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 box 2 shows an amount or if you are eligible for any credit.

Earned innour 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 credit is based on income and family size.

Workers without châldren could qualify for a smaller credit. You and any qualifying châldren must have valid social security numbers (SSNs). You can that the HEI for your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an intante at a penal institution. For 2020 income limits and more information, vist www. ris. 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.

Also see Pub. 396, trained informe cream, my face and the 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, SSR, or money amount error reported to the SSA on Form W-2. Be use 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 aren't the same as shown on your social security card, you should ask for a new card that displays your correct annear 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 S8.537.40 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 archive for the excess fave your federal income tax. If you had more than ore than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the excess against your federal more than 65.012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit for the structures for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

Instructions for Employee

0940-Y426X348

01-0808309

12 See Instrs. for Box 12

15 Sta

PA

b Employer's identification number

94598900

Instructions for Empitoyee

Box 1. Einer this amount on the wages line of your tax return.

Box 2. Einer 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 89-99, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 89-99

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips she in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips she

\$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 by 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 your received arenal that impout new if it is improve less than the allocated time. Use Form 4137 to

0000000190-COVANT

855-89-5978

Third-party sick pay

figure the social security and Medicare tax owed on tips you didn't report to your empbyer. Enter this J.—Nontaxable six by pay (information only, not included in boxes 1, 3, or 5) amount on the wages line of your tax return. By filing Form 4137, your social security is will be credited to your social security record (used to figure your benefits).

K—20% excise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR.

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K—20% excise tax on excess gol

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. R. F. and S) and designated Roth contributions (codes A. B. Ba and ED) under all plans are generally limited to a total of \$91,500 (15),300 if you only have SIMPLE plans; \$22,500 for section 40(8) plans if you qualify for the 15-year rule explained in \$7,000. Horizan kinder code Har emited to \$7,000. Deferrals under code Gar emited to \$7,000. Deferrals under code Gar emited to \$10,500. Deferrals under code Har emited to \$7,000. Horizan kinder of \$7,000. Horizan kin Box 12. The following list explains the codes shown in box 12. You may need this information to

shown, the contributions are for the current year. 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.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

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

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

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.

employees only). See the instructions for Forms 1040 and 1040-SR.

P—Exchable moving expense reimbursements paid drecily to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5)

O—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—Linghyees allay reductive contributions under a section 408(p) SIMPLE plan (not included in box 8—Linghyees allay reductive 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

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 Accounts

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 1040-954.

amount is also the clased in to 8x 1. It is volved to an automotical abs to the instructions for Forms 1040 and 1040-SR.

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

B. Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply one outsthetone Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan.

The —Permitted benefits under a qualified small employer health ambusement arrangement
GG—Income from qualified equity grants under section 83(b)
H.—Aggregate defernals under section 83(b) elections as of the close of the calendar year
Box 13. If the "Retirement plan" box is othecked, special limits may apply to the amount of traditional
RA 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 cleary's parsonage allowance and utilities.

withheld, unnon dues, uniform payments, neath insurance premiums deducted, nontaxable income, cleductional assistance payments, or a member of the Cergy'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.

empayer in maroan returnent (RKIA) compensation.

Note: Keep Copy C of Form W. Cf or 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, inst in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement

Retire plan

14 Other PASUI

2020

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 fall to report it.

Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code COVANT SOLUTIONS INC a Employee's social security numbe 220 CONTINENTAL DR STE 314 1 Wages, tips, other compe 29568.00 4507.64 NEWARK DE 19713 3 Social Security wages e Employee's name, address, and ZIP code 5 Medicare wages and tips 6 Medicare tax withheld 17.74 VENKATASIVARAM CHAPARALA 7 Social Security tips 8 Allocated Tips 2008 W WOODLAWN ST 10 Dependent care benefits 11 Nongualified plans APT#1 ALLENTOWN PA 18104 Verification Code 16 State wages, tips, et 18 Local wages, tips, etc 19 Local income tax 20 Locality name 29568.00 907.74

Form W-2 Wage and Tax Statement

state ID No

2020

2020

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

d Contro	ol number				Void	c Employer	s name, address, and ZIP code			1		
0940-Y426X348 0000000190-0					COVANT SOLUTIONS INC			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
01-0808309			855-	855-89-5978			220 CONTINENTAL DR STE 314 NEWARK DE 19713			1 Wag	es, tips, other compensation 29568.00	2 Federal Income tax withheld 4507.64
		plan	nent Third-party sick pay					3 Soci	al Security wages	4 Social Security tax withheld		
12 See Instrs. for Box 12			Other SUI	17.74		e Employee's name, address, and ZIP code				5 Medi	care wages and tips	6 Medicare tax withheld
						VENKATASIVARAM CHAPARALA 2008 W WOODLAWN ST APT#1 ALLENTOWN PA 18104				7 Soci	al Security tips	8 Allocated Tips 11 Nonqualified plans
										10 Dep	pendent care benefits	
						ALLEN	LLEINTOWIN FA 10104			Ver	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	
PA	9459890	0			29	9568.00	90°	7.74				

Form W-2 Wage and Tax Statement

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

d Control number				Void	c Employer's name, address, and ZIP code					Department of the Treasury - Internal Revenue Service		
0940-Y426X348 0000000190-			COVANT		COVANT SOLUTIONS INC			OMB No. 1545-0008				
b Employer's identification number a Employee's social security number				mber	220 CONTINENTAL DR STE 314							
01-08	808309		855-89-5978						1 Wage	es, tips, other compensation 29568.00	2 Federal Income tax withheld 4507.64	
		Retirem	000 07 07		Third-party		NEWARK DE 19713			29308.00		
		plan	an sick		sick pay					3 Social Security wages		4 Social Security tax withheld
12 See Instrs. for Box 12			Other ASUI	17.74	e Employee's name, address, and ZIP code				5 Medicare wages and tips		6 Medicare tax withheld	
		PA										
						VENKATASIVARAM CHAPARALA					al Security tips	8 Allocated Tips
					2008 W WOODLAWN ST							
						APT#1 ALLENTOWN PA 18104				10 Dep	endent care benefits	11 Nonqualified plans
										Verification Code		
15 State Employer's state			e I.D. No. 16 State wages,				17 State income tax	me tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name
PA	94598900	0			29	9568.00		907.74				