

PDGAGR02G00370 NISSI PRASHANTH AMBATI 3356 HUDSON PL FREMONT CA 94536

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.

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.

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

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wades and tins shown in box 5, as well as the 0.9% Additional 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

Tou must the rorm 4137, social security and weakara 1 axon Umeponed 1 p frome, with you income tax tertum fore post telesatt the allocated by 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 its more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you doith 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 ure therefiel).

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

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nongualified 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 If it is a prioryear deferal 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 diversity of the taxet of the same calendar year. You had a social security the social security t ion 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 taxy part options of codes showing in the codes and the codes and the code and (15) year vie explained in Wb. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct taxable. Copies B, C, and 2 and ask your employer to correct your Credit for excess taxes. If you had more than one employer in than a certain amount. The amount of the credit is based Security Administration (SSA) to correct any name, SSN, or on income and family size. Workers without children could money amount error reported to the SSA on Form W-2. Be sure qualify for a smaller credit. You and any qualifying children to get your copies of Form W-2c from your employer for all must have valid social security numbers (SSNs). You can't corrections made so you may file them with your tax return. If take the EIC if your investment income is more than the your name and SSN are correct but aren't the same as shown 1040-SR and Pub. 505, Tax Withholding and Estimated Tax. specified amount for 2020 or if income is earned for on your social security card, you should ask for a new card that services provided while you were an inmate at a penal displays your correct name at any SSA office or by calling institution. For 2020 income limits and more information, 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Clergy and religious workers. If you aren't subject to social Cost of employer-sponsored health coverage (if such cost is security and Medicare taxes, see Pub. 517, Social Security and 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

Earned income credit (EIC). You may be able to take the employment record. Be sure to ask the employer to file Form 2020 and more than \$8,537.40 in social security and/or Tier 1 EIC for 2020 if your adjusted gross income (AGI) is less W-2c, Corrected Wage and Tax Statement, with the Social railroad retirement (RRTA) taxes were withheld, you may be able 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

> 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 ele tive deferrals. For code G. actinition a determant of the state of the other of the state of the s

te: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pensior 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. All the current year is A—Uncollected social security or RTA 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.

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 defermals to a section 401(k) cash or deferred arrangement. Also includes deferrats under a SIMPLE retirement account that is part of a section 401(k) arrangement. E—Elective defermals under a section 403(k)(ki) salary reduction agreement F—Elective defermals under a section 403(k)(ki) salary reduction SEP C—Elective defermals under a section 403(k)(ki) 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

Instructions for Forms 1040 and 1040-SR for how to deduct. J—Nontavable sick pay (information only, not included in box 1, 3, or 5) K—20% excise taxon excess golden parachule payments. See the Instructions for Forms 1040 and 1040-SR. L=Substantiated employee business expense reimbusements (nontavable) M—Uncollected social social security or RRTA tax on taxable cost of group-term file insurance ow \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR. M—Uncollected Medicare tax on taxable cost of group-term file insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR. M—Encludet moving encenses emburgements and idencify the amember of the LIS. 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 orting 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

Improvements in the intervention of the int

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

Y—Oterrats under a section 409A nonqualitied defered compensation plin Z—Income under an onqualified defered compensation plan http://aib 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(k) plan DB—Decision Roth Roth contributions under a section 403(k) plan DB—Decision Roth Roth contributions under a section 403(k) plan DB—Decision Roth Roth Contributions under a section 403(k) plan

is not taxable. EE—Designated Roth contributions under a gover ntal section 457(b) p

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 yea

HH—Aggregate deferrats 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. 550-A, Contributions to Individual Retirement Arrangements (IRAs). Box 14. Employees 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 parsonag allowarce and utiles. Raitinad employees use this box to report inflated retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicate tax, and Additional Medicate Tax. Include tigs rounded burthe employee in the remolvaer in planet diretement (RRTA) compensation. competitional in our leads to the an induced by a Drawn antibiotic or an induce op-reported by the employee to the employer in allocal reference (RRTA) compensation. Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income streturn. However, to help protect your social security benefits, page Copy C unit) you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage	and Tax Statement 2020 OME	Department of the Treasury - Internal Revenue Service						
Control number			Employer identification number 47-3597831		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			
Employer's name, address, and ZIP code Kelly Services Global, LLC			Employee's SSN 303-85-9619		1 Wages, tips, c	other compensation 38,475.00	2 Federal income tax withheld 5,558.40	
999 West Big Beaver Rd. STE 401A Troy MI 48084 Employee's first name and initial Last Name Suffix NISSI PRASHANTH AMBATI 3356 HUDSON PL FREMONT CA 94536			7 Social security tips		3 Social security wages 38,475.00		4 Social security tax withheld 2,385.45	
		8 Allocated tips		5 Medicare wages and tips 38,475.00		6 Medicare tax withheld 557.89		
		9		10 Dependent care benefits		11 Nonqualified plans		
		12a		13 Statutory Employee 14 Other CA-VPDI Retirement Plan X Third-party sick pay				
		12b						
			12c					
Employee's address and ZIP code			12d					
15 State CA	Employer's State ID number 473597831	16 State wages, tips, etc. 38,475.00	17 State income tax 2,377.30	18 Local wage	es, tips, etc. 19 Local income tax		20 Locality name	

