2020 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

2.0	Wages, Tips, Other	Social Security	Medicare	
	Compensation	Wages	Wages	
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	
GROSS PAY	90,960.98	90,960.98	90,960.98	
EmpRecogn	225.00	225.00	225.00	
AMEX Taxbl	12.01	12.01	12.01	
OneFirmSpa	-250.00	-250.00	-250.00	
NPAAdjust	-71.86	-71.86	-71.86	
Vhc Mdo	-846.00	-846.00	-846.00	
Dental	-144.00	-144.00	-144.00	
Vision	-24.00	-24.00	-24.00	
HSAEECont	-2,400.00	-2,400.00	-2,400.00	
Uhc Hdp	-474.00	-474.00	-474.00	
Other	-5,430.00	-86,988.13	-86,988.13	
W-2 WAGES	81,558.13			

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

SRIKAR PINNAPREDDY 18645 DETROIT RD 604 LAKEWOOD, OH 44107

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PAGE 01 OF 03

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9			10 Depen	dent care benefits	9
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			13 Stat emp	Ret. plan 3rd party sick pay	
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Employee

y C for employee's records

P O BOX 30004 TAMPA, FL 33630-3004

Control number

4606918780 WGK

604

Reference

Wage and Tax Statement

Dept.

US0000

Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC

e/f Employee's name, address, and ZIP code SRIKAR PINNAPREDDY 18645 DETROIT RD

LAKEWOOD, OH 44107

81558.13

b Employer's FED ID number 46-4958214 Wages, tips, other comp.

3 Social security wages

7 Social security tips

11 Nonqualified plans

14 Other

5 Medicare wages and tips

Copy

a Employee's \$\$A number XXX-XX-8009

6 Medicare tax withheld

10 Dependent care benefits

12d | 13 Stat emp Ret, plan 3rd party sick pay

8 Allocated tips

12a See instructions for D | 12b W | 12c DD|

2 Federal income tax withheld

Social security tax withheld

11006.63

5430.00

OMB No. 1545-0008

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Employer use only

1 Wages, tips, other 818	comp. 2 Fe 558.13	deral incom	ne tax withheld 11006.63	1 1	Wages	, tips, oth 81	er comp. 1558.13
3 Social security was	jes 4 Sc	cial securit	y tax withheld	3	Social	security v	wages
5 Medicare wages an	d tips 6 Me	6 Medicare tax withheld		5	Medica	are wages	and tips
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b Employer's FED ID 46-49582	14		-XX-8009			yer's FED 46-4958	214
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11 Nonqualified plans	12a)	5430.00	11	Nonqu	alified pla	ns
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15 State Employer's s MA WTH-11988		ate wages, 1	tips, etc. 5.35		State MA	Employer' WTH-119	's state IE 988853-00
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3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number Dept. 4606918780 WGK U \$0000	Corp. Employer use only		
c Employer's name, address,	and ZIP code		
P O BOX 30004 TAMPA, FL 33630-	3004		
b Employer's FED ID number 46-4958214	a Employee's \$\$A number XXX-XX-8009		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a D 5430.00		
14 Other	^{12b} W 2899.92		
	12c DD 5838.00		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pa		
e/f Employee's name, address SRIKAR PINNAPRED 18645 DETROIT RD 604 LAKEWOOD, OH 4	DY 4107		
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17 State income tax .27	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
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Social Security Number: XXX-XX-8009

2 Federal income tax withheld

2020 W-2 and EARNINGS SUMMARY

OH. State Reference Copy Wage and Tax Statement loyee's State Inco mOMB No. 1545-0008 Control number Dept. Employer use only Corp 4606918780 WGK US0000 4879 Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC

P O BOX 30004 TAMPA, FL 33630-3004

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

18645 DETROIT RD 604

Social security tips

LAKEWOOD, OH 44107 a Employee's SSA number XXX-XX-8009 Employer's FED ID number 46-4958214 Wages, tips, other comp Federal income tax withheld

81558.13 11006.63 Social security wages Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld

8 Allocated tips

10 Dependent care benefits 11 Nonqualified plans 5430.00 12b W

14 Other 12c DD 13 Stat emp Ret. plan 3rd party sick pa

15 State Employer's state ID no. 16 State wages, tips, etc. OH 54-028539 2 81552.78 17 State income tax 2430.59 80548.95 19 Local income tax 20 Locality name

2013.74 CLEVELAND

Wages, tips, other comp Federal income tax withheld 81558.13 11006.63 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only Dept Corp 4606918780 WGK US0000 4879

Employer's name, address, and ZIP code

PWC ADVISORY SERVICES LLC P O BOX 30004 TAMPA, FL 33630-3004

b Employer's FED ID number 46-4958214	a Employee's SSA number XXX-XX-8009
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 5430.00
14 Other	^{12b} W 2899.92
	12c DD 5838.00
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

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

SRIKAR PINNAPREDDY 18645 DETROIT RD 604 LAKEWOOD, OH 44107

15 State Employer's state ID no. 16 State wages, tips, etc OH 54-028539 2 81552 81552.78 17 State income tax 2430.59 18 Local wages, tips, etc. 80548.95 19 Local income tax **2013.74** 20 Locality name CLEVELAND

OH. State Filing Copy

Wage and Statement

opy 2 to be filed with employee's State Income Tax Retur

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

Your Gross Pay was adjusted as follows to produce your W-2 Statement.

