages 43847.84 5 Medicare wages and tips 43847.84	3482.38 4 Social Security tax withheld 2718.57 6 Medicare tax withheld 635.76
65-3980 Third-party	WARREN NJ 07059      e Employee's name, address, and ZIP code  PURUSHOTTHAM GANAPATHITEKMAL	41888.30 3 Social Security wages 43847.84 5 Medicare wages and tips 43847.84	3482.38 4 Social Security tax withheld 2718.57 6 Medicare tax withheld 635.76
Third-party	e Employee's name, address, and ZIP code PURUSHOTTHAM GANAPATHITEKMAL	41888.30 3 Social Security wages 43847.84 5 Medicare wages and tips 43847.84	3482.38 4 Social Security tax withheld 2718.57 6 Medicare tax withheld 635.76
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	PURUSHOTTHAM GANAPATHITEKMAL	5 Medicare wages and tips 43847.84	6 Medicare tax withheld
	PURUSHOTTHAM GANAPATHITEKMAL	43847.84	635.76
		7 Social Security tips	8 Allocated Tips
	11441 BONHAM ORWY		
	LANTANA TX 76226	10 Dependent care benefits	11 Nonqualified plans
		Verification Code	
16 State wages, tips, etc	c. 17 State income tax 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
	16 State wages, tips, et		Verification Code

## Form W-2 Wage and Tax Statement

2020

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

1 01111 11	-z wage	uliu lux	Otalemen		2020	COP	D, to be filed	WILLI	employee 3 i EDEI	TAL TOTAL	
d Control numb	.667 0000M38030-000100			c Employer's name, address, and ZIP code MINDTREE LIMITED			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
98-02150	ory Retirement Third-party ee plan sick pay		mber	25 INDEPENDENCE BLVD STE 401 WARREN NJ 07059			1 Wages, tips, other compensation 41888.30 3 Social Security wages		2 Federal Income tax withheld 3482.38 4 Social Security tax withheld		
12 See Instrs. fo		X 14 Other			e Employee's name, address, and ZIP	code		5 Medio	43847.84 care wages and tips	6 Medicare tax withheld	2718.57
D DD					PURUSHOTTHAM GANAPATHITEKMAL 1441 BONHAM ORWY			43847.84 7 Social Security tips 8 Allocated Tips			635.76
					LANTANA TX 76226	,		10 Dependent care benefits		11 Nonqualified plans	
								Verif	ication Code		
15 State	Employer's state I	.D. No.	16 State wages,	tips, etc.	17 State income tax	1	8 Local wages, tips, etc.		19 Local income tax	20 Locality name	

## Form W-2 Wage and Tax Statement 2020

d Control number Void X				X	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer's identification number a Employee's social security number				1 Wages, tips, other compensation	2 Federal Income tax withheld					
40 Ct-t-t	D-1		Third-party							
13 Statutory Retirement Third-party Employee plan sick pay				3 Social Security wages	4 Social Security tax withheld					
12 See Instrs. for Box 12 14		14 Other	Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld		
							7 Social Security tips	8 Allocated Tips		
							10 Dependent care benefits	11 Nonqualified plans		
							Verification Code			
15 State Empl	oyer's state	e I.D. No.	16 State wages	, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		