N. V. Carlotte						
Wages, tips, other comp.	2 F	<ol><li>Federal income tax withheld</li></ol>				
23231.53		4476.06				
Social security wages	4 5	4 Social security tax withheld				
24830.41		1539.47				
Medicare wages and tips	6	6 Medicare tax withheld				
24830.41	360.05					
Employer's name, address, an	mployer's name, address, and ZIP code					
WERNER MANAGEM	EN.	T INC	1			
PO BOX 45241			1			
14507 FRONTIER RO	AD	1	- 1			
<b>OMAHA NE 68145</b>						
Employee's name, address, and ZIP code						
RAJA MANIKAN VEN			- 1			
5435 S 110TH PLZ A			1			
OMAHA NE 68137	•		1			
UMATIA NE 00137						
7 Social security tips		8 Allocated tip	s			
9		10 Dependent care benefits				
11 Nonqualified plans		12a D	1598.88			
		12b W	1262.52			
13 Statutory employee	П	12c				
Retirement plan	X	12d DD	2658.00			
Third-party sick pay	Ш	Control #				
14 INS \$780.00			cial security no.			
VI \$24.78	Employer ID n		7-0258			
9			283344			
15 St. Employer's state ID	16		17 State			
number	tips, etc.		income tax			
NE 8554080		23231.53	1293.71			
	1					
18 Local wages, tips, etc.	19 Local income tax		20 Locality name			
	lax .		1			
7						
Form W-2 Wage and Tax Statement 2020						
Copy B — To be filed with Employee's Federal Tax Return						
Department of the Treasury - Internal Revenue Service						

476.06
x withheld 539.47
theld 360.05

14507 FRONTIER ROAD OMAHA NE 68145

Employee's name, address, and ZIP code

RAJA MANIKAN VEMURI 5435 S 110TH PLZ APT 151 **OMAHA NE 68137** 

7 Social security tips		8 Allocated tips	
		10 Dependent care benefits	
11 Nonqualified plans		12a D	1598.88
		12b W	1262.52
13 Statutory employee	П	12c	
Retirement plan	X	126 DD	2658.00
Third-party sick pay	П	Control #	
14 INS \$780.00 VI \$24.78		Employee's social security no. 722-47-0258	
		Employer ID number (EIN)	
		52-2283344	
15 St. Employer's state I number NE 8554080	D 16	State wages, tips, etc. 23231.53	17 State income tax 1293.71
18 Local wages, tips, etc.	19	Local income tax	20 Locality name
Form W-2 Wage	and	Tax Statem	ent 2020

Form W-2 Wage and Tax Statement 2020 Copy 2 - To be filed with Employee's State, City or Local Tax Return Department of the Treasury - Internal Re

8554080

18 Local wages, tips, etc.

1 Wages, tips, other comp.

3 Social security wages

PO BOX 45241

**OMAHA NE 68137** 

7 Social security tips

11 Nonqualified plans

13 Statutory employee

Retirement plan Third-party sick pay

14 INS \$780.00

VI \$24.78

5 Medicare wages and tips

14507 FRONTIER ROAD **OMAHA NE 68145** 

RAJA MANIKAN VEMURI 5435 S 110TH PLZ APT 151

23231.53

24830.41

24830.41

WERNER MANAGEMENT INC

Employee's name, address, and ZIP code

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

8 Allocated tips

12a D

12b W

12d DD

Control #

tips, etc. 23231.53

19 Local income tax

12c

10 Dependent care benefits

Employee's social security no

Employer ID number (EIN) 52-2283344

722-47-0258

1598.88

1262.52

2658.00

income tax

1293.71

20 Locality

4476.06

1539.47

360.05

2 Federal income tax withheld 1 Wages, tips, other comp 4476.06 23231.53 3 Social security wages 24830.41

4 Social security tax withheld 1539.47 6 Medicare tax withheld

360.05

Employer's name, address, and ZIP code WERNER MANAGEMENT INC PO BOX 45241

24830.41

14507 FRONTIER ROAD **OMAHA NE 68145** 

5 Medicare wages and tips

Employee's name, address, and ZIP code

RAJA MANIKAN VEMURI 5435 S 110TH PLZ APT 151 **OMAHA NE 68137** 

7 Social security tips		8 Allocated tip	Allocated tips	
		10 Dependent care benefits		
11 Nonqualified plans		12a D	1598.88	
		12b W	1262.52	
13 Statutory employee		12c		
Retirement plan	X	12d DD	2658.00	
Third-party sick pay	٦	Control #		
14 INS \$780.00 VI \$24.78			cial security no.	
		Employer ID number (EIN) 52-2283344		
15 St. Employer's state IC number NE 8554080	1	6 State wages, tips, etc. 23231.53	17 State income tax 1293.71	
18 Local wages, tips, etc.		9 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2020 Copy C - For Employee's Records

Instructions for Employee

Tax Return

Copy 2 - To be filed with Employee's State, City or Local

Department of the Treasury - Internal Revenue Service

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

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

Box 5. Tour may be required to report this amount on Form 8559, Additional Medicare

Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8559.

