Employee   Reference   Copy     Wage   and   Tax   Statement   20200     Copy C for employee's records.   Corp.   Employer use only     d   Control number   Dept.   Corp.   Employer use only     000375   RU/NJA   Corp.   Employer use only     c   Employer's name, address, and ZIP code   XTRACIT   INC     9335   HARRIS   CORNERS   PKW   ST     9335   HARRIS   CORNERS   PKW   ST   24     SUITE   240   CHARLOTTE,   NC   28269   Batch #91731     e/f   Employee's name, address, and ZIP code   SINDHUJA   BHOOMPALLY   333   MELROSE   DRIVE     UNIT   8C   RICHARDSON, TX 75080   a   Employee's SSA number   2 Federal income tax withheld     1   Wages, tips, other comp.   2   Federal income tax withheld   360.00   6     5   Medicare wages and tips   6   Medicare tax withheld   22.32   5     6   Medicare wages and tips   6   Medicare tax withheld   5.22				
VV-Z   Statement   VV-C   Statement   VV-C   OMB No. 1545-0008     Copy C for employee's records.   Corp.   Employer use only   A   17     C   Employer's name, address, and ZIP code   XTRACIT INC   9335   HARRIS CORNERS PKW ST 24     SUITE 240   CHARLOTTE, NC 28269   Batch #91731     e/f Employee's name, address, and ZIP code   SINDHUJA BHOOMPALLY     333 MELROSE DRIVE   UNIT 8C     RICHARDSON, TX 75080   a Employee's SSA number     b Employer's FED ID number   a Employee's SSA number     81-3518806   2 Federal income tax withheld     3 Social security wages   4 Social security tax withheld     360.00   6 Medicare tax withheld     360.00   6 Medicare tax withheld     360.00   10 Dependent care benefits     11 Nonqualified plans   12a See instructions for box 12     14 Other   12b     15 State   Employer's state ID no.     16 State wages, tips, etc.   18 Local wages, tips, etc.	Employee Ref	erence Copy		
VV-Z   Statement   VV-C   Statement   OMB No. 1545-0008     Copy C for employee's records.   Corp.   Employer use only   A   17     C   Employer's name, address, and ZIP code   XTRACIT INC   S335   HARRIS CORNERS PKW ST 24     SUITE 240   CHARLOTTE, NC 28269   Batch #91731     e/f Employee's name, address, and ZIP code   SINDHUJA BHOOMPALLY     333 MELROSE DRIVE   UNIT 8C     RICHARDSON, TX 75080   a Employee's SSA number     b Employer's FED ID number   a Employee's SSA number     81-3518806   2 Federal income tax withheld     3 Social security wages   4 Social security tax withheld     360.00   5.22     7 Social security tips   8 Allocated tips     9   10 Dependent care benefits     11 Nonqualified plans   12a See instructions for box 12     12 I   13 Stat emp Ret. plan 3rd party sick part     15 State   Employer's state ID no. 16 State wages, tips, etc.     17 State income tax   18 Local wages, tips, etc.		nd Tax		
Copy C for employee's records.   OMB No. 1545-0008     d   Control number   Dept.   Corp.   Employer use only     000375   RU/NJA   Pept.   Corp.   Employer use only     c   Employer's name, address, and ZIP code   XTRACIT   INC     9335   HARRIS   CORNERS   PKW   ST   24     SUITE   240   CHARLOTTE, NC   28269   Batch #91731     e/f   Employee's name, address, and ZIP code   SINDHUJA   BHOOMPALLY     333   MELROSE   DRIVE   UNIT   SC     VINIT   8C   RICHARDSON, TX 75080   a   Employee's SSA number     b   Employer's FED ID number   a   Employee's SSA number   324.04     3   Social security wages   4   Social security tax withheld     360.00   6   Medicare tax withheld   360.00     5   Medicare wages and tips   6   Medicare tax withheld     360.00   10   Dependent care benefits     11   Nonqualified plans   12a See instructions for box 12     14   Other   12b   12c				
