DMB No. 1545-0008	REISSUED STATEMENT		OMB No. 1545-0008		REISSUED STATEMENT	
Control Number	1 Wages, tips, other compensation 35408.01	2 Federal income tax withheld 5991.05	d Control Number		1 Wages, tips, other compensation 35408.03	2 Federal income tax withheld 1 5991.05
Employer identification number (EIN) 52-2010575	3 Social security wages	4 Social security tax withheld	b Employer identification number (EIN) 52-2010575		3 Social security wages	4 Social security tax withheld
Employee's social security number $125-29-8490$	5 Medicare wages and tips	6 Medicare tax withheld	a Employee's social security number 125-29-8490		5 Medicare wages and tips	6 Medicare tax withheld
Employer's name, address and ZIP cod FERSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076	e		c Employer's name, addr TEKSYSTEMS, 7437 RACE RO HANOVER MD	ess and ZIP co INC. DAD	de	
Social security tips	8 Allocated tips	9	7 Social security tips		8 Allocated tips	9
Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	10 Dependent care benef	its	11 Nonqualified plans	See instructions for box
b 	12c	12d	12b 9 0		12c 8 0	12d
Statutory Retirement Third-party sick pay	DY GADE		e Employee's name, addi ABHINAY KARI	sick pay	ode DDY GADE	
27 E CENTRAL AVE AP PAOLI PA 19301	т 18		27 E CENTRAI PAOLI PA 19		PT 18	
2020 15 State Employ NC 600	er's state I.D. no. 210098	16 State wages, tips, etc. 35408.01	:		yer's state I.D. no.	16 State wages, tips, etc. 35408.01
₺ W-2			』 W-2			33100.01
age and Tax Statement		B Local wages, tips, etc.	Wage and Tax State	ement	17 State income tax	18 Local wages, tips, etc.
py C - For EMPLOYEE'S CORDS (See Notice to apployee on back of Copy B.)	1737.00		Copy B - To Be File Employee's FEDER		1737.00	
s information is being furnished to the rnal Revenue Service. If you are required	19 Local income tax 20) Locality name	Return.		19 Local income tax	20 Locality name
lle a tax return, a negligence penalty or er sanction may be imposed on you if this ome is taxable and you fail to report it. oartment of the Treasury – emal Revenue Service			This information is being furn Internal Revenue Service. Department of the Treasury – Internal Revenue Service			
MB No. 1545-0008	REISSUED STATEMENT	To Federal Income Associated	OMB No. 1545-0008 d Control Number		REISSUED STATEMENT	2 Federal income tax withheld
Control Number	1 Wages, tips, other compensation 35408.01	2 Federal income tax withheld 5991.05	a Control Number		1 Wages, tips, other compensation 35408.0	
Employer identification number (EIN) $52-2010575$	3 Social security wages	4 Social security tax withheld	b Employer identification number (EIN) $52-2010575$		3 Social security wages	4 Social security tax withheld
Employee's social security number 125-29-8490	5 Medicare wages and tips	6 Medicare tax withheld	a Employee's social security number $125-29-8490$		5 Medicare wages and tips	6 Medicare tax withheld
Employer's name, address and ZIP coor TEKSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076	le e		c Employer's name, addre TEKSYSTEMS, 7437 RACE RO HANOVER MD	INC. DAD	de	
Social security tips	8 Allocated tips	9	7 Social security tips		8 Allocated tips	9
Dependent care benefits	11 Nonqualified plans	12a 8 DD 564.72	10 Dependent care benef	its	11 Nonqualified plans	12a 8DD 564.72
2b	12c	12d	12b 8 0		12c	12d 8
3 Statutory employee Retirement plan Third-party sick pay Employee's name, address and ZIP co ABHINAY KARTHIK REI 27 E CENTRAL AVE AF PAOLI PA 19301	DDY GADE	<u> S </u>	13 Statutory employee Retiremer plan e Employee's name, addr ABHINAY KAR: 27 E CENTRAI PAOLI PA 1:	sick pay sick pay ress and ZIP con ress	ode DDY GADE	Ю
		16 State wages, tips, etc.			yer's state I.D. no.	16 State wages, tips, etc. 35408.01
2020 15 State Employe NC 6002		35408.01	₽ W-2	NC OUC		33100.01
age and Tax Statement bpy 2 - To Be Filed With pployee's State, City, or cal Income Tax Return.	7 State income tax 1737.00	35408.01 Local wages, tips, etc.	i	ement d With City, or	17 State income tax 1737.00	18 Local wages, lips, etc.
A C U C U NC 6002 W-2 Statement Sta	7 State income tax 1737.00	35408.01	Wage and Tax State Copy 2 - To Be Filet Employee's State, C	ement d With City, or	17 State income tax	