Tax, See the Instructions for Forms 1040 and 1040-sh to determine a you are required to complete Form 8599. 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 3200,000. Box 8. This amount is an of 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 1040-58. When the second in the Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount writes 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 your decid lescurity that amount on the valges line of your tax return. By timing Form 4137, you social security in second on the valges line of your tax return. 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 Caleteria plan). Any amount less (5,500 is also carried and in this additional community of the propriet in box 11 fit is a distribution made to you from a

Care Expenses, to compute my taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 iff it is a distribution made to you from nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) includin box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became texable for social security mid Medicare taxable still security and Medicare taxable still security and Medicare taxable still security and security mid Medicare taxable still security and security mid to the deferred amount. This box should be used if you had a deferral and set distribution in the same calendar year. By you made a deferral and received a distribution in the same calendar year. By you made a deferral and texable still security Administration and give you accopy of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following ists expeliant 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 Bill and E1 under all plans are generally immed to a trial of \$19,500 (\$11,500 fr you only have SIMPI E plans, \$22,500 for section 400b) plans if you guardly for the 15-year rule explained in the 517.10 Deferrats under code of are limited to \$19,500. Deferrats under code of are limited by you were all least age 50 in 2000, your employer may have allowed an

However, if you were at least age 50 in 2020, your employer may have allowed an Activities of the property of

1040 and 1040 SR.

Note: If a year follows code D through H. S. Y. AA. BB, or EE, you made a make-up pensis contribution for a prior year(s) when you were in military service. To figure whether you make-cess deferrals, consider these amounts for the year shown, not the current year. If no ye is shown, the contributions are for the current year shown, and the current year if no ye is shown. A—Lincofected social security or RRTA tax on tipe. Include this tax on Form 1040 or 1040 SR. See the instructions for Forms 1040 and 1040 SR.

J—Nontazable sick pay firformation 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.

1040 and 1040-SR.

L-Substantiated employee business expense rembursements (nontaxable)

M.-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 forms 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 forms employees only.) See the instructions for Forms 1040 and 1040-SR.

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.

15 St. Employer's state ID 16 State wages, 17 State

-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not cluded in box 1)

Adoption box 1)—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption penses, to compute any taxable and nontaxable amounts.

Income form exercise of nonstantory stock option(s) included in boxes 1, 3 (up to coat security wage base), and 5), See Pub. 525, Taxable and Nontaxable Income, for contra requirements.

—Employer contributions (including amounts the employee elected to contribute using a ction 125 (cafetera) plan) to your health savings account, Report on Form 8899, Health hongs Accounts (15As).

—Deferrats under a section 499A nonqualified deferred compensation plan that fails to statish section.

samings accounts (HSAS).

\*\*Pellerials under a section 409A nonqualified deferred compensation plan

\*\*Z\*\*—horome under a nonqualified deferred compensation plan that falls to satisfy section

409A. The 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 is not travel.

is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This aim does not apply to contributions under a tax-exempt organization section 457(b) plan. FF—Permitted benefits under a qualified small employer health reimbursement arrange 60G—income from qualified equity grants under section 630().

HH—Aggregate deferrals under section 63(i) elections as of the close of the calendar y

HH—Aggregate deferrals under section (\$30) elections as of the close of the calendar year Box 1.3. If the Peterment plan box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590 A. Contributions to inclivedual Peterment Amangements (IRAS).

Box 14. Employers may use too to report information such as state disability insurance taxes withhald, union dues, until own perments health insurance premiums deduct and causes withhald, union dues, until own perments health insurance permiums deductared payments, or a member of the clergy's processing electronic and clusters electronic payments, or a member of the clergy's processing electronic and clusters electronic payments, or a member of the clergy's processing electronic payments, and additional retirement (IRITIA) compensation. The II tax, Tile 2 tax, Medicare tax, and Additional Medicare Tax, include tips reported by the employee to the employer in retired retirement (IRITIA) compensation. The II tax, Tile 2 tax, Medicare tax, and Additional Medicare Tax, force of the employee to the employer of the first year.

you try compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for flang your income tax return. However, to help protect your social security benefits, keep Copy until you begin receiving social security benefits, as one case there is a question about year.

Work record and/or earnings in a particular year.

Notice to Employee

PROTICE TO Employee

Do you have to file? Rafer to the instructions for Forms 1040 and 1040-SR to determine it you don't have to file a tax return, you may be sligible for a return flow at an expensive of the at a seturn. You may be sligible for a return flow 2 shows an amount or if you are explicit for any credit. Earned income credit (EC) You may be affected to take the EC for 2003 fly your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family state. Mothers without children could yould not credit for a make for credit. You and any qualifying children much the value from could you file or credit for credit in a certain and you will be a state of the credit for the you were an invalid at a posal instruction. For 2000 income limits and more information, will wew its your ETC. See also Pub 596, Earned income Credit Amy EC that is more than your tax liability is refunded to you, but only if you till a last return.

Clergy and religious workers. If you aren't subject to social security and Medicar taxes, see Pub 517, Social Security and Other information for Members of the Cle Religious Workers

sligious Workers.

Workers if your name, SSN, or address is incorrect, correct Copies B, C, and 2 and, our employer to correct your employement record. Be sure to ask the employer to file for C, Corrected Wage and Ital Statement, with the Social Sociality Administration (SSA, correct any name, SSN, or morely amount error recorded to the SSA on Form W-2 Be to get your copies of Form W-2 to make your employer for all corrections made so you by the work of the SSA and correct to the same the same with the same social security card, you should ask for a new card that displaying your commetal any SSA office or by calling 800-772-1213. You may also visit the SSA wedsits a