# 2020 W-2 and EARNINGS SUMMARY



| Statement  Conv. Clor employee's records.  Conv. Clor employee's records.  Conv. Clor employee's records.  Conv. Clor employee's conv.  Conv. Clor employee's conv.  Conv. Clor employee's conv.  Conv. Clor employee's conv.  Conv. Clor employee's use only  A 24  Cemployer's name, address, and ZIP code  TECHNOMAX LLC  196 PRINCETON HIGHTSTOWN ROAD  BLDG 1A SUITE 12  WEST WINDSOR, NJ 08550  Batch #92991  eff Employee's name, address, and ZIP code  VENKAT PASUPULA  55 GILL LANE APT 24  ISELIN, NJ 08830  L  Employer's FED ID number 20-5288269  137700.00  5 Medicare wages and tips 152562.16  7 Social security wages 152562.16  6 Medicare tax withheld 2121.57  7 Social security tips 8 Allocated tips 9  10 Dependent care benefits 122 See instructions for box 12  11 Nonqualified plans 122 See instructions for box 12  123 Instructions for box 12  124 Instructions for box 12  125 Instructions for box 12  126 Instructions for box 12  127 Instructions for box 12  128 Instructions for box 12  129 Instructions for box 12  120 Instructions for box 12  120 Instructions for box 12  121 Instructions for box 12  122 Instructions for box 12  123 Instructions for box 12  124 Instructions for box 12  125 Instructions for box 12  126 Instructions for box 12  127 Instructions for box 12  128 Instructions for box 12  129 Instructions for box 12  120 Instructions for box 12  120 Instructions for box 12  121 Instructions for box 12  122 Instructions for box 12  123 Instructions for box 12  124 Instructions for box 12  125 Instructions for box 12  126 Instructions for box 12  127 Instructions for box 12  128 Instructions for box 12  129 Instructions for box 12  120 Instructions for box 12  130 Instructions for box 12  14 Other 122  15 State Employer's state ID no. Instructions for box 12  15 State Employer's per   | 1 -7                           | erence Copy                                      |         |
|--|--------------------------------|--|---------|
| Corp.   Corp.   Corp.   Corp.   A  | VV = J                         |  |         |
| Employer's name, address, and ZIP code TECHNOMAX LLC 196 PRINCETON HIGHTSTOWN ROAD BLDG 1A SUITE 12 WEST WINDSOR, NJ 08550 Batch #92991  WEST WINDSOR, NJ 08550 Batch #92991  WEST WINDSOR, NJ 08550 Batch #92991  WEST WINDSOR, NJ 08550  Batch #92991  WEST WINDSOR, NJ 08550  Batch #92991  WEST WINDSOR, NJ 08550  Batch #92991  WEST WINDSOR, NJ 08550  Batch #92991  WEST WINDSOR, NJ 08550  Batch #92991  Wages, tips, other comp. 152562.16 152562.16 152562.16 1620 A Medicare wayes and tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 1 12d 1 13 State lemployer's state ID no. NJ 205-288-269/000 15 State Employer's state ID no. MJ 205-288-269/000 16 Medicare wayes and tips 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 19 Local income tax 19 Local income tax 10 Local income tax 10 Local wages, tips, etc. 10 Mages, tips, other comp. 152562.16 1 Control number Dept. Corp. Employer use only A 24 1 Employer's pame, address, and ZIP code 1 Employer's pame, address, and ZIP code 1 TECHNOMAX LLC 196 PRINCETON HIGHTSTOWN ROAD 1 BLDG 1A SUITE 12 1 WEST WINDSOR, NJ 08550  WEST WINDSOR, NJ 08550  Description of the comp. 1 State income tax withheld 1 State wages and tips 1 State income tax withheld 1 State wages and tips 1 State income tax withheld 1 State wages and tips 1 State income tax withheld 1 State wages and tips 1 State income tax withheld 1 State wages and tips 1 State income tax withheld 1 State wages and tips 1 State income tax withheld 1 State wages and tips 1 State income tax withheld 1 State wages and tips 1 State income tax withheld 1 State wages and tips 1 State income tax withheld 1 State wages and tips 1 State wages |                                |  |         |
| TECHNOMAX LLC  |                                |  |         |
| BLDG 1A SUITE 12 WEST WINDSOR, NJ 08550  Batch #92991  #Employee's name, address, and ZIP code //ENKAT PASUPULA /55 GILL LANE APT 24 SELIN, NJ 08830  Employer's FED ID number 20-5288269  | • •                            |  |         |
| ### Batch #92991  ### Employee's name, address, and ZIP code  ### // PASUPULA  ### SELIN, NJ 08830    Employer's FED ID number   |                                |  |         |
| ### Employee's name, address, and ZIP code ### C |                                |  |         |