OMB No. 1545-0008	REISSUED STATEMENT		OMB No. 1545-0008	REISSUED STATEMENT		
d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld	d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld	
b Employer identification number (EIN) 52-2010575	3 Social security wages	4 Social security tax withheld	b Employer identification number (EIN) 52-2010575	3 Social security wages	4 Social security tax withheld	
a Employee's social security number 125-29-8490	5 Medicare wages and tips	6 Medicare tax withheld	a Employee's social security number $125-29-8490$	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address and ZIP cod TEKSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076	e e		c Employer's name, address and ZIP co TEKSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076	de		
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b	12c	12d	12b 8 8	12c	12d	
a Statutory employee Retirement plan Sick pay e Employee's name, address and ZIP co ABHINAY KARTHIK RED 27 E CENTRAL AVE AP PAOLI PA 19301	DY GADE		13 Statutory employee Plan Third-party sick pay e Employee's name, address and ZIP or ABHINAY KARTHIK REI 27 E CENTRAL AVE AF PAOLI PA 19301	ode DDY GADE	<u> </u>	
	er's state I.D. no.	16 State wages, tips, etc.		yer's state I.D. no.	16 State wages, tips, etc.	
₩-2			ૄ W-2			
Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to	17 State income tax	18 Local wages, tips, etc. 35408.01	Wage and Tax Statement Copy B - To Be Filed With	17 State income tax	18 Local wages, tips, etc. 35408.01	
Employee on back of Copy B.) This information is being furnished to the Internal Revenue Service. If you are required	19 Local income tax	20 Locality name	Employee's FEDERAL Tax Return.	19. Local income tax	20 Locality name	
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. Department of the Treasury – Internal Revenue Service		150902	This information is being furnished to the Internal Revenue Service. Department of the Treasury – Internal Revenue Service		150902	
OMB No. 1545-0008 d Control Number	REISSUED STATEMEN 1 Wages, tips, other compensation		OMB No. 1545-0008 d Control Number	REISSUED STATEMENT 1 Wages, tips, other compensation	2 Federal income tax withheld	
b Employer identification number (EIN) 52-2010575	3 Social security wages	4 Social security tax withheld	b Employer identification number (EIN) 52-2010575	3 Social security wages 4 Social security tax withheld		
a Employee's social security number $125-29-8490$	5 Medicare wages and tips	6 Medicare tax withheld	a Employee's social security number $125-29-8490$	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address and ZIP co TEKSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076	Te		c Employer's name, address and ZIP co TEKSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076	de		
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	10 Dependent care benefits	11 Nonqualified plans	12a 9 8 0	
12b	12c	12d	12b 80 0	12c ® 0 0	12d	
13 Statutory employee Retirement Third-party sick pay e Employee's name, address and ZIP or ABHINAY KARTHIK REI	de		13 Statutory Retirement Third-party sick pay e Employee's name, address and ZIP or ABHINAY KARTHIK REI	ode		
27 E CENTRAL AVE AI PAOLI PA 19301			27 E CENTRAL AVE AI PAOLI PA 19301			
2020 15 State Employed PA 9028		16 State wages, tips, etc.		yer's state I.D. no. 287639	16 State wages, tips, etc.	
₽ VV- ∠ Wage and Tax Statement	17 State income tax	18 Local wages, tips, etc.	ਲੂੰ VV-∠ Wage and Tax Statement	17 State income tax	18 Local wages, tips, etc.	
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.		35408.01	Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.		35408.01	
	9 Local income tax	20 Locality name 150902	LOGI IIIOOIIIG TAX NEGUTI.	19 Local income tax	20 Locality name 150902	
Department of the Treasury – Internal Revenue Service			Department of the Treasury – Internal Revenue Service			

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.

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 asl 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 correction 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 webs 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

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 amounts. **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 sectior 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

Instructions for Employee (Continued)

Box 12. The following list explains the codes shown in box 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 contributions (codes AA, BB, and E-) under all plans are general 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 overlain elective object all mills miles to elimitated mills miles of 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 is shown, the continuous are to in 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 From 104U or 104U-5x. See the instructions for Froms 104U and 104U-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 gant 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 Elective deferrals under a section 408(k)(b) 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 ove \$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 employed) 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 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. $\mbox{\bf W--}$ 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 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)

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.