d   Control number 000375   Dept. RU/NJA   Corp.   Employer use only A   T7     c   Employer's name, address, and ZIP code XTRACIT   INC 9335   HARRIS   CORNERS   PKW   ST   24     SUITE   240 CHARLOTTE,   NC   28269   Batch #91731   eff   Employee's name, address, and ZIP code     SINDHUJA   BHOOMPALLY   333   MELROSE   DRIVE   Batch #91731     eff   Employee's name, address, and ZIP code   SINDHUJA BHOOMPALLY   333   MELROSE   DRIVE     UNIT   8C   RICHARDSON, TX 75080   a   Employee's SSA number XXX-XX-0312   2     1   Wages, tips, other comp.   2   Federal income tax withheld 360.00   6324.04     3   Social security wages   4   Social security tax withheld 360.00   5.22     7   Social security tips   8   Allocated tips   5.22     7   Social security tips   10   Dependent care benefits     11   Nonqualified plans   12a See instructions for box 12   12     14   Other   12b   12c   12d     12c   13 <t< th=""><th></th><th>OMB No. 1545-0008</th></t<>		OMB No. 1545-0008		
c   Employer's name, address, and ZIP code     XTRACIT INC   9335 HARRIS CORNERS PKW ST 24     SUITE 240   CHARLOTTE, NC 28269     Batch #91731     e/f Employee's name, address, and ZIP code     SINDHUJA BHOOMPALLY     333 MELROSE DRIVE     UNIT 8C     RICHARDSON, TX 75080     b   Employee's FED ID number     81-3518806   2     1   Wages, tips, other comp.     2   Federal income tax withheld     300.00   6324.04     3   Social security wages     4   Social security tax withheld     360.00   5.22     7   Social security tips     8   Allocated tips     9   10 Dependent care benefits     11   Nonqualified plans     12a See instructions for box 12     14   Other     123 State emp Ret. plan 3rd party sick part     15   State Income tax     17   State income tax     18   Local wages, tips, etc.		Corp. Employer use only		
XTRACIT INC 9335 HARRIS CORNERS PKW ST 24 SUITE 240 CHARLOTTE, NC 28269     Batch #91731     eff Employee's name, address, and ZIP code     SINDHUJA BHOOMPALLY     333 MELROSE DRIVE     UNIT 8C     RICHARDSON, TX 75080     b Employer's FED ID number 81-3518806     a Employee's SSA number 81-3518806     2 Federal income tax withheld 50130.00     3 Social security wages 3 Social security wages     4 Social security tax withheld 360.00     5 Medicare wages and tips 360.00     6 Medicare tax withheld 360.00     7 Social security tips     8 Allocated tips     9     10 Dependent care benefits     11 Nonqualified plans     12a See instructions for box 12     14 Other     1035.00 HEALTH     12 State     13 State employer's state ID no.     16 State wages, tips, etc.     17 State income tax	000375 RU/NJA	A 17		
XTRACIT INC 9335 HARRIS CORNERS PKW ST 24 SUITE 240 CHARLOTTE, NC 28269     Batch #91731     eff Employee's name, address, and ZIP code     SINDHUJA BHOOMPALLY     333 MELROSE DRIVE     UNIT 8C     RICHARDSON, TX 75080     b Employer's FED ID number 81-3518806     a Employee's SSA number 81-3518806     2 Federal income tax withheld 50130.00     3 Social security wages 3 Social security wages     4 Social security tax withheld 360.00     5 Medicare wages and tips 360.00     6 Medicare tax withheld 360.00     7 Social security tips     8 Allocated tips     9     10 Dependent care benefits     11 Nonqualified plans     12a See instructions for box 12     14 Other     1035.00 HEALTH     12 State     13 State employer's state ID no.     16 State wages, tips, etc.     17 State income tax	c Employer's name, address, a	and ZIP code		
