Copy B-To Be Filed Witl Federal Tax Return.	n Em	ployee's	41-0852411 OMB No. 1545-0008
a Employee's soc. sec. no.	1 W	ages, tips, other comp.	2 Federal income tax withheld
XX-XX-7150	_	129896.00	14701.00
	3 Sc	ocial security wages	4 Social security tax withheld
b Employer ID number (EIN)	- 1	129896.00	8053.55 6 Medicare tax withheld
43-2053994	15 IVI	edicare wages and tips	
c Employer's name, address, a	nd 71	129896.00	1883.49
NIC INFO TEK INC. 13224 TELECOM D		r code	
TEMPLE TERRACE	Ē	FL	33637
d Control number			
e Employee's name, address,	and Z	IP code	Suff
SUNIL KUMAR 38564 MARY TER		VATHUMILLI	
FREMONT		CA	94538
7 Social security tips	8 AI	located tips	9 Verification code
10 Dependent care benefits	11 N	lonqualified plans	12a Code
13 Statutory employee 14 Other	er		12b Code
Retirement plan			12c Code
Third-party sick pay			12d Code
CA 297-3038-9		129896.00	9708.00
15 State Employer's state ID ทน	mber	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		ocal income tax	20 Locality name
122909.00		1229.09	CASDI
Form W-2 Wage and Tax State	men	2020	Dept. of the Treasury IRS

Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury -- IRS This information is being furnished to the Internal Revenue Service.

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Copy C-For EMPLOYEE Notice to Employee on	S RI	ECORDS (See ack of Copy B.)		41-0852411 OMB No. 1545-0008
a Employee's soc. sec. no.		ages, tips, other comp. 129896.00	2	Federal income tax withheld 14701 00
b Employer ID number (EIN)	3 Sc	ocial security wages 129896.00	4	Social security tax withheld 8053.55
43-2053994	5 M	edicare wages and tips	6	Medicare tax withheld 1883.49
c Employer's name, address, a	nd 71	129896.00		1003.49
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d Control number				
e Employee's name, address,	and Z	IP code		Suff.
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FREMONT		CA		94538
7 Social security tips	8 A	llocated tips	9	Verification code
10 Dependent care benefits	11 N	lonqualified plans	1:	2a Code
13 Statutory employee 14 Oth	er		12	2b Code
Retirement plan			1:	2c Code
Third-party sick pay			1:	2d Code
CA 297-3038-9		129896.00	_	9708.00
15 State Employer's state ID no	ımber	16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.	19 L	ocal income tax	20) Locality name
122909.00	1	1229.09	c	CASDI

Form W-2 Wage and Tax Statement

2020

Dept. of the Treasury -- IRS
This information is being furnished to the IRS. 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.

DAA

Copy 2-To Be Filed City, or Local Incon	With ne Tax	Emp k Re	oloyee's State, turn.		41-0852411 OMB No. 1545-0008
a Employee's soc. sec. n	10.	1 Wa	ages, tips, other comp. 129896.00	2	Federal income tax withheld 14701.00
λλλ-λλ-7 150		3 So	cial security wages	4 :	Social security tax withheld
b Employer ID number (E	EIN)		129896.00		8053.55
		5 Me	edicare wages and tips	6 I	Medicare tax withheld
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c Employer's name, addr	ress, ar	nd ZII	P code		
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d Control number	44				
e Employee's name, add	lress, a	nd ZI	P code		Suff.
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FREMONT			CA		94538
7 Social security tips		8 All	ocated tips	9	Verification code
10 Dependent care benef	fits	11 N	onqualified plans	12	2a Code
13 Statutory employee 1	14 Othe	r		12	2b Code
Retirement plan				12	2c Code
Third-party sick pay				12	2d Code
CA 297-3038-9			129896.00		9708.00
15 State Employer's state	ID nun	nber	16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.		19 L	ocal income tax	20) Locality name
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Form W-2 Wage and Tax Statement

2020

Dept. of the Treasury -- IRS

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Copy 2-To Be Filed City, or Local Incom	With Er ne Tax F	nployee's State, Return.	41-0852411 OMB No. 1545-0008
a Employee's soc. sec. n	10.	Wages, tips, other comp. 129896.00	2 Federal income tax withheld 14701.00
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b Employer ID number (E	EIN)	129896.00	8053.55
40.0050004	51	Medicare wages and tips	6 Medicare tax withheld
43-2053994 c Employer's name, addr		129896.00	1883.49
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e Employee's name, add	• • • • •	ZIP code	Suff.
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		CA Allocated tips	94538 9 Verification code
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FREMONT 7 Social security tips	8	Allocated tips	9 Verification code
FREMONT 7 Social security tips 10 Dependent care benefit	8	Allocated tips	9 Verification code
FREMONT 7 Social security tips 10 Dependent care benefit	8 <i>i</i> its 11	Allocated tips	9 Verification code 12a Code
FREMONT 7 Social security tips 10 Dependent care benefit 13 Statutory employee Retirement plan	8 <i>i</i> its 11	Allocated tips	9 Verification code 12a Code 12b Code
FREMONT 7 Social security tips 10 Dependent care benefit 13 Statutory employee	8 <i>i</i> its 11	Allocated tips	9 Verification code 12a Code 12b Code
FREMONT 7 Social security tips 10 Dependent care benefit 13 Statutory employee Retirement plan	8 <i>i</i> its 11	Allocated tips	9 Verification code 12a Code 12b Code 12c Code
FREMONT 7 Social security tips 10 Dependent care benefit 13 Statutory employee Retirement plan Third-party sick pay CA 297-3038-9	8	Allocated tips Nonqualified plans	9 Verification code 12a Code 12b Code 12c Code 12d Code
FREMONT 7 Social security tips 10 Dependent care benefit 13 Statutory employee Retirement plan Third-party sick pay CA 297-3038-9 15 State Employer's state	8 de la	Allocated tips Nonqualified plans 129896.00	9 Verification code 12a Code 12b Code 12c Code 12d Code 9708.00
FREMONT 7 Social security tips 10 Dependent care benefit 13 Statutory employee Retirement plan Third-party sick pay CA 297-3038-9	8 de la	Allocated tips Nonqualified plans 129896.00 er 16 State wages, tips, etc.	9 Verification code 12a Code 12b Code 12c Code 12d Code 9708.00 17 State income tax