| /ENKAT PASUPULA 55 GILL LANE APT 24 SELIN, NJ 08830  Employer's FED ID number 20-5288269   |                                | Batch #92991                                     |         |
| /ENKAT PASUPULA 55 GILL LANE APT 24 SELIN, NJ 08830  Employer's FED ID number 20-5288269   | of Employee's name, address, a | and ZIP code                                     |         |
| SELIN, NJ 08830  Employer's FED ID number 20-5288269  Wages, tips, other comp. 152562.16  1 Nonqualified plans  1 Nonqualified plans  1 Nonqualified plans  1 Social security wages 100,000 956216  1 Nonqualified plans  1  | /ENKAT PASUPULA                |  |         |
| Employer's FED ID number   20-5288269   XXX-XX-1903  |                                | 24   |         |
| Vages, tips, other comp.   2   Federal income tax withheld   152562.16   18438.92   152562.16   18438.92   152562.16   18438.92   152562.16   16   Medicare wages and tips   152562.16   16   Medicare tax withheld   2212.15   16   Medicare tax withheld   2212.15   17   Medicare wages and tips   152562.16   16   Medicare tax withheld   2212.15   17   Medicare wages and tips   10   Dependent care benefits   1   Nonqualified plans   12a   See instructions for box 12   12b   12c   1   12d   1   1   12d   1   1   1   1   1   1   1   1   1  | OLLIN, NO 00030                |  | L       |
| 152562.16   4   Social security wayes   137700.00   8537.40  | 20-5288269                     | XXX-XX-1903                                      | R       |
| Social security wages   137700.00  |                                |  |         |
| Medicare wages and tips   152562.16   Social security tips   8   Allocated tips   10   Dependent care benefits   12   Dependent care benefits   13   State income tax   To32.37   To32.37   To32.37   To32.37   Dependent care benefits   Dep   | Social security wages          | 4 Social security tax withheld                   |         |
| 10   Dependent care benefits   10   Dependent care benefits   10   Dependent care benefits   12a   See instructions for box 12   12b   12c   12d   12d   12d   12d   12d   13   State up   Ret. plan 3rd party sick pay 16   16   State wages, tips, etc.   NJ   205-288-269/000   18   Local wages, tips, etc.   NJ   205-288-269/000   NJ   205-288-269/0   | Medicare wages and tips        | 6 Medicare tax withheld                          |         |
| 10   Dependent care benefits   12a   See instructions for box 12   12b   12c   12d   |                                |  |         |
| 1 Nonqualified plans   |                                |  |         |
| 12b  |                                |  |         |
| 215.84 FLI   350.74 NJ DI   13 State employer's state ID no.   16 State wages, tips, etc.   18 Local wages, tips, etc.   7032.37   20 Locality name   18 Local wages, tips, etc.   18 Local wages, tips, etc.   20 Locality name   18 Local wages, tips, etc.   18 Local wages, tips, etc.   20 Locality name   20 Locality name   21 Local income tax   21 Local income tax   22 Locality name   22 Locality name   23 Local income tax   24 Local income tax   22 Locality name   23 Locality name   24 Local wages, tips, etc.   25 Local income tax   20 Locality name   24 Local wages, tips, etc.   25 Local income tax   20 Locality name   24 Local wages, tips, etc.   25 Local income tax   25 Local income tax   25 Locality name   25 Local income tax   25 Locality name   25 Lo   |                                |  |         |
| State   Employer's state ID no.   16 State wages, tips, etc.   | 215 84 FU                      | 12c  |         |
| State   Employer's state ID no.   16 State wages, tips, etc.   168594.48   7 State income tax  | 150.02UI/WF/SWF                |  |         |
| Total   Tota   | 5 State Employer's state ID no |  |         |
| Wages, tips, other comp. 152562.16 Social security wages 152562.16  Medicare wages and tips 152562.16 Control number 152562.16 Corp. Employer use only A 24 Corp. Employer use only  | 7 State income tax             |  |         |
| Social security wages 137700.00  Medicare wages and tips 152562.16  Control number Dept. Corp. Employer use only A 24  Employer's name, address, and ZIP code TECHNOMAX LLC 196 PRINCETON HIGHTSTOWN ROAD BLDG 1A SUITE 12 WEST WINDSOR, NJ 08550  Employer's FED ID number 20-5288269  Social security tips 8 Allocated tips 7  1 Nonqualified plans 12a See instructions for box 12 12d 13 State employee's name, address and ZIP code 12d 13 State employee's name, address and ZIP code 15 State Employee's state ID no. 16 State wages, tips, etc. NJ 205-288-269/000 18 Local wages, tips, etc. 17 State income tax 7032.37 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 15 Social security name 15 Social recurring the composition of the composition o |                                | 20 Locality name                                 |         |