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SUITE 240 CHARLOTTE, NC 28269     Batch #91731     eff Employee's name, address, and ZIP code     SINDHUJA BHOOMPALLY     333 MELROSE DRIVE     UNIT 8C     RICHARDSON, TX 75080     b Employer's FED ID number 81-3518806     1 Wages, tips, other comp.     2 Federal income tax withheld 50130.00     3 Social security wages     4 Social security tax withheld 360.00     5 Medicare wages and tips     6 Medicare tax withheld     360.00     7 Social security tips     8 Allocated tips     9     10 Dependent care benefits     11 Nonqualified plans     12a See instructions for box 12     14 Other     1035.00 HEALTH     12c     13 State emp Ret. plan 3rd party sick part     15 State   Employer's state ID no. 16 State wages, tips, etc.     17 State income tax   18 Local wages, tips, etc.		OPNERS PKW ST 24		
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333 MELROSE DRIVE UNIT 8C RICHARDSON, TX 75080     b Employer's FED ID number 81-3518806   a Employee's SSA number XXX-XX-0312     1 Wages, tips, other comp.   2 Federal income tax withheld 50130.00     3 Social security wages 3 Social security wages 3 Social security tages 3 Social security tips   4 Social security tax withheld 360.00     5 Medicare wages and tips 360.00   6 Medicare tax withheld 360.00     7 Social security tips   8 Allocated tips     9   10 Dependent care benefits     11 Nonqualified plans   12a See instructions for box 12 12c 12d 13 State emp Ret. plan 3rd party sick part     15 State   Employer's state ID no.   16 State wages, tips, etc.     17 State income tax   18 Local wages, tips, etc.	e/f Employee's name, address, a	and ZIP code		
333 MELROSE DRIVE UNIT 8C RICHARDSON, TX 75080     b Employer's FED ID number 81-3518806   a Employee's SSA number XXX-XX-0312     1 Wages, tips, other comp.   2 Federal income tax withheld 50130.00     3 Social security wages 3 Social security wages 3 Social security tages 3 Social security tips   4 Social security tax withheld 360.00     5 Medicare wages and tips 360.00   6 Medicare tax withheld 360.00     7 Social security tips   8 Allocated tips     9   10 Dependent care benefits     11 Nonqualified plans   12a See instructions for box 12 12c 12d 13 State emp Ret. plan 3rd party sick part     15 State   Employer's state ID no.   16 State wages, tips, etc.     17 State income tax   18 Local wages, tips, etc.	SINDHILLA BHOOMD			
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RICHARDSON, TX 75080     b   Employer's FED ID number 81-3518806   a   Employee's SSA number XXX-XX-0312     1   Wages, tips, other comp. 50130.00   a   Employee's SSA number XXX-XX-0312     3   Social security wages 360.00   4   Social security tax withheld 360.00     5   Medicare wages and tips 360.00   6   Medicare tax withheld 360.00     7   Social security tips   8   Allocated tips     9   10   Dependent care benefits     11   Nonqualified plans   12a See instructions for box 12     14   Other   12b     1035.00 HEALTH   12c   12c     13   State employer's state ID no.   16 State wages, tips, etc.     17   State income tax   18 Local wages, tips, etc.		E		
b   Employer's FED ID number 81-3518806   a   Employee's SSA number XXX-XX-0312     1   Wages, tips, other comp.   2   Federal income tax withheld     3   Social security wages 360.00   4   Social security tax withheld 360.00   6324.04     5   Medicare wages and tips 360.00   6   Medicare tax withheld 360.00   5.22     7   Social security tips   8   Allocated tips     9   10   Dependent care benefits     11   Nonqualified plans   12a See instructions for box 12     14   Other   12b   12c     1035.00 HEALTH   12c   12d     15   State   Employer's state ID no.   16 State wages, tips, etc.     17   State income tax   18 Local wages, tips, etc.				
81-3518806 XXX-XX-0312   1 Wages, tips, other comp. 50130.00 2 Federal income tax withheld 6324.04   3 Social security wages 360.00 4 Social security tax withheld 22.32   5 Medicare wages and tips 360.00 6 Medicare tax withheld 22.32   7 Social security tips 8 Allocated tips   9 10 Dependent care benefits   11 Nonqualified plans 12a See instructions for box 12   14 Other 12b I   12d I I   13 State employer's state ID no. 16   15 State income tax 18 Local wages, tips, etc.				
