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 Tke Form 4137

figure the social security and Medicare tax owed on tips you didn't report to your emphayer. Enter this J-amount on the wages line of your tax return. By filing Form 4137, your social security tps will be for 10 This amount includes the total dependent care benefits hat your employer paid to your or incurred on your behalf (including amounts from a section 125 (caffetria) plan). Any amount over \$5,000 ato is included in box 1. Complete Form 2441. Child and Dependent Care Expenses, to Store any taxable and nontaxable amounts. Bes 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation on nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it (n is a prior year deferral dunder a nonqualified or section 457(b) plan, deferral and a faribution 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 (2b yhe tend of the calendar year, your employer should lie Form SAS.13, Employer Report of Special Wage Payments, with the Social Security Administration and give you ar top.

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 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) 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—Sumannate enjoyee numes exposes remousements (numator) M—Lnoelletet social security or RRTA tax on taxable cost of group-term life insurance over \$\$0,000 (former employees only). See the instructions for Forms 1040 and 1040-SR. N—Lnoelletet Mediciane tax on taxable cost of group-term life insurance over \$\$0,000 (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 Account

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. AA—Designated Roth contributions under a section 401(k) plan BB—Designated Roth contributions under a section 403(b) plan D—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. 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 plan¹⁵ 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.

empasyer in maroaa returement (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, 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. 2020 Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code Void 0940-P4088952 0000012093-000USA LARSEN & TOUBRO INFOTECH LIMIT b Employer's identification number a Employee's social security numbe 2035 LINCOLN HWY STE 3000 2 Federal Income tax withh 1 Wages, tips, other comp 22-3524303 330-47-0598 112583.61 18150.76 EDISON NJ 08817 13 Statutory Employee Retire plan Third-party sick pay 3 Social Security wage 4 Social Security tax with Х 113171.47 7016.63 12 See Instrs. for Box 12 C 71.33 COVID e Employee's name, address, and ZIP code 5 Medicare wages and tips 6 Medicare tax withhel 200.00 113171.47 1640.99 D 587.86 CASDI 930.28 ABHINAY R HANUMANTH REDDY GARI 7 Social Security tips 8 Allocated Tips DD 4272.60 6427 TRANQUILO APT 1010 10 Dependent care benefits 11 Nongualified plans IRVING TX 75039 Verification Code 15 Sta 16 State wages, tips, et 18 Local wages, tips, etc 19 Local income tax 20 Locality name Employer's state I.D. No 17 State income tax 93090.71 CA 439-9161-1 6488.93

Form W-2 Wage and Tax Statement

2020

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

d Control number 0940-P4088952 0000012093-(b Employer's identification number a Employee's s				-000USA s social security nu	Void	LARSE	's name, address, and Z EN & TOUBR	O INFOTE	-	Department of the Treasury - Internal Revenue Service OMB No. 1545-0006			
22-3524303 330-47-0598						2035 LINCOLN HWY STE 3000 EDISON NJ 08817			1 Wages, tips, other compensation 2 Federal Income tax withheir 112583.61 12		^{hheld} 18150.76		
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C D		2 71.33 C 87.86 C			200.00	e Employee's name, address, and ZIP code ABHINAY R HANUMANTH REDDY GARI					care wages and tips <u>113171.47</u> al Security tips	6 Medicare tax withheld 8 Allocated Tips	1640.99
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						IRVING TX 75039			10 Dependent care benefits 11 Nonqualified plans		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		
CA	CA 439-9161-1				93	3090.71		6488.93					

Form W-2 Wage and Tax Statement 2020

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

d Control number Void						c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
					LARSEN & TOUBRO INFOTECH LIMIT								
b Employer's identification number a Employee's social security number					2035 LINCOLN HWY STE 3000 EDISON NJ 08817				1 Wages, tips, other compensation 2 Federal Income tax withheld				
22-3524303 330-47-0598									1 wage	112583.61	2 Federal Income tax with	18150.76	
13 Statutory Retirement Employee plan			ient I	t Third-party sick pay					3 Social Security wages		4 Social Security tax withheld		
X									113171.47	7016.63			
			Other			e Employee	's name, address, and ZIP code			5 Medi	care wages and tips	6 Medicare tax withheld	
C 71.33 COVID					00.00	ABHINAY R HANUMANTH REDDY GARI					113171.47		1640.99
D 587.86 CASI			ASDI	9	30.28					7 Social Security tips		8 Allocated Tips	
DD 4272.60						6427 TRANQUILO APT 1010							
						IRVING TX 75039				10 Dep	endent 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		
CA	CA 439-9161-1			93090.		3090.71	648	38.93					