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 hox 2 shows an amount or if you are eligible for any credit. Emmed income credit (BC), You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and framily size. Workers without children could quality for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for your avissment income is more than the specified amount for 2020 or if income is carned for services provided while you were an immate at a penal institution. For 2020 in come hims and more information, vist www srs. gov/ETIC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax lability is refunded to you, but only if you file a tax return.

Also see Pub. 590, taiment income creater, sur lace una to more una series and series an 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-2 form our 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-sponsore the datch coverage (if stack 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 Tjer 1 railroad retirement (RKTA) taxes were withheld, you also may be able to claim a credit for the scccss against your federal neone tax. If you had more than calload employer and more than S5,012.70 in Tire 2 RRTA tax was withheld, you also may be able to claim actual instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

Instructions for Employee

A set of the set of

S200.000. Box 5. This mount 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 seturn to report at least the albeated big amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual immount of tips our received prot that amount even if it is more or less shan the allocated tips. Use Form 4137 to come value of the seture of the setur

figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5) K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. For form family and Medicare tax set his year because there is no longer a substantial risk of forfeiture of year. How included in box 1, 3, or 5) (and included in box 1), complete For

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrads (codes D, E, F, and S) and esignated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19.5001 (\$13.500 (\$15.5 Box 12. The following list explains the codes shown in box 12. You may need this information to

Caccas decremary, consider mack alternation on the year assoring non-the current year. It in year as shown, the combinations are for the current year. A—Theollected 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.

 $C{\rm --Taxable}$ 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

B—Elective deferrals to a section 40(k) cash of a section 40(k) arrangement a SIMPLE reitement account that is part of a section 40(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

employees only). See the instructions for Forms 1040 and 1040-SR. P—Excludable moving expense reimburscennesh paid directly to a member of the U.S. Armed Forces (not included in boxes 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 Ferra Care Insurance Contracts: S—Employee sharp reductive contributions under a section 408(p) SIMPLE plan (not included in box S—Employee sharp reductive contributions

1) T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to

securary wage base), and 3), see rub. 525, I axable and Nontaxable Income, for reporting requirements. W—Emphyser 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 (HSAc)

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.

amount is also include in tox1. It is subject to an automal 20% tack puts interest. See the instructions for forms 100 and 100 SR. AA—Designated Roth contributions under a section 403(b) plan BB—Designated Roth contributions under a section 403(b) plan DD—Cox of employer-sponsored health coverage. The amount reported with Code DD is not take. BB—Designated Roth contributions under a section 403(b) plan. The amount reported with Code DD is not take. BB—Designated Roth contributions under a generation section 457(b) plan. This amount does not take. BB—Designated Roth contributions under a generation section 457(b) plan. The—Termitted Roth contributions under a section 83(b) (TB—Perential deterrais under section 33(c) existion 83(c) (TB—Agergated detrains under section 33(c) existion 83(c) (TB—Agergated detrains under section 33(c) existion 83(c) (TBA contributions you may deduct. See Pub. 500-A. Contributions to Individual Retrement Arrangements (IRAs).

withhek unon dues, unitorm payments, health insurance premums deducted, nontaxable neome, educational assistance payments, or a member of the cregy'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.

2020

G—Elective deferrals and employer contributions (including nonelective 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.

				oyee's records	is being furnished to the Internal Revenue So d to file a tax return, a negligence penalty or on you if this income is taxable and you fail			
d Control number		Void	c Employer's name, address, and ZIP code	Department of the Treasury - Internal Revenue Service				
0020-19047223 00	00000069-		DIGITAL SCRIPTS INC	OMB No. 1545-0008				
b Employer's identification numb	per a Employee's social security nu	Imber	50 CRAGWOOD ROAD SUITE 218					
47-4247811 881-23-7891			SOUTH DI AINEIEL DINI 07080	1 Wages, tips, other compensation 66853.10	2 Federal Income tax withheld 9817.16			
	irement Third-party		SOUTH PLAINFIELD NJ 07080					
Employee plan	n sick pay			3 Social Security wages 6449.00	4 Social Security tax withheld 399.84			
12 See Instrs. for Box 12	14 Other		e Employee's name, address, and ZIP code	5 Medicare wages and tips	6 Medicare tax withheld			
				6449.00	93.51			
			SIDDARTHA KOTHA	7 Social Security tips	8 Allocated Tips			
			3671 SHALIMAR STREET					
			WEST VALLY CITY UT 84128	10 Dependent care benefits	11 Nonqualified plans			
				Verification Code				
15 State Employer's state I.D. No. 16 State wages, tips, etc			17 State income tax 18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
UT 15140109003	3WTH	5	1575.58 2553.00					

Form W-2 Wage and Tax Statement

2020

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

					_							
d Control number Void			Void	c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service				
0020-19047223 000000069-			DIGITAL SCRIPTS INC				OMB No. 1545-0008					
b Employer's identification number a Employee's social security number			50 CRAGWOOD ROAD SUITE 218				1 Wages, tips, other compensation 2 Federal Income tax withheld					
47-424	47-4247811 881-23-7891			SOUTH PLAINFIELD NJ 07080				1 Wages, tips, other compensation 2 Federal Income tax withheld 66853.10 99				
13 Statut Employ		Retirem plan	ent	Third-party sick pay					3 Socia	Security wages	4 Social Security tax withheld	
Employ	iyee	Pian	ан ыскрау					0.000	6449.00	399.84		
12 See Instrs. for Box 12 14 Other				e Employee's name, address, and ZIP code			5 Media	care wages and tips	6 Medicare tax withheld			
								6449.00	93.51			
				SIDDARTHA KOTHA			7 Social Security tips 8 Allocat		8 Allocated Tips			
				3671 SF	HALIMAR STREET							
				WEST VALLY CITY UT 84128			10 Dependent care benefits		11 Nonqualified plans			
									Verif	ication Code		
15 State Employer's state I.D. No. 16 State wages, tips, etc.				17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name				
UT 15140109003WTH		VTH		5	1575.58	2553.00						
1												

Form W-2 Wage and Tax Statement 2020

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

d Control number Void				Void	c Employer's	s name, address, and ZIP code		Department of the Treasury - Internal Revenue Service				
	0020-19047223 000000069-			DIGITAL SCRIPTS INC 50 CRAGWOOD ROAD SUITE 218				OMB No. 1545-0008				
b Employer's identification number a Employee's social security number			mber					1 Wages, tips, other compensation 2 Federal Income tax withheld				
47-4247811 881-23-7891				SOUTH PLAINFIELD NJ 07080			1 Wage	s, tips, other compensation 66853.10	2 Federal Income tax with	9817.16		
13 Statutory Retirement Employee plan		ent	Third-party sick pay					3 Social Security wages		4 Social Security tax withheld		
								6449.00		399.84		
12 See Instrs. for Box 12 14 Other					e Employee'	's name, address, and ZIP code		5 Media	are wages and tips	6 Medicare tax withheld		
										6449.00		93.51
			SIDDARTHA KOTHA				I Security tips	8 Allocated Tips				
					3671 SHALIMAR STREET							
					WEST VALLY CITY UT 84128			10 Dep	endent care benefits	11 Nonqualified plans		
									Verif	ication Code		
15 State Employer's state I.D. No. 16 State wages, tips, etc.					17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name			
UT 15140109003WTH		5	1575.58	2553.00								