1   Wages, tips, other comp. 50130.00   2   Federal income tax withheld 6324.04     3   Social security wages 360.00   4   Social security tax withheld 22.32     5   Medicare wages and tips 360.00   6   Medicare tax withheld 5.22     7   Social security tips   8   Allocated tips     9   10   Dependent care benefits     11   Nonqualified plans   12a See instructions for box 12 12b     14   Other   12b     1035.00 HEALTH   12c   1 13     15   State   Employer's state ID no.   16     17   State income tax   18   Local wages, tips, etc.		a Employee's SSA number		
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3   Social security wages 360.00   4   Social security tax withheld 22.32     5   Medicare wages and tips 360.00   6   Medicare tax withheld 5.22     7   Social security tips   8   Allocated tips     9   10 Dependent care benefits     11   Nonqualified plans   12a See instructions for box 12     14   Other   12b     1035.00 HEALTH   12c   12c     13   State employer's state ID no.   16 State wages, tips, etc.     17   State income tax   18 Local wages, tips, etc.				
360.00 22.32   5 Medicare wages and tips 360.00 6 Medicare tax withheld 5.22   7 Social security tips 8 Allocated tips   9 10 Dependent care benefits   11 Nonqualified plans 12a See instructions for box 12   14 Other 12b   10 12c 1   12 1   13 State employer's state ID no. 16 State wages, tips, etc.   17 State income tax 18 Local wages, tips, etc.				
5   Medicare wages and tips 360.00   6   Medicare tax withheld 5.22     7   Social security tips   8   Allocated tips     9   10   Dependent care benefits     11   Nonqualified plans   12a See instructions for box 12     14   Other   12b     1035.00 HEALTH   12c   12d     15   State   Employer's state ID no.   16     17   State income tax   18   Local wages, tips, etc.				
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7 Social security tips 8 Allocated tips   9 10 Dependent care benefits   11 Nonqualified plans 12a See instructions for box 12   14 Other 12b   1035.00 HEALTH 12c   15 State   Employer's state ID no. 16 State wages, tips, etc.   17 State income tax				
9   10 Dependent care benefits     11 Nonqualified plans   12a See instructions for box 12     14 Other   12b     1035.00 HEALTH   12c     12 Is tate   12d     15 State   Employer's state ID no.     16 State wages, tips, etc.   18 Local wages, tips, etc.				
11 Nonqualified plans 12a See instructions for box 12   14 Other 12b   1035.00 HEALTH 12c   12d 12d   12d 13 State emp Ret. plan 3rd party sick part   15 State Employer's state ID no.   16 State wages, tips, etc.   17 State income tax 18 Local wages, tips, etc.	7 Obcial security tips	o Allocated tips		
14 Other     12b     12c     12	9	10 Dependent care benefits		
14 Other     12b     12c     12				
14 Other 1035.00 HEALTH 12c     12d   12d     15 State Employer's state ID no. 16 State wages, tips, etc.   17 State income tax 18 Local wages, tips, etc.	11 Nonqualified plans	12a See instructions for box 12		
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120 1   13 State employer Ret. plan 3rd party sick pay   15 State   17 State income tax   18 Local wages, tips, etc.				
15   State   Employer's state ID no.   16 State wages, tips, etc.     17   State income tax   18 Local wages, tips, etc.	1035.00 HEALTH			
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	La State income tax	19 Local wages tips etc		
		io Local wages, lips, etc.		
19 Local income tax 120 Locality name	19 Local income tax	20 Locality name		

