Notice to Employee Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tar ctrum. 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 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 qualify for a smaller credit. You and any qualifying children must have valid social institution. For 2020 or if mome is earned for services provided while you were an immate at a peak institution. For 2020 or or fine mome is done information, vist we ware, social institution. For 2020 neuron limits and more information, vist we ware, social socieffic. Also see Pub. 596, Earned Income Credit. Any IIC that is more than your tax liability 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 the series of the series of the series of the creater and the series of the Clergy and Peligious 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. Service of the servic Corrected Wage and Tax Sulennent, with the Social Security Administration (SSA) to correct any name. SSN, or morey amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your emphyse for all corrections made so your 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 display sour correct name at any SSA office or by calling 800:772-1213. You may alko vira the SSA website ar work.SSA gov. Cost of emphyer-sponsored beath 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 trashed. Credit for excess taxes. If you had more than one employer in 2020 and more than S8,239.0 in social security and/or TEr 1 raikoard creitement (RRFA) taxes were withed), you also may be able to claim a credit for the eaces against your federal in come tax. If you had more than one raiload employer admore than S4,335.0 in Ter 2 RRFA tax was withhed), you also may be able to claim a credit. See your Form 1040 Instructions and Pub. 505, Tax Withholding and Estimated Tax.

### Instructions for Employee

Instructions for Emproved wages line of your tax return.
Box 1. Enter this amount on the federal income tax withheld line of your tax return.
Box 5. Your may be required to report this amount on Form 8999, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8999.
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

\$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 your Form 10.40 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 tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips your received, report that amount even if it is more or less than the allocated tips. On Form 4137, you will calculate Form W-2 Wage and Tax Statement

the social security and Medicare tax owed on the albcated tips shown on your Form(s) W-2 that you J-must report as income and on other tips you did not report to your employer. By filing Form 4137, K-K- Medicare and Security tips will be credited to your social security record (used to figure your benefit). Any Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behaff (including amounts from a section 125 (carlieria) plan). Any amount over S(000 also its included in box 1. Complete Form 2441. Child and Dependent Care Expenses, to compute any taxable and notaxable amounts. Box 11. This amounts (s(a) reported in box 1 if it is a distribution made to you for an anonqualified deferred compensation or nongovernmental 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 and the same calendar year. If you made a deferral and a received a distribution in the same calendar year, and 1) you are or will be age (2b yht end of the calendary ear, your employer should file Form SSA131, The same calendar year, and the plan. you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tare turn. Blective 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 \$19,000 (\$13,000 if you only have SIMPLE plans, \$22,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. \$711). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to \$5,000 here the section \$200 here the

https://www.com/statics/static ncluded in income. See the instructions for Form 1040.

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

Excess uterities, to show the second track and the second 1040 instructions

B-Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instruction B—Cutouteretar vieta area tas ou tips, incluse uns tas ou roum 1000, see une roum 1000 astructours. C—Taxable cost of group-term file insurance over \$50,0000 (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 referement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agree

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

2019

2019

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 Form 1040 instructions. L—Substantiated employee basiness expense reinhumements (nontranshe) M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. N—Uncollected Medicart tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. P—Excludable moving expense reinhurs-menns paid directly to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 (or details on reporting this amount. E—Employees analy, a Set the instructions for Form 1040 (or details on reporting this amount. E—Employees analy and reductive normality and a section 408(p) SIMPLE plan (on included in box 5—Employees analy reductive contributions under a section 408(p) SIMPLE plan (on included in box 5—Employees analy reductive contributions in your as the form 1040 (or details on reporting this amount.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box

-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to mute any taxable and nontaxable amounts compute V\_Incor mpute any taxanie and nontaxanie amounts. —Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social curity wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements. W—Emphyse contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plun) to your health savings account. Report on Form 8889, Health Savings Accounts

(HSA8), 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 plas interest. See the Form 1040 instructions.