Notice to Employee

Do you have to file? Refer to the Form 1040 Instructions 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

Earned income 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 the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit www.irs.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.

Clergy and religious workers. If you are not subject to social 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, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not 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 1-800-772-1213. You also may visit the SSA at www.socialsecurity.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 employersponsored 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 \$8537.40 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 one railroad employer and more than \$5012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

(Also see Instructions for Employee on the back of Copy C.)

Instructions for Employee

Box 1. 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

Box 5. You may be required to report this amount on Form 8959.

BOX 5. You may be required to report in a amount on Form 8599, Additional Medicare Tax. See Form 1040 instructions to determine if you are required to complete Form 8599. Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$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 your Form 1040 instructions. 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 that you received a smaller amount. If you have records that show the actual amount of tips you received, peop that amount even if it is more or less than the allocated tips. On Form 4137, you will calculate the social security and Medicare tax over do not he allocated tips shown on other tips you don't report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits). Box 8. This amount is not included in boxes 1, 3, 5, or 7. For

benefits).

Box 9. If you are e-filing and if there is a code in this box, enter it when prompted by your software. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper filed where. filled returns.

Box 10. This amount includes the total dependent care benefits that

W-2 data submitted with your return. The code is not entered on paper-filled returns.

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 \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, 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 is a prior year deterral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If your made a deferral and a distribution in the same calendar year, your employer should file Form SSA-13! Employer Report Several, your employer should file Form SSA-13! Employer Report Several, your employer should file Form SSA-13! Employer Report Several your appression of the SSA-13! Employer Report Several your employer.

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 intend to a total of 19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained to a total of \$19,500 (\$13,500 if you only have 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 last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective def

B-Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

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

D-Elective deferrals to a section 401 (i) cash or deferred arrangement. Also make the second of the section 401 (i) cash or deferred arrangement. Also included the section 401 (ii) cash or deferred arrangement of a section 401 (ii) arrangement of the section 401 (iii) arrangement of the section 401 (iii) arrangement F-Elective deferrals under a section 408(ii) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals in a section 501(i) (18)(ii) tax-exempt organization plan H-Elective deferrals to a section 501(i) (18)(ii) tax-exempt organization plan L-Elective deferrals to a section 501(i) (18)(ii) tax-exempt organization plan L-Elective deferrals to a section 501(i) (18)(ii) tax-exempt organization plan L-Elective deferrals to a section 501(ii) (18)(iii) tax-exempt organization plan L-Elective deferrals to a section 501(iii) (18)(iii) tax-exempt organization plan L-Elective deferrals to a section 501(iii) (18)(iii) tax-exempt organization plan L-Elective deferrals to a section 501(iii) (18)(iii) tax-exempt organization plan L-Elective deferrals to a section 501(iii) (18)(iii) tax-exempt organization plan L-Elective deferrals to a section 501(iii) (18)(iii) tax-exempt organization plan L-Elective deferrals to a section 501(iii) (18)(iii) tax-exempt organization plan L-Elective deferrals to a section 501(iii) (18)(iii) tax-exempt organization plan L-Elective deferrals tax on excess golden paracture payments. See "Other Taxes" in the Form 1040 instructions.

L-Substantiated employee business expense reimbursements nontaxable) M-Uncollected demployee business expense reimbursements nontaxable) (iii) deferrals tax on taxable cost of group-term life to the section of the sec

Form 1040 instructions.

N—Uncollected Medicaris tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to employee (not

P.—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3 or 5)

Q—Nontaxable combat pay, See the instructions for Form 1040 or Form 1040A 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—Employee salary 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 Mortion Expresser, tecompating an typical paid carbayable agreement.

Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base) and 5). See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.

Schedule D (Form 1040) for reporting requirements. W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cateeria) plan) to your health savings account. Report on Form 8899, Health Savings Accounts (Fide Most Contributed on the Contributed of the Contributed on the

DU—Cost of employer-sponsored nealm coverage. I ne amount reported win Code DD is not taxable. EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a taxexempt organization section 457(b) plan. FF-Permitted benefits under a qualified small employer health reimbursement

FF-Permitted benefits under a qualified small employer treasure arrangement.
GG—Income from qualified equity grants under section 83(i)
HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year
Box 13. If the 'Retirement plan' box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590, Individual Retirement Arrangements (IRAs).
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontables income, educational assistance insurance premiums deducted, nontables income, educational assistance and the state of the state o

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.