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 do not 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 innour 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 credit is based on income and family size.

Workers without châldren could qualify for a smaller credit. You and any qualifying châldren must have valid social security numbers (SSNs). You can that the HEI fir your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an intante at a penal institution. For 2020 income limits and more information, vist www. ris. gov/EITC.

Also see 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.

Also see Pub. 396, tarmed informe cream, any the common 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, SSR, or money amount error reported to the SSA on Form W-2. Be use to get your copies of Form W-2 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 annear 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 S8.537.40 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 architection for the excess fairs your federal income tax. If you had more than ore than 63.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the excess against your federal more than 63.71. Tax Withholding and Estimated Tax. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

#### Instructions for Employee

0050-19049981

27-3229076

12 See Instrs. for Box 12

13

15 Sta

RI

b Employer's identification number

Instructions for Empitoyee

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

Box 2. Einer 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 89-99, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 89-99

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips she in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips she

\$200,000.

Box 8. This amount is not included in boxes 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 by 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 your received a request that impout received a report that amount even if it is more or less than the allocated time. Use Form 4137 to

figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this J amount on the wages line of your tax return. By filing Form 4157, 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 55,000 also is included in box 1. Complete Form 2441. Child and Dependent Care Experses, 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 section 457(b) plan, or (b) included in box 3 and/or 5 if it in a prior year deferral under a nonqualified or section 457(b) plan the became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forefuture of your regist to the deferred amount. This box shoulkirt be used if you had a deferral and extension and extension of the same calendar year, and Export of Special Wage Payments, with the Social Security Administration and give you a crow will be age 62 by the end of the calendary year, your employer should file Form SSA-131, Empkyer Report of Special Wage Payments, with the Social Security Administration and give you a crow will be age 62 by the end of the calendary year, your employer should file Form SSA-131, Empkyer Report of Special Wage Payments, with the Social Security Administration and give you a crow will be age 62 by the end of the calendary year, your employer should file Form SSA-131, Empkyer Report of Special Wage Payments, with the Social Security Administration and give you are or will be age 62 by the end of the calendary year, your employer should file Form SSA-131, Empkyer Report of Special Wage Payments, with the Social Security Administration and give you a crow will be a goal to the security and t

Box 12. The following list explains the codes shown in box 12. You may need this information to 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 live SIMPLE plans; \$22.500 for section 402(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 \$19,500. Section 400(6)(1) 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 list 3 years before you reach retrement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be

administrator for more information. Amounts in excess of the overall electric deferral limit must included in income. See the instructions for Forms 100 and 1040-SRs. 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.

 $\textbf{C} — Taxable\ cost\ of\ group-term\ life\ insurance\ over\ \$50,000\ (included\ in\ boxes\ 1,\ 3\ (up\ to\ social\ security\ wage\ base),\ and\ 5)$ 

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 boxes 1, 3, or 5)
K—20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR.

-Substantiated employee business expense reimbursements (nontaxable)

LP—substantance employee toolares expense remonstreaments (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term lfc insurance over

\$50,000 (former employees only). See the instructions for Forms 1040 and 1040-SR.

N—Uncollected Medizare tax on taxable cost of group-term lfc insurance over \$50,000 (former employees only). See the instructions for Forms 1040 and 1040-SR.

employees only). See the instructions for Forms 1040 and 1040-SR.

P—Exchadable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in boxes 1.3, 0.5 to)

Q—Nontastable onmbat 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—Employees and prediction contributions under a section 408(p) SIMPLE plan (not included in box S—Employees allay 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

qurements.

—Employer contributions (including amounts the employee elected to contribute using a section 5 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts to A-N

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-S8.

instructions for Forms 1040 and 1040-SR.

A.—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.

BE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under at accempt organization section 457(b) plan. This amount does not apply to contributions under a data-excempt organization section 457(b) plan. The FF—Permitted benefits under a qualified small emphyer bealth reimbursement arrangement GG—Income from qualified capity grants under section 83(i) HIII—Aggregate deferrals under section 83(i) elections as of the close of the calendar year Box 1.3. If the "Reiriement 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 Retrement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withbeld, union dues, uniform payments, health insurance premiums deducted, nontaxable income,

withheld, unnon dues, uniform payments, neath insurance premiums deducted, nontaxable income, cleductional assistance payments, or a member of the Cergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medic are tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

empayer in maroan returnent (RKIA) 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, inst in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement

14 Other RISDI

Retire

0000000067-PAYROL

699-72-3750

Third-party sick pay

2020

Copy C, for employee's records

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 fall to report it.

Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code COMPUTEK SOULUTIONS INC 38345 W 10 MILE RD 1 Wages, tips, other comp 84964.35 10224.70 SUITE 145 3 Social Security wages **FARMINGTON HILLS MI 48335** 84964.35 5267.79 e Employee's name, address, and ZIP code 5 Medicare wages and tip: 939.90 84964.35 1231.98 SRIHARI KANDIMALLA 7 Social Security tips 8 Allocated Tips 160 CROSSING DR APT 203 10 Dependent care benefits 11 Nongualified plans CUMBERLAND RI 02864 Verification Code 16 State wages, tips, et 18 Local wages, tips, etc 19 Local income tax 20 Locality name

# Form W-2 Wage and Tax Statement

er's state ID No

27322907600

2020

2020

84964.35

# Copy B, to be filed with employee's FEDERAL tax return

| 0050-1                                                                            | d Control number<br>0050-19049981 0000000067- |             |              |                                         | _        | c Employer's name, address, and ZIP code COMPUTEK SOULUTIONS INC |                                    | Department of the Treasury - Internal Revenue Service<br>OMB No. 1545-0008 |                                               |                                        |
|-----------------------------------------------------------------------------------|-----------------------------------------------|-------------|--------------|-----------------------------------------|----------|------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------|
| b Employer's identification number  27-3229076  13 Statutory Retire Employee plan |                                               |             | 699-         | 72-3750 Third-party sick pay            |          | 38345 W 10 MILE RD<br>SUITE 145<br>FARMINGTON HILLS MI 48335     |                                    |                                                                            | 1 Wages, tips, other compensation 84964.35    | 2 Federal Income tax withheld 10224.70 |
| 12 See I                                                                          |                                               |             | Other<br>SDI | 939                                     |          | e Employee's name, address, and ZIP code                         |                                    | 84964.35  5 Medicare wages and tips  84964.35                              | 5267.79<br>6 Medicare tax withheld<br>1231.98 |                                        |
|                                                                                   |                                               |             |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          | SRIHA                                                            | RI KANDIMALLA<br>OSSING DR APT 203 |                                                                            | 7 Social Security tips                        | 8 Allocated Tips                       |
|                                                                                   |                                               |             |              |                                         | CUI      | CUMBI                                                            | CUMBERLAND RI 02864                |                                                                            | 10 Dependent care benefits  Verification Code | 11 Nonqualified plans                  |
| 15 State                                                                          | Employer                                      | s state I D | No           | 16 State wages                          | tins etc |                                                                  | 17 State income tax                | 18 Local wages, tips, etc.                                                 | 19 Local income tax                           | 20 Locality name                       |
| RI 27322907600                                                                    |                                               | 1           |              | 1964.35                                 | 3191.44  | 1                                                                |                                    |                                                                            |                                               |                                        |

3191.44

### Form W-2 Wage and Tax Statement

## Copy 2, to be filed with employee's tax return for RI

| d Control number Void                    |         |                             |        | Vo              | oid c Employer          | s name, address, and ZIP code                                                                           |                            | Department of the Treasury - Internal Revenue Service                                |                                                                               |  |  |
|------------------------------------------|---------|-----------------------------|--------|-----------------|-------------------------|---------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|--|
| 0050-19049981 0000000067-PAYROL          |         |                             |        | ROL             | COMPU                   | JTEK SOULUTIONS IN                                                                                      | IC                         | OMB No. 1545-0008                                                                    |                                                                               |  |  |
| b Employe<br>27-32<br>13 Statu<br>Emplo  | itory R | nber a E<br>etirement<br>an |        | •               | SUITE                   | V 10 MILE RD<br>145<br>NGTON HILLS MI 4833                                                              | 35                         | 1 Wages, tips, other compensation 84964.35 3 Social Security wages 84964.35          | 2 Federal Income tax withheld 10224.70 4 Social Security tax withheld 5267.79 |  |  |
| 12 See Instrs. for Box 12                |         | 14 Othe<br>RISD             |        | 939             | 9.90<br>SRIHA<br>160 CR | e Employee's name, address, and ZIP code SRIHARI KANDIMALLA 160 CROSSING DR APT 203 CUMBERLAND RI 02864 |                            | 5 Medicare wages and tips 84964.35 7 Social Security tips 10 Dependent care benefits | 6 Medicare tax withheld                                                       |  |  |
|                                          |         |                             |        |                 |                         |                                                                                                         |                            | Verification Code                                                                    |                                                                               |  |  |
| 15 State Employer's state RI 27322907600 |         |                             | 16 Sta | ate wages, tips | s, etc.<br>84964.35     | 17 State income tax 3191.44                                                                             | 18 Local wages, tips, etc. | 19 Local income tax                                                                  | 20 Locality name                                                              |  |  |