1040 instructions. AA—Designated Roth contributions under a section 401(k) plan BB—Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not

DD—Cost of employer-sponsored heatn coverage. Its announce experimental section 457(b) plan. This amount does not apply to contributions under at a governmental section 457(b) plan. This amount does not apply to contributions under at accentral contrasting section 457(b) plan. FF—Fermitted hearfits under a qualified small employer health reinhursement arrangement GG—Income from qualified small employer health reinhursement arrangement GG—Income from qualified small employer health reinhursement arrangement GG—Income from qualified small exception 83(i) elections as of the close of the calendar year Box 11 ft new Retirement plan<sup>-1</sup> box is close by 0.4. Contributions to Individual Reterement Arrangements (IRAs).

IRAC tominutuality out genetic, see Proc. 390-76, Controlutions to introduce a test entent Arrangements (IRAs). Box 14, employers as informing processing the second second second second second bases 14, employers as informing processing and the interaction second seco

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

# Copy C, for employee's records If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you'l this income is taxable and you fail to report it.

					may be imposed	on you if this income is taxable and you fai	
d Control number Void			c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
0902-19069164 000000025-			JOBS N PROFILES LLC				
b Employer's identification number a Employee's social security number		9690 S 300 WEST STE 319		1 Wages, tips, other compensation	2 Federal Income tax withheld		
32-0340880 802-94-9247			SALT LAKE UT 84070		17800.00	1720.72	
13 Statutory Retirem Employee   plan	nent Third-party I sick pay				3 Social Security wages	4 Social Security tax withheld	
12 See Instrs. for Box 12 14 Other			e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld	
			HARI GARIKAPATI 4861 BROWN VILLA CV		7 Social Security tips	8 Allocated Tips	
			TAYLORSVILLE UT 84123		10 Dependent care benefits	11 Nonqualified plans	
15 State Employer's state I.D. No. 16 State wages, tips, etc.				18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
UT 14697369003W	VTH	1	7800.00 881.10				

## 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 OMB No. 1545-0008								
0902-19069164 000000025-			JOBS N PROFILES LLC 9690 S 300 WEST STE 319										
b Employer's identification number a Employee's social security number							1 Wages, tips, other compensation 2 Federal Income tax withheld						
32-0340880 802-94-9247			SALT LAKE UT 84070			1 Wages, tips, other compensation 2 Federal Incom 17800.00			0.72				
	Statutory Retirement Third-party Employee   plan   sick pay						3 Socia	al Security wages	4 Social Security tax withheld				
12 See Instrs. for Box 12 14 Other			e Employee's name, address, and ZIP code			5 Medi	care wages and tips	6 Medicare tax withheld					
					HARI GARIKAPATI 4861 BROWN VILLA CV			7 Socia	al Security tips	8 Allocated Tips			
							DRSVILLE UT 84123	3		10 Dep	endent care benefits	11 Nonqualified plans	
						1		0					
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				
UT 14697369003WTH		11	7800.00	881	.10								
						l							

### Form W-2 Wage and Tax Statement 2019

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

d Control number Void			c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
0902-19069164 000000025-			JOBS N PROFILES LLC							
b Employer's identification number a Employee's social security number			9690 S 300 WEST STE 319							
32-0340880 802-94-9247			- SALT LAKE UT 84070			1 Wages, tips, other compensation 17800.0	2 Federal Income tax withheld 0 1720.72			
	13 Statutory Retirement Third-party			- SALI LAKE UI 84070				4 Social Security tax withheld		
Employee plan sick pay						3 Social Security wages	+ Social Security IdX Withheid			
12 See Instrs. for Box 12 14 Other				e Employee's name, address, and ZIP code			5 Medicare wages and tips	6 Medicare tax withheld		
					GARIKAPATI ROWN VILLA CV		7 Social Security tips	8 Allocated Tips		
						TAYLORSVILLE UT 84123			10 Dependent care benefits	11 Nonqualified plans
15 State Employer's state I.D. No. 16 State wages, tips, etc.					, tips, etc.		17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
UT 14697369003WTH 1		7800.00	881.10							