Copy B-To Be Filed W Federal Tax Return.	ith Employee's	41-0852411 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
XX-XX-7764	48650.00 3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
81-4055190		
c Employer's name, address		
	CHNOLOGIES LLC SS PARK BLDG 11 VENUE	50322
d Control number 125		
e Employee's name, address	s, and ZIP code	Suff
CHANDAN DEV 8205 PERIDOT D	NIDADAVOLU R UNIT 204	
MC LEAN	VA	22102
7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee 14 O	ther	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
IA 814055190001 VA 30-81405519001 15 State Employer's state ID	6500.00 -001 number 16 State wages, tips, etc.	250.00 2040.64 17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Notice to Employee on a Employee's soc. sec. no.	1 Wages, tips, other comp.	OMB No. 1545-0008 2 Federal income tax withheld
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d Control number		
e Employee's name, address	and ZIP code	Suff.
CHANDAN DEV 8205 PERIDOT DI	NIDADAVOLU	
MC LEAN	VA	22102
7 Social security tips	8 Allocated tips	9 Verification code

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a Employee's soc. sec. no.	1 Wages, tips, other comp. 48650.00	2 Federal income tax withheld 5059.92
XXX-XX-7764	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)		
81-4055190	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, a	nd ZIP code	
INTELIROUTE TEC AURORA BUSINES 11302 AURORA AV URBANDALE	S PARK BLDG 11	50322
d Control number 125		
e Employee's name, address, a	ind ZIP code	Suff.
CHANDAN DEV 8205 PERIDOT DR	NIDADAVOLU UNIT 204	
MC LEAN	VA	22102
7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee 14 Othe	er Pr	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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b Employer ID number (E		edicare wages and tips	6 Medicare tax withheld
81-4055190	5 101	edicare wages and tips	6 Medicare lax withheid
c Employer's name, addre	ess, and ZI	IP code	
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d Control number	25		
e Employee's name, addr	ress, and Z	IP code	Suff.
CHANDAN DEV 8205 PERIDOT		NIDADAVOLU IIT 204	
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7 Social security tips 10 Dependent care benefi		llocated tips	9 Verification code
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7 Social security tips 10 Dependent care benefi 13 Statutory employee	ts 11 N	llocated tips	9 Verification code 12a Code 12b Code
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7 Social security tips 10 Dependent care benefi 13 Statutory employee 14 Retirement plan Third-party sick pay 14 81405519000	4 Other 01 19 F-001	Ilocated tips Nonqualified plans 6500.00	9 Verification code 12a Code 12b Code 12c Code 12d Code 250.00

Form W-2 Wage and Tax Statement	2020	Dept. of the Treasury	IRS
Form W-2 Wage and Tax Statement This information is being furnished to the IRS. penalty or other sanction may be imposed on	If you are required to file you if this income is taxabl	a tax return, a negligence le and you fail to report it.	DAA

19 Local income tax

8 Allocated tips

14 Other

IA 814055190001 6500.00 VA 30-814055190F-001 15 State Employer's state ID number 16 State wages, tips, etc.

11 Nonqualified plans

10 Dependent care benefits

13 Statutory employee

Retirement plan

Third-party sick pay

18 Local wages, tips, etc.

250.00 2040.64 17 State income tax

DAA

12a Code

12b Code

12c Code

12d Code

20 Locality name

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 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 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-2 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 any SCA manne and SCA and SCA

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 \$501.270 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 this amount on rom sess, Additional Medicare Tax. See Form 1040 instructions to determine if you are required to complete Form 3959. 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

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. Your must life Form 4137, Social Security and Medicare Tax on Urreported Tip Income, with your income tax return to report at least the allocated big amount urless you can prove 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. On Form 4137 you will calculate the social security and Medicare tax over on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137 your social security tips will be credited to your social security record (used to figure your homefig).

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 outputs

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 (cateteria) 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 11 is a distribution made to you from a nonqualified deterred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 51 if it sa prior year deterral under a nonqualified or section 457(b) plan hat 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 you made a deferral and a distribution in the same calendar year, if you made a deferral and a distribution in the same calendar year, if you made a deferral and a distribution in the same calendar year, and you are or will be SA-131. Employer Report of Spaial Wage employer should fir Form asSA-131. Employer Report of Spaial Wage employer should for Form asSA-131. Employer Report of Spaial Wage employer should for Form asSA-131. Employer Report of Spaial Wage employer aloud (s) 15,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you quely for the 15,9,500. Deferrals under code H are limited to 5,700. However, if you were at least age 50 in 2019, your employer may have allowed an additional deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach reinformed age. Contact your plan administrator for more information. Amounts in excess of the overall lineterias. For code, G, the limit on elective deferrals may be higher for the last 3 years before you meach makes up ension contribution for a prior year(s) w filled returns. Box 10. This amount includes the total dependent care benefits that

B-Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions. C-Taxabile cost of group-term life insurance over \$50,000 (included in boxes 1, 10 (pt is social section) ways basis, and 5). D=-Exist determines to a section 401(k) cash or deterred arrangement. Also D=-Exist determines to a section 401(k) cash or deterred arrangement. Also 041(k) arrangement. E-Elective deterrals under a section 403(k) salary reduction agreement F-Elective deterrals under a section 403(k) salary reduction agreement F-Elective deterrals under a section 408(k) (salary reduction SEP G-Elective deterrals under a section 408(k) (salary reduction SEP G-Elective deterrals under a section 408(k) (salary reduction plan H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Elective deterrals to a section 501(b)(18(k)) tax-exempt organization plan. H-Sective tax on excess global parachure payments. See "Other Taxes" in the Form 1040 instructions. H-Substantiated employees business expense reimbursements nontaxable) M-Uncollected Medicate tax on taxable cost of group-term life N-Uncollected Medicate tax on taxable cost of g

Form 1040 instructions. N=Uncollected Medicare 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 1040 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 Expension Included in box 1)

Landbulki bereins (1) the included in box (1). Centerer Point Boss, examined 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 (cateleria) plan) to your health savings account. N—Delerats under a section 105A noncautified delerred up and the section plan health and the section 105A noncautified delerred up and the section plan because the section 105A noncautified delerred up and the section plan section 405A noncautified delerred up and the section plan because the section 105A noncautified delerred up and the section plan section 405A noncautified in cluded in box 1. It is subject to a additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions.

additional curve tax processing of the second research and the second research and the second research additional processing of the second research additional processing of the second research addition processing and the second research addition processing and the second research additional proces nt reported with

DU—Cost or employer-sponsored nealm coverage. Ine amount reported with 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 qualitied smail employer i researchers GG-Income from qualified equity grants under section 83(i) HH-Aggregate deferrais under section 83 (i) extender a section 83 (i) Hier Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 530. Individual Retirement Arrangements (IRAs). Box 14. Employers may use this box to report information such as state disability instance taxes withinked, union duse, unform payments, health abality instance taxes withinked, union duse, unform payments, health abality instance taxes withinked, union duse, unform payments, health aparments, or a member of the dergr's parsonage allowance and utilities. Raitoad employers use this box to report informatione and utilities, include tips reported by the employee to employer in raitroad retirement (RRTA) compensation.

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.