| 152562.16 3 Social security wages 137700.00  Medicare wages and tips 152562.16  Control number Dept. Corp. Employer use only A 24  Employer's name, address, and ZIP code TECHNOMAX LLC 196 PRINCETON HIGHTSTOWN ROAD BLDG 1A SUITE 12 WEST WINDSOR, NJ 08550  Employer's FED ID number 20-5288269  Social security tips 8 Allocated tips 7  10 Dependent care benefits 12   |                                |  |         |
| Social security wages 137700.00 4 Social security tax withheld 15270.00 6 Medicare wages and tips 152562.16 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Employer use only A 24 Control number Dept. Corp. Dept. Corp. Dept. Corp. Dept. Dept. Corp. Dept. Dep |                                |  | 1       |
| 137700.00  Medicare wages and tips 152562.16  Control number Dept. Corp. Employer use only A 24  Employer's name, address, and ZIP code  TECHNOMAX LLC 196 PRINCETON HIGHTSTOWN ROAD BLDG 1A SUITE 12 WEST WINDSOR, NJ 08550  Employer's FED ID number 20-5288269  Social security tips 8 Allocated tips  10 Dependent care benefits  1 Nonqualified plans 12a See instructions for box 12 15a State   Employee's name, address and ZIP code  VENKAT PASUPULA 55 GILL LANE APT 24 SELIN, NJ 08830  Federal Filing Copy Wage and Tax 2020  Mage Service of Medicare tax withheld 2212.15  Employer use only A 24  Employer use only A 24  Employer use only A 24  Employer's SSA number XXX-XX-1903  To Dependent care benefits  1 Nonqualified plans  1 12a See instructions for box 12  1 12b   |                                |  | 3       |
| T52562.16  Control number Dept. Corp. Employer use only A 24  Employer's name, address, and ZIP code TECHNOMAX LLC 196 PRINCETON HIGHTSTOWN ROAD BLDG 1A SUITE 12 WEST WINDSOR, NJ 08550  Employer's FED ID number 20-5288269  Social security tips 8 Allocated tips  10 Dependent care benefits  1 Nonqualified plans 12a See instructions for box 12  4 Other 12b 12c 13s 0.74 NJ DI 150.02UI/WF/SWF 1000.00 SEC 139  17 Employee's name, address and ZIP code VENKAT PASUPULA 55 GILL LANE APT 24 SELIN, NJ 08830  5 State Employer's state ID no. 16 State wages, tips, etc. NJ 205-288-269/000 7 State income tax 7032.37 9 Local income tax 20 Locality name  Federal Filing Copy Wage and Tax 2020  | 137700.00                      | 8537.40  | _       |
| Employer's name, address, and ZIP code TECHNOMAX LLC 196 PRINCETON HIGHTSTOWN ROAD BLDG 1A SUITE 12 WEST WINDSOR, NJ 08550  Employer's FED ID number 20-5288269 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12b   12c   12d   12d   13 Stat emp Ret. plan 3rd party sick pay 15 GILL LANE APT 24 SELIN, NJ 08830  15 State   Employer's state ID no. 16 State wages, tips, etc. NJ 205-288-269/000 15 State   Imployer's state ID no. 16 State wages, tips, etc. NJ 205-288-269/000 17 State income tax 7032.37 19 Local income tax 20 Locality name  Federal Filing Copy Wage and Tax 2020   | 152562.16                      | 2212.15  | L       |
| Employer's name, address, and ZIP code TECHNOMAX LLC 196 PRINCETON HIGHTSTOWN ROAD BLDG 1A SUITE 12 WEST WINDSOR, NJ 08550  Employer's FED ID number 20-5288269 Social security tips 8 Allocated tips 10 Dependent care benefits 1 Nonqualified plans 12a See instructions for box 12 12b  | '                              |  | 1       |
| 196 PRINCETON HIGHTSTOWN ROAD BLDG 1A SUITE 12 WEST WINDSOR, NJ 08550  Employer's FED ID number 20-5288269   |                                |  | С       |
| BLDG 1A SUITE 12 WEST WINDSOR, NJ 08550  Employer's FED ID number 20-5288269 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b   12c   12d   12d   12d   12d   13 Stat emp Ret. plan 3rd party sick pay 16 Employee's name, address and ZIP code VENKAT PASUPULA 15 GILL LANE APT 24 SELIN, NJ 08830  15 State Employer's state ID no. 16 State wages, tips, etc. NJ 205-288-269/000 15 State Imployer's state ID no. 18 State wages, tips, etc. NJ 205-288-269/000 17 State income tax 7032.37 19 Local income tax 20 Locality name  Federal Filing Copy Wage and Tax 2020   |                                |  |         |
