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 family 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 and and and a series of the 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 for your name, SSN, or address is incorrect, correct Opies B, Cand 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2e. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any 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.

## Instructions for Employee

Instructions for Employee Box I. 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 8939, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8939 Box 6. This amount includes the 1.44% Medicare Tax withheld on all Medicare wages and tips ah 5700 000 \$200,000

\$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 ip 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 precisione that amount are if it is more one less than the allocated line. Itse Form 4137 to s Use Form 4137

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 4137, your social security tips will be for 10. This amount includes the total dependent care benefits hat your employer paid to you or incurred on your behalf (including amounts from a section 125 (carteeria) plan). Any amount over 55,000 also is included in box 1. Complete Form 2441. Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts. Best 1. This amounts (si\) exported in box 1 if is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plant habecame taxable for social generative and the social section 457(b) plant habecame taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your rep fight to the deferred amount. This box should? The used if you had a deferral and a retrieved a distribution in the same calendar year, and the gave Cay by the end of the calend year, your employer should file Form SSA131, Employer Report of Special Wage Payments, with the Social Security Administration and give you oppy.

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 returns. Elective deferrals (codes D, E, F, and S) and designatel Roh contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only we SIMPLE plans). S22,500 for scion 403(b) plans is you qualify for the 15-year net 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 last age 50 in 2020, your employer may have allowed an additional deferral of up to \$5,500 (\$3,000 for section 401(b) (plans) (J) and 408(b) ShHDET plans). This additional deferral amount is not subject to the overall limit on decivicy deferrals. For code G, the limit on decivity deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amountin encode to the overall elective deferral limit must be

administrator for more information. Amounts in excess of the overall electrice deternal limit must included in income. See the instructions for Forms 1000 and 1040-581. 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 deferrads, consider these amounts for the year shown, not the current year. If no year is Caccas decremany, consider tracks information on use year association on the current year. It is year is shown, the contributions are for the current years. 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

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b)

2020

2020

2020

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)

L=-3ubstantiate enphyse to banks expense remnancements (nonsatore) M=-Lncollected social security or RRTA ax on tasable cost of group-term life insurance over \$50,000 (former employees only). See the instructions for Forms 1040 and 1040-SR. M=-Lncollected Medicare tax on transhe cost of group-term life 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—Excludable moving expense reimburscennets paid directly to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5) Q—Nottaable combat pay. See the instructions for Forms 1040 and 1040-SR for details on reporting this amount. R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employee sharp reduction combations under a section 408(p) SIMPLE plan (not included in box N—Employee sharp reduction combations 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

-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

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.

instructions for Forms 1040 and 1040-SR. An—Designated Roth contributions under a section 401(k) plan BB—Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored hach 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. FE—Permitted benefits under a qualified small employer health reinbursement arrangement GG—Income from qualified quary grants under section 83(i) HIB—Aggregate deferrals under section 83(o) clections as of the close of the calendar year Box 13.1 (If er Keirement plan<sup>15</sup> box) 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 14.1 employers may use this box to report information such as state disability insurance taxes withEdL union dues, uniform payments, health insurance premiums deducted, nontaxable income,

withheld, unnor dues, unitorm payments, neath insurance premiums deducted, nontaxable neome, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Raihoad empbyers use this hox to report raihoad 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 raihoad retirement (RRTA) compensation.

ecupacyer in marcoaa returement (KRLA) compensation. Note: Keep Copy C of Form V-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.

Form W-2 Wage and Tax Statement

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 fail to report it. Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code Void 0025-BB002547 0000000110-DW MATRIX INC b Employer's identification number a Employee's social security numbe 8 LYMAN ST STE 208 2 Federal Income tax withhe 1 Wages, tips, other compe 45-3637669 834-91-2560 61575.30 9549.21 WESTBOROUGH MA 01581 13 Statutory Employee Retire plan Third-party sick pay 3 Social Security wages 4 Social Security tax withheld 12 See Instrs. for Box 12 e Employee's name, address, and ZIP code 5 Medicare wages and tips 6 Medicare tax withheld 14 Other CUSTM 7839.98 NYSDI 26.00 MOHANA SIVA NAGA R RAVULAKOLLU 7 Social Security tips 8 Allocated Tips NYPFL 177.59 89 BREVATOR ST 10 Dependent care benefits 11 Nongualified plans ALBANY NY 12203 Verification Code Employer's state I D No 16 State wages, tips, et 18 Local wages, tips, etc 19 Local income tax 20 Locality name 15 Sta 17 State income tax NY 453637669 61575.30 3173.45

## Form W-2 Wage and Tax Statement

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

													_
d Control number					Void	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service					
0025-BB002547 0000000110-						DW MA	OW MATRIX INC			OMB No. 1545-0008			
b Employer's identification number a Employee's social security number				mber	8 LYMAN ST STE 208								
45-3637669 834-9				91-2560					1 Wages, tips, other compensation		2 Federal Income tax withheld 9549.2	1	
	utory	Retirem	ent	Third-party		WESTBOROUGH MA 01581			61575.30		9349.2	i.	
		plan		sick pay						3 Socia	al Security wages	4 Social Security tax withheld	
12 See Instrs. for Box 12			Other	TM 783 DI 2		e Employee	e Employee's name, address, and ZIP code			5 Medicare wages and tips		6 Medicare tax withheld	
			JSTM		39.98								
			YSDI		26.00	MOHA	MOHANA SIVA NAGA R RAVULAKOLLU				al Security tips	8 Allocated Tips	
		N N	YPFL	4L 17		89 BREVATOR ST							
						ALBANY NY 12203			10 Dependent care benefits 1		11 Nonqualified plans		
									Verification Code				
15 State Employer's state I.D. No.			No.	16 State wages,	tips, etc.	17 State income tax		18 Local wages, tips, etc.	-	19 Local income tax 20 Locality name		-	
NY 453637669		669		6		575.30		3173.45			1		
						1070.00		01.0.10	i i				

## Form W-2 Wage and Tax Statement

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

d Control number c Employer's name, address, and ZIP cod Void Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 0025-BB002547 0000000110-DW MATRIX INC b Employer's identification number a Employee's social security number 8 LYMAN ST STE 208 1 Wages, tips, other compensation 2 Federal Income tax withheld 45-3637669 834-91-2560 WESTBOROUGH MA 01581 61575.30 9549.21 Retire plan 13 Statutory Third-party sick pay 3 Social Security wages 4 Social Security tax withheld 12 See Instrs. for Box 12 e Employee's name, address, and ZIP code 5 Medicare wages and tips 6 Medicare tax withheld 14 Other CUSTM 7839.98 7 Social Security tips NYSDI 26.00 MOHANA SIVA NAGA R RAVULAKOLLU 8 Allocated Tips NYPFL. 177.59 89 BREVATOR ST 10 Dependent care benefits 11 Nonqualified plans ALBANY NY 12203 Verification Code Employer's state I.D. No 16 State wages, tips, etc 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 15 State 17 State income tax NY 453637669 61575.30 3173.45