3	Wages, Tips, Other Compensation	Social Security Wages	Medicare Wages
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
GROSS PAY	90,960.98	90,960.98	90,960.98
EmpRecogn	225.00	225.00	225.00
AMEX Taxbl	12.01	12.01	12.01
OneFirmSpa	-250.00	-250.00	-250.00
NPAAdjust	-71.86	-71.86	-71.86
Uhc Mdo	-846.00	-846.00	-846.00
Dental	-144.00	-144.00	-144.00
Vision	-24.00	-24.00	-24.00
HSAEECont	-2,400.00	-2,400.00	-2,400.00
Who Hdp	-474.00	-474.00	-474.00
Other	-5,430.00	-86,988.13	-86,988.13
W-2 WAGES	81,558.13		

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

SRIKAR PINNAPREDDY 18645 DETROIT RD 604 LAKEWOOD, OH 44107

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PAGE 02 OF 03

1 W	Wages, tips, other comp. 81558.13		2 Federa	l income tax withheld 11006.63	
3 S	ocial security was	ges	4 Social	security tax withheld	
5 M	Medicare wages and tips		6 Medicare tax withheld		
	Control number Dept. 006918780 WGK US0000		Corp.	Employer use only 4879	
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	O BOX 300 AMPA, FL		3004		
b Ei	mployer's FED ID 46-49582	number	a Employ	ree's SSA number	
7 S	ocial security tips		8 Allocat		
9			10 Depend	dent care benefits	
11 N	onqualified plans		12a D	5430.00	
14 0	ther		12b W	2899.92	
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			12d		
			13 Stat emp.	Ret. plan 3rd party sick pay	
e/f E	mployee's name,	address a	nd ZIP code	9	
18 60	RIKAR PINN 3645 DETRO 34 AKEWOOD,	IT RD			
15 S t	ate Employer's	state ID no			
17 St	ate income tax	ero conocarso	18 Local v	81552.78 vages, tips, etc.	
19 Lo	ocal income tax	30.59	20 Localit	80548.95 y name	
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14	/-2	Nage		2020	
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Copy 2 to be filed with employee's City or Local Income Tax Return

1	Wages, tips, other 815	comp. 58.13	2 Federal income tax withheld 11006.63		
3	Social security wages Medicare wages and tips		4 Social security tax withheld 6 Medicare tax withheld		
5					
d 46	Control number 606918780 WGK	Dept. U \$0000	Corp.	Employer use only	
С	Employer's name,	address, a	nd ZIP cod	е	
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	TAMPA, FL	33630-3	0.00000000	XXX-XX-8009	
b 7	TAMPA, FL SEMPLOYER'S FED ID 46-49582	33630-3	a Employ	XXX-XX-8009	
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Social Security Number: XXX-XX-8009

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

SRIKAR PINNAPREDDY 18645 DETROIT RD 604 LAKEWOOD, OH 44107

15	State OH	Employer's state ID no. 54-028539 2	16 State wages, tips, etc. 81552.78
17	State	income tax 2430.59	18 Local wages, tips, etc. 80548.95
19	Local	income tax 2013.74	20 Locality name CLEVELAND
		City or Local	Filing Conv

12d 13 State

Ret. plan 3rd party sick pa

or Local Filing Wage and

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

2020 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

Your Gross Pay was adjusted as follows to produce your W-2 Statement.

29	Wages, Tips, Other Compensation	Social Security Wages	Medicare Wages
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
GROSS PAY	90,960.98	90,960.98	90,960.98
EmpRecogn	225.00	225.00	225.00
AMEX Taxbl	12.01	12.01	12.01
OneFirmSpa	-250.00	-250.00	-250.00
NPAAdjust	-71.86	-71.86	-71.86
Uhc Mdo	-846.00	-846.00	-846.00
Dental	-144.00	-144.00	-144.00
Vision	-24.00	-24.00	-24.00
HSAEECont	-2,400.00	-2,400.00	-2,400.00
Who Hdp	-474.00	-474.00	-474.00
Other	-5,430.00	-86,988.13	-86,988.13
W-2 WAGES	81,558.13		

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

SRIKAR PINNAPREDDY 18645 DETROIT RD 604 LAKEWOOD, OH 44107

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PAGE 03 OF 03

Social Security Number: XXX-XX-8009

	City or	Local	Reference	ce Copy
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	number	Dept. US0000	Corp.	Employer use only
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1	Wages, tips, other	comp. 558.13	2 Federal income tax withheld 11006.63			
3	Social security wages		4 Social security tax withheld			
5	Medicare wages a	Medicare wages and tips		6 Medicare tax withheld		
d 46	Control number Dept. U\$0000		Corp.	Employer use only 4880		

PWC ADVISORY SERVICES LLC P O BOX 30004 TAMPA, FL 33630-3004

b	Employer's FED ID number 46-4958214	a Employee's SSA number XXX-XX-8009	
7	Social security tips	8 Allocated tips	
9		10 Dependent care benefits	
11	Nonqualified plans	12a See instructions for box 12 D 5430.00	
14	Other	12b W	2899.92
		12c DD	5838.00
		12d	
		13 Stat emp. Ret.	plan 3rd party sick pay
			X

 $\ensuremath{\text{e/f}}$ Employee's name, address and ZIP code

SRIKAR PINNAPREDDY 18645 DETROIT RD 604 LAKEWOOD, OH 44107

PA 20017174	o. 16 State wages, tips, etc.	
17 State income tax 18 Local wages, tips, etc. 6742.		
9 Local income tax 232.74	20 Locality name PHILADELPH	
City or Local	Filing Copy	
W-2 Wage a Statemen	nd Tax 2020	

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 employe. 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 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) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for

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.

\$—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 amoun

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 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.

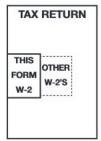
Department of the Treasury - Internal Revenue Service

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):



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