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 an Service of the servic 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

A set of the set of

\$2200.000.
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, 50c and 50c and 50c and 1040-SR.
You must file Form 4137, 50c and 50

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 the deferred anont, file gold payment exits if or forms 1040 and 1

**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 decremany, consider tracks information on use year association on use 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)

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.

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—Nontaable 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

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—Permetted Rother at tax-secrempt organization section 457(b) plan. The—Termetted Rotheration under agriculture in the section 83(b) (TB—Agengrade deterails under agriculture site 33(c) decisions as of the close of the calendar year BRA contributions you may deduct. See Pub. 500-A. Contributions to Individual Retirement Arrangements (IRAs). BRO 14, Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premisms deducted, nontaxable income, educational assistance payments, or a member of the clarky server allow are and utilities. 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.

Form W-2 Wage					for employ	vee's records	This information i If you are require may be imposed	is being furnished to the Internal Revenue S d to file a tax return, a negligence penalty o on you if this income is taxable and you fail	
d Control number 0025-13054398 00 b Employer's identification numl	000000052-F	PAYROL		c Employer's name, address, and ZIP code STIAOS TECHNOLOGIES INC		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
46-0589897		1-2560 Third-party		12345 JONES ROAD STE #214		1 Wages, tips, other com	pensation 24500.00	2 Federal Income tax withheld 3877.43	
Employee pla		sick pay		HOUSTON TX 77070		3 Social Security wages	24500.00	4 Social Security tax withheld 1519.00	
	14 Other NYSDI NYPFL		10.40 66.15	e Employee's name, address, and ZIP code MOHANA SIVA N RAVULAKOLL' 89 BREVATOR STREET	J	5 Medicare wages and ti 7 Social Security tips	24500.00	6 Medicare tax withheld 355.25 8 Allocated Tips	
				89 BREVATOR STREET ALBANY NJ 12203		10 Dependent care bene Verification Code	fits	11 Nonqualified plans	

2020

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
NY	460589897	24500.00	1257.04			

## Form W-2 Wage and Tax Statement

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

d Control	d Control number Void			c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service					
0025-13054398 000000052-PAYROL			STIAOS TECHNOLOGIES INC				OMB No. 1545-0008						
b Employer's identification number a Employee's social security number			12345 JONES ROAD										
46 0590907 924 01 2560			1	12545 JOINES KOAD				1 Wage	1 Wages, tips, other compensation 2 Federal Income tax withheld				
	46-0589897 834-91-2560				STE #214					24500.00		3877.43	
	tutory	Retiren	nent	Third-party	1				2 Seei	al Security wages	4 Coolel Coourity toy with	4 Social Security tax withheld	
Emple	oyee	plan		sick pay	I	HOUSI	ON TX 7707	0		3 3004		4 Social Security tax with	1519.00
					1	1					24500.00	1519.00	
12 See In	12 See Instrs. for Box 12 14 Other NYSDI 10.40					e Employee's name, address, and ZIP code				5 Medi	care wages and tips	6 Medicare tax withheld	
					10.40						24500.00		355.25
NYPFL 66				66.15	MOHANA SIVA N RAVULAKOLLU					al Security tips	8 Allocated Tips	000.20	
			00.22						a occurry apo	o valoodatod			
			I	89 BREVATOR STREET									
				I	89 BREVATOR STREET			10 Dependent care benefits		11 Nonqualified plans			
				I									
			1	ALBANY NJ 12203				Verification Code					
					I	1							
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				
NY	460589	807		1	2/	4500.00		1257.04					
111	+00507	0)/			2-	1500.00		1257.04					
1						I							

## Form W-2 Wage and Tax Statement 2020

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

d Control number Void			c Employer's name, address, and ZIP code					Department of the Treasury - Internal Revenue Service				
0025-13054398 000000052-PAYROL			STIAOS TECHNOLOGIES INC					OMB No. 1545-0008				
b Employer's identification number a Employee's social security number			12345 JONES ROAD				1 Wag	1 Wages, tips, other compensation 2 Federal Income tax withheld				
46-0589897 834-91-2560			STE #214					24500.00		3877.43		
13 Statutory Retirement Employee plan		Third-party sick pay		HOUSTON TX 77070			3 Soci	al Security wages	4 Social Security tax with			
										24500.00		1519.00
12 See Instrs. for Box 12 NYSDI 10.40					e Employee's name, address, and ZIP code				5 Med	care wages and tips	6 Medicare tax withheld	
				MOHANA SIVA N RAVULAKOLLU					24500.00		355.25	
NYPFL 66.15			al Security tips						8 Allocated Tips			
				89 BREVATOR STREET 89 BREVATOR STREET								
			10 Dep					endent care benefits	11 Nonqualified plans			
				ALBANY NJ 12203					Verification Code			
									Ver	frication Code		
	oyer's state I.D.	No.	16 State wages,			17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
NY 46058	9897			24	4500.00		1257.04					