| Employer's FED ID number 20-5288269 Social security tips  10 Dependent care benefits  1 Nonqualified plans  12a See instructions for box 12  12b  12c  1350.74 NJ DI  150.02U/WF/SWF 1000.00 SEC139  2/f Employee's name, address and ZIP code  VENKAT PASUPULA  55 GILL LANE APT 24  SELIN, NJ 08830  5 State Employer's state ID no. 16 State wages, tips, etc. NJ 205-288-269/000  7 State income tax 7032.37  9 Local income tax 10 Employee's state ID no. 16 State wages, tips, etc. 11 Local wages, tips, etc. 12 State Imployer's state ID no. 16 State wages, tips, etc. 14 Cocal wages, tips, etc. 15 State Imployer's state ID no. 16 State wages, tips, etc. 168594.48  17 State income tax 7032.37  18 Local wages, tips, etc. 19 Local income tax 7032.37  19 Local income tax 7032.37   | BLDG 1A SUITE                  | : 12   |         |
| 20-5288269   XXX-XX-1903   | WEST WINDOON                   | , 110 00330                                      |         |
| 20-5288269   XXX-XX-1903   |                                | - Familiares's SSA number                        | L       |
| 10 Dependent care benefits   9   1   1   1   1   1   1   1   1   1   | 20-5288269                     | XXX-XX-1903                                      |         |
| 1 Nonqualified plans  1 2a See instructions for box 12  4 Other  12b  12c  13c  12d  13 Stat emp Ret. plan   3rd party sick pay  13 Stat emp Ret. plan   3rd party sick pay  15 GILL LANE APT 24  SELIN, NJ 08830  5 State Employer's state ID no.   16 State wages, tips, etc.   168594.48  7 State income tax   7032.37  9 Local income tax   20 Locality name  Federal Filing Copy  Wage and Tax 2020   |                                |  | Ĺ       |
| 12b  |                                |  |         |
| 12c  |                                |  |         |
| 1215.84 FL    350.74 NJ D    150.02UIWF/SWF   1000.00 SEC139   13 State emp. Ret. plan   3rd party sick pay   15 GILL LANE APT 24   5 SELIN, NJ 08830   15 State   Employer's state ID no.   16 State wages, tips, etc.   NJ   205-288-269/000   18 Local wages, tips, etc.   7032.37   18 Local wages, tips, etc.   1   | 4 Other                        |  | 1       |
| ## Independent of the image of  | 350.74 NJ DI                   |  |         |
| VENKAT PASUPULA   55 GILL LANE APT 24   SELIN, NJ 08830   15   State   Employer's state ID no.   16 State wages, tips, etc.   168594.48   7 State income tax   7032.37   9 Local income tax   20 Locality name   17   Tederal Filing Copy   Wage and Tax 2020   18   Tax 2020   19   Tax 202   |                                | 13 Stat emp Ret. plan 3rd party sick pay         |         |
| 55 GILL LANE APT 24 SELIN, NJ 08830  5 State Employer's state ID no. 16 State wages, tips, etc. 168594.48 7 State income tax 7032.37 9 Local income tax 20 Locality name  Federal Filing Copy Wage and Tax 2020  | /f Employee's name, address a  | nd ZIP code                                      | e       |
| SELIN, NJ 08830   SELIN, NJ 08830   SELIN, NJ 08830   SELIN, NJ 08830   SELIN, NJ 205-288-269/000   State wages, tips, etc. 168594.48   The state income tax 7032.37   Selection of the state income tax 20 Locality name   The state wages, tips, etc.   The state wages, tips, etc.   The state income tax 20 Locality name   The state wages, tips, etc.   The state income tax 20 Locality name   The state inco   |                                | I  | V       |
| NJ   205-288-269/000   168594.48   7 State income tax  |                                | 47   | S<br>IS |
| NJ   205-288-269/000   168594.48   7 State income tax  |                                |  | L       |
| 7 State income tax 7032.37 9 Local income tax 20 Locality name  Federal Filing Copy  Wage and Tax 2020   |                                | o. 16 State wages, tips, etc.<br>168594.48       | 1       |
| 9 Local income tax 20 Locality name  Federal Filing Copy  Wage and Tax 2020  | 7 State income tax             |  | 1       |
| W_2 Wage and Tax 2020  |                                | 20 Locality name                                 | 19      |
| W_2 Wage and Tax 2020  | Federal Fi                     | ling Copy  | H       |
|  | VV=/                           | nd Tax 2020                                      | 1       |
| Statement Copy B to be filed with employee's Federal Income Tax Return.  CC  | Stateme                        | ent OMB No. 1545-0008 Federal Income Tax Return. | C       |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