# 2020 W-2 and EARNINGS SUMMARY

Social Security

50,130.00

360.00

Wages Box 3 of W-2



This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay Reported W-2 Wages Compensation Box 1 of W-2 50,130.00 50,130.00

Wages, Tips, other

Wages Box 5 of W-2 50,130.00 360.00

Medicare

2. Employee Name and Address.

# SINDHUJA BHOOMPALLY 333 MELROSE DRIVE UNIT 8C RICHARDSON, TX 75080

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1 Wages, tips, other comp. 50130.00	2 Federal income tax withheld 6324.04	1 Wages, tips, other comp. 50130.00	2 Federal income tax withheld 6324.04	1 Wages, tips, other comp. 50130.00	2 Federal income tax withheld 6324.04
3 Social security wages 360.00	4 Social security tax withheld 22.32	3 Social security wages 360.00	4 Social security tax withheld 22.32	3 Social security wages 360.00	4 Social security tax withheld 22.32
5 Medicare wages and tips 360.00	6 Medicare tax withheld 5.22	5 Medicare wages and tips 360.00	6 Medicare tax withheld 5.22	5 Medicare wages and tips 360.00	6 Medicare tax withheld 5.22
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only
000375 RU/NJA	A 17	000375 RU/NJA	A 17	000375 RU/NJA	A 17
c Employer's name, address, a	nd ZIP code	c Employer's name, address, a	nd ZIP code	c Employer's name, address, a	nd ZIP code
XTRACIT INC 9335 HARRIS CO SUITE 240 CHARLOTTE, NC	DRNERS PKW ST 24 28269	XTRACIT INC 9335 HARRIS C SUITE 240 CHARLOTTE, NC	ORNERS PKW ST 24 28269	SUITE 240	ORNERS PKW ST 24 : 28269
b Employer's FED ID number 81-3518806	a Employee's SSA number XXX-XX-0312	b Employer's FED ID number 81-3518806	a Employee's SSA number XXX-XX-0312	b Employer's FED ID number 81-3518806	a Employee's SSA number XXX-XX-0312
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a	11 Nonqualified plans	12a
14 Other	12b	14 Other	12b	14 Other	12b
	12c		12c		12c
1035.00 HEALTH	12d	1035.00 HEALTH	12d	1035.00 HEALTH	12d
	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick page
e/f Employee's name, address an	d ZIP code	e/f Employee's name, address a	nd ZIP code	e/f Employee's name, address a	nd ZIP code
SINDHUJA BHOOMPA 333 MELROSE DRIVE UNIT 8C RICHARDSON, TX 75		SINDHUJA BHOOMP/ 333 MELROSE DRIVE UNIT 8C RICHARDSON, TX 75	E .	SINDHUJA BHOOMPA 333 MELROSE DRIVE UNIT 8C RICHARDSON, TX 75	E 080
15 State Employer's state ID no.	16 State wages, tips, etc.	15 State Employer's state ID no	.16 State wages, tips, etc.	15 State Employer's state ID no	.16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
Federal Fili	ng Copy	State Refe	rence Copy	City or Local	Reference Copy
W-2 Copy B to be filed with employee's Fe		W-2 Wage ar Statement Copy 2 to be filed with employee's State		W-2 Wage ar Stateme Copy 2 to be filed with employee's City of	

### 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 tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959. 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 box 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 tip 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 received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits). **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 deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes thris year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you acopy.

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 limited 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

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 least age 50 in 2020, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) 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 deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

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 deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

 ${\bf A-}$  Uncollected 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.  ${\bf B-}$  Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

C – 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 a SIMPLE retirement account that is part of a section 401(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

 ${\rm G-Elective}$  deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

 ${\rm H-Elective}$  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 box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L-Substantiated employee business expense reimbursements (nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

 P-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 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-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 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, Taxable and Nontaxable Income. for reporting requirements.

 W-Employer 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 (HSAs).
Y-Deferrals under a section 409A nonqualified deferred compensation plan Z-Income under a nonqualified deferred compensation plan that fails to

2-income under a hondpaline deterred compensation plan that has 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.

**EE**-Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF**—Permitted benefits under a qualified small employer health reimbursement 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-A, Contributions to 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, nontaxable income, educational assistance payments, or a member of the clergy'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.

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.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):

TAX	RETURN
THIS FORM W-2	OTHER W-2'S

# 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 don't 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 credit.

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 can't 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. See also 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 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.** 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 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-sponsored health coverage (if such 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 \$8,537.40 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 \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.