This information is being furnished to the Internal Revenue Service

Form W-2 Wage and Tax Statement 2020 OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number			Employer identifica 47-3597831	ation number	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		
Employer's name, address, and ZIP code Kelly Services Global, LLC			Employee's SSN 303-85-9619		1 Wages, tips, other compensation 38,475.00		2 Federal income tax withheld 5,558.40
STE 401A	999 West Big Beaver Rd. STE 401A		7 Social security tips		3 Social security wages 38,475.00		4 Social security tax withheld 2,385.45
Troy MI 48084 Employee's first name and initial Last Name Suffix		8 Allocated tips		5 Medicare wages and tips 38,475.00		6 Medicare tax withheld 557.89	
	NISSI PRASHANTH AMBATI 3356 HUDSON PL		9		10 Dependent care benefits		11 Nonqualified plans
FREMONT CA 94536		12a		13 Statutory Employee 14 Or CA Retirement Plan X		CA-VPDI 384.75	
		12b					
			12c		Third-party sick pay		
Employee's address and ZIP code			12d				
15 State CA	Employer's State ID number 473597831	16 State wages, tips, etc. 38,475.00	17 State income tax 2,377.30	18 Local wag	es, tips, etc.	19 Local income tax	20 Locality name

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Form W-2 Wage and Tax Statement 2020 OMB No. 1545-0008			Department of the Treasury - Internal Revenue Service					
Control number			Employer identification number 47-3597831		COPY B To Be Filed With Employee's FEDERAL Tax Return			
Employer's name, address, and ZIP code Kelly Services Global, LLC			Employee's SSN 303-85-9619		1 Wages, tips, o	other compensation 38,475.00	2 Federal income tax withheld 5,558.40	
999 West E STE 401A	999 West Big Beaver Rd. STE 401A		7 Social security tips		3 Social securi	ty wages 38,475.00	4 Social security tax withheld 2,385.45	
Troy MI 48084 Employee's first name and initial Last Name Suffix NISSI PRASHANTH AMBATI 3356 HUDSON PL FREMONT CA 94536		8 Allocated tips		5 Medicare wa	ges and tips 38.475.00	6 Medicare tax withheld 557.89		
		9		10 Dependent		11 Nonqualified plans		
		12a		13 Statutory Employee I 14 Other Retirement Plan X Third-party sick pay				
			12b					
			12c					
Employee's address and ZIP code			12d		i filitu-party			
15 State CA	Employer's State ID number 473597831	16 State wages, tips, etc. 38,475.00	17 State income tax 2,377.30	18 Local wage	es, tips, etc.	19 Local income tax	20 Locality name	

This information is being furnished to the Internal Revenue Service

Form W-2 Wage and Tax Statement 2020 OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Control number			47-3597831 COPY C FORE COPY C FORE			nployee's Records (See Notice to Employee on back of		
Employer's name, address, and ZIP code Kelly Services Global, LLC			Employee's SSN 303-85-9619		1 Wages, tips, other compensation 38,475.00		2 Federal income tax withheld 5,558.40	
999 West Big Beaver Rd. STE 401A Troy MI 48084 Employee's first name and initial Last Name Suffi NISSI PRASHANTH AMBATI 3356 HUDSON PL FREMONT CA 94536			7 Social security tips		3 Social security wages 38,475.00		4 Social security tax withheld 2,385.45	
		Last Name Suffix	8 Allocated tips		5 Medicare wages and tips 38,475.00		6 Medicare tax withheld 557.89	
			9		10 Dependent care benefits		11 Nonqualified plans	
			12a				Other CA-VPDI 384.75	
			12b					
			12c					
Employee's address and ZIP code			12d					
15 State CA	Employer's State ID number 473597831	16 State wages, tips, etc. 38,475.00	17 State income tax 2,377.30	18 Local wage	es, tips, etc.	19 Local income tax	20 Locality name	

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.

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EARNED INCOME TAX CREDIT NOTIFICATION

All California employers are required to notify all of their employees of both the federal and California Earned Income Tax Credit (EITC).

Revenue and Taxation Code, § 19853 requires any employer, who is subject to, and is required to provide unemployment insurance to employees, to notify all employees that they may be eligible for the EITC. Employers shall give notification within one week before or after, or at the same time, they provide employees with an annual wage summary (IRS Form W-2, 1099).

NOTICE TO EMPLOYEES

Based on your annual earnings, you may be eligible to receive the Earned Income Tax Credit (EITC) from the federal government. The federal EITC is a refundable federal income tax credit for low-income working individuals and families. The federal EITC has no effect on certain welfare benefits. In most cases, federal EITC payments will not be used to determine eligibility for Medicaid, supplemental security income, food stamps, low-income housing, or most temporary assistance for needy families payments. Even if you do not owe federal taxes, you must file a federal tax return to receive the federal EITC. Be sure to fill out the federal EITC form in the federal income tax return booklet. For information regarding your eligibility to receive the EITC, including information on how to obtain the IRS Notice 797, or any other necessary forms and instructions, contact the Internal Revenue Service at 1-800-829-3676 or through its website at https://www.irs.gov/.

You also may be eligible to receive the California EITC. The California EITC is a refundable state income tax credit for low-income working individuals and families. The California EITC is treated in the same manner as the federal EITC and generally will not be used to determine eligibility for welfare benefits under California law. To claim the California EITC, even if you do not owe California taxes, you must file a California income tax return and complete and attach the California EITC form (FTB 3514). For information on the availability of the credit, eligibility requirements, and how to obtain the necessary California forms and get help filing, contact the Franchise Tax Board at 1-800-852-5711 or through its website at <u>www.ftb.ca.gov</u>.