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

2 Federal income tax withheld

18438.92

|                       | Wages, Tips, other | Social Security   | Medicare          | NJ. State Wages,  |
|-----------------------|--------------------|-------------------|-------------------|-------------------|
|                       | Compensation       | Wages             | Wages             | Tips, Etc.        |
|                       | Box 1 of W-2       | Box 3 of W-2      | Box 5 of W-2      | Box 16 of W-2     |
| Gross Pay             | 168,594.48         | 168,594.48        | 168,594.48        | 168,594.48        |
| Less Other Cafe 125   | 16,032.32          | 16,032.32         | 16,032.32         | N/A               |
| Less Wages Over Limit | N/A                | 14,862.16         | N/A               | N/A               |
| Reported W-2 Wages    | <b>152,562.16</b>  | <b>137,700.00</b> | <b>152,562.16</b> | <b>168,594.48</b> |

2. Employee Name and Address.

152562.16

## VENKAT PASUPULA 55 GILL LANE APT 24 ISELIN, NJ 08830

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| 3                                      |  |            |  |                                 |                |
|--|--|------------|--|---------------------------------|----------------|
| 3                                      | Social security wages 137700.00        |            | 4 Social security tax withheld 8537.40 |                                 |                |
| 5 Medicare wages and tips<br>152562.16 |  | 6 Medica   | are tax with                           | held<br>2212.15                 |                |
| d                                      | Control number                         | Dept.      | Corp.                                  | Employer                        | use only       |
| 00                                     | 0250 RK/JO5                            |            |  | Α                               | 24             |
| С                                      | Employer's name, a                     | ddress, ar | nd ZIP cod                             | le                              |                |
|  | BLDG 1A                                |            | 12                                     | STOWN                           | ROAD           |
|  | BLDG 1A<br>WEST WII                    |            | 12                                     |                                 | KOAD           |
| b                                      |  | number     | 12<br>NJ 0                             |                                 | number         |
| b<br>7                                 | WEST WII                               | number     | 12<br>NJ 0                             | 8550<br>yee's SSA n             | number         |
| _                                      | WEST WII  Employer's FED ID  20-528826 | number     | a Emplo                                | 8550<br>yee's SSA n<br>XXX-XX-1 | number<br>1903 |

