# 2020 W-2 and EARNINGS SUMMARY

Employee Ref	erence Copy
W-2 Wage a	nd Tax 2020
VV-Z Stateme	ent <b>ZUZU</b> OMB No. 1545-0008
Copy C for employee's records.	
d Control number Dept.	Corp. Employer use only
101169 PITT/SXQ 000102	T 813
c Employer's name, address, a	
HCL GLOBAL	
24543 INDOPLE	
FARMING ION I	HILLS MI 48335
	Batch #02321
	Batch #02321
e/f Employee's name, address, a	and ZIP code
SRAVANI TALAM	
5500 DTC PARKWAY	<i>(</i>
APT 102	•
GREENWOOD VILLA	GE AR 80111
b Employer's FED ID number	a Employee's SSA number
13-4309337	XXX-XX-5700
1 Wages, tips, other comp.	2 Federal income tax withheld
5760.00	418.61
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
7 Occiai security tips	o Anocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
14 Other 1413.12 PERDI	12c
	12d   13 Stat emp   Ret. plan   3rd party sick pay
	otat empi ket, plan pru party sick pay
15 State Employer's state ID no	
AR 12348465-WHW	5760.00
17 State income tax	18 Local wages, tips, etc.
194.72	20 Locality name
13 Local Income tax	20 Locality name
1 Wages, tips, other comp.	2 Federal income tax withheld

Statement

194.72				
19 Local income tax 20 Locality name		¤© 2020 ADP, Inc.		
		'		
Wages, tips, other comp. 5760.00	2 Federal income tax withheld 418.61	Wages, tips, other comp. 5760.00	2 Federal income tax withheld 418.61	
Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld	
Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	
Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	
01169 PITT/SXQ 000102	T 813	101169 PITT/SXQ 000102	T 813	
Employer's name, address,	and ZIP code	c Employer's name, address, a	and ZIP code	
24543 INDOPLE FARMINGTON I	HILLS MI 48335	24543 INDOPLE FARMINGTON H		
Employer's FED ID number 13-4309337	a Employee's SSA number XXX-XX-5700	b Employer's FED ID number 13-4309337	a Employee's SSA number XXX-XX-5700	
Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	
Y	10 Dependent care benefits	9	10 Dependent care benefits	
1 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a	
4 Other	12b	14 Other	12b	
1413.12 PERDI	12c	1 1413.12 PERDI	12c	
	12d	1	12d	
	13 Stat emp Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pa	
/f Employee's name, address a	nd ZIP code	e/f Employee's name, address a	ind ZIP code	
SRAVANI TALAM 5500 DTC PARKWA' APT 102 GREENWOOD VILLA		SRAVANI TALAM 5500 DTC PARKWAY APT 102 GREENWOOD VILLAG		
15 State Employer's state ID no AR 12348465-WHW	o. 16 State wages, tips, etc. 5760.00	15 State Employer's state ID no AR 12348465-WHW	b. 16 State wages, tips, etc. 5760.00	
7 State income tax 194.72	18 Local wages, tips, etc.	17 State income tax 194.72	18 Local wages, tips, etc.	
9 Local income tax	20 Locality name	19 Local income tax	20 Locality name	
Federal Fi	ling Copy	AR.State Re	eference Copy	
NAI 🕤 Wage a	ind Tax 2020	NAL O Wage a	nd Tax	
VV-/	7070	<b>W-2</b> Wage all	7070	

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.

	Wages, Tips, other	Social Security	Medicare	AR. 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	7,173.12	7,173.12	7,173.12	7,173.12
Less Misc. Non Taxable Comp.	1,413.12	1,413.12	1,413.12	1,413.12
Less Exempt Wages Reported W-2 Wages	N/A	5,760.00	5,760.00	N/A
	<b>5,760.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5,760.00</b>

2. Employee Name and Address.

Statement

SRAVANI TALAM 5500 DTC PARKWAY APT 102 GREENWOOD VILLAGE AR 80111

5760.00 41		5760.00		
3 Social security wages	4 Social security tax withheld	3 Social security wages		
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips		
d Control number Dep	t. Corp. Employer use only	d Control number De		
101169 PITT/SXQ 00010	2 T 813	101169 PITT/SXQ 00010		
c Employer's name, address	s, and ZIP code	c Employer's name, addres		
24543 INDOPL	SYSTEMS INC LEX CIRCLE HILLS MI 48335	HCL GLOBAL 24543 INDOP FARMINGTON		
b Employer's FED ID number 13-4309337	. XXX-XX-5700	b Employer's FED ID numb 13-4309337		
7 Social security tips	8 Allocated tips	7 Social security tips		
9	10 Dependent care benefits	9		
11 Nonqualified plans	12a	11 Nonqualified plans		
14 Other	12b	14 Other		
1413.12 PERDI	12c	1413.12 PERDI		
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address	s and ZIP code	e/f Employee's name, addres		
SRAVANI TALAM 5500 DTC PARKWA APT 102 GREENWOOD VILL		SRAVANI TALAM 5500 DTC PARKW. APT 102 GREENWOOD VILL		

1	1 Wages, tips, other comp. <b>5760.00</b>			2	Federa	Il income tax	withheld 418.61
3	3 Social security wages			4 Social security tax withheld			
5	5 Medicare wages and tips		6	Medicare tax withheld		eld	
d Control number Dept.		Dept.		Corp.	Employer	use only	
101169 PITT/SXQ 000102				Т	813		
С	c Employer's name, address, and ZIP code						

L SYSTEMS INC PLEX CIRCLE N HILLS MI 48335

b	Employer's FED ID number 13-4309337	a Employee's SSA number XXX-XX-5700			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a			
14	Other	12b			
	1413.12 PERDI	12c			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pa			

ss and ZIP code

ΑΥ LAGE AR 80111

15 State AR	Employer's state ID no. 12348465-WHW	16	State wages, tips, etc. 5760.00
17 State	income tax	18	Local wages, tips, etc.
	194.72		
19 Local	income tax	20	Locality name
	AR.State Fili	na	Copy

Wage and Tax

Statement Copy 2 to be filed with employee's State Income Tax

#### 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