| b   | Employer's FED ID number 20-5288269 | a Employee's SSA number XXX-XX-1903       |  |  |
|-----|-------------------------------------|---|--|--|
| 7   | Social security tips                | 8 Allocated tips                          |  |  |
| 9   |                                     | 10 Dependent care benefits                |  |  |
| 11  | Nonqualified plans                  | 12a                                       |  |  |
| 14  | Other                               | 12b                                       |  |  |
|     | 215.84 FLI<br>350.74 NJ DI          | 12c                                       |  |  |
|     |                                     | 12d                                       |  |  |
|     | 150.02UI/WF/SWF<br>1000.00 SEC139   | 13 Stat emp. Ret. plan 3rd party sick pay |  |  |
| e/f | Employee's name, address a          | and ZIP code                              |  |  |

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

VENKAT PASUPULA 55 GILL LANE APT 24 ISELIN, NJ 08830

| 15 State | Employer's state ID no.<br>205-288-269/000 | 16 State wages, tips, etc.<br>168594.48 |
|----------|--|---|
| 17 State | income tax                                 | 18 Local wages, tips, etc.              |
|          | 7032.37                                    |   |
| 19 Loca  | l income tax                               | 20 Locality name                        |
|          |  |   |
|          | NJ.State Ref                               | erence Copy                             |
|          | • \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\     | d Toy                                   |

Statement

| ^ | \ A /         |
|---|---------------|
|   | 19 <b>L</b> c |
|   | 17 <b>St</b>  |
| - | _             |

| 1   | Wages, tips, other comp.<br>152562.16 |            | 2  | Federa                                 |             | ax withheld<br>18438.92 |
|-----|---------------------------------------|------------|----|--|-------------|-------------------------|
| 3   | Social security wages<br>137700.00    |            | 4  | 4 Social security tax withheld 8537.40 |             |                         |
| 5   | Medicare wages and tips<br>152562.16  |            | 6  | Medica                                 | ire tax wit | hheld<br>2212.15        |
| d   | Control number                        | Dept.      |    | Corp.                                  | Employ      | yer use only            |
| 000 | 0250 RK/JO5                           |            |    |  | Α           | 24                      |
| С   | Employer's name,                      | address, a | nd | ZIP cod                                | е           |                         |

TECHNOMAX LLC 196 PRINCETON HIGHTSTOWN ROAD BLDG 1A SUITE 12 WEST WINDSOR, NJ 08550

| b                                 | Employer's FED ID number 20-5288269 | a Employee's SSA number XXX-XX-1903         |  |
|-----------------------------------|-------------------------------------|---|--|
| 7                                 | Social security tips                | 8 Allocated tips                            |  |
| 9                                 |                                     | 10 Dependent care benefits                  |  |
| 11                                | Nonqualified plans                  | 12a   |  |
| 14                                | Other                               | 12b   |  |
|                                   | 215.84 FLI                          | 12c   |  |
|                                   | 350.74 NJ DI                        | 12d   |  |
| 150.02UI/WF/SWF<br>1000.00 SEC139 |                                     | 13 Stat emp. Ret. plan 3rd party sick party |  |
| 0/f                               | Franksiasia nama addresa            | TID and                                     |  |

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

VENKAT PASUPULA 55 GILL LANE APT 24 ISELIN, NJ 08830

| 15 State<br>NJ | Employer's state ID no. 205-288-269/000 | 16 | State wages, tips, etc.<br>168594.48 |
|----------------|---|----|--------------------------------------|
| 17 State       | income tax                              | 18 | Local wages, tips, etc.              |
|                | 7032.37                                 |    |                                      |
| 19 Local       | income tax                              | 20 | Locality name                        |
|                |   |    |                                      |
|                | NJ.State Filir                          | ng | Сору                                 |

/-2 Wage and Tax 2020
Statement COPY

#### 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).

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

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 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 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.

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.

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