2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's record: Control number Employer use only RM/NYR

Employer's name, address, and ZIP code

NEO PRISM SOLUTIONS LLC 8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

Batch #91062

e/f Employee's name, address, and ZIP code

SIVA NAGA MALLESW TALAKOLA 4464 OAKDALE CRESCENT CT **APT 1133**

F				22030					
b	Emplo	yer's F 45-3		number 82	а	Emp		ee's SS. (XX-X)	A number (-7977
1	Wage	s, tips,	other	comp.	2	Fede	ral	income	tax withheld
			78	371.65					10558.37
3	Social	l securi		ges 879.87	4	Soci	al s	security	tax withheld 1294.55
5	Medic	are wa		nd tips 879.87	6	Medi	ca	re tax wi	thheld 302.76
7	Social	securi	ty tip	s	8	Alloc	ate	ed tips	
9					10	Depe	nde	ent care	benefits
11	Nonqu	alified	plans	•		D	nstr 	uctions fo	r box 12 1398.00
14	Other				12 12		<u> </u> -		
			36.60	SUI	12	d	Ť		
					13	Stat e	mp	Ret. plan	3rd party sick pay
15				state ID n	0. 16	State	w	ages, tip	s, etc.
17	State i	income		904.61	18	Loca	l w	ages, tip	s, etc. 58889.78
19	Local	income	e tax	441.69	20) Loca		name 150402	

1	Wages, tips, other o	2 Federa	Federal income tax withheld 10558.37				
3	Social security wag 208	es 79.87	4 Social security tax withheld 1294.55				
5	Medicare wages and 208	tips 79.87	6 Medicare tax withheld 302.76				
d	Control number	Dept.	Corp.	Employe	r use only		
00	0343 RM/NYR			Α	143		
С	C. Employer's name address and ZIP code						

NEO PRISM SOLUTIONS LLC 8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

b Employer's FED ID number 45-3507182	r a Employee's SSA number XXX-XX-7977						
7 Social security tips	8 Allocated tips						
9	10 Dependent care benefits						
11 Nonqualified plans	12a See instructions for box 12 D 1398.00						
14 Other	12b						
36.60 SUI	12c						
	12d						
	13 Stat emp. Ret. plan 3rd party sick pay						
e/f Employee's name, address	e/f Employee's name, address and ZIP code						

SIVA NAGA MALLESW TALAKOLA 4464 OAKDALE CRESCENT CT **APT 1133** FAIRFAX, VA 22030

15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17 State income tax 2904.61	18 Local wages, tips, etc. 58889.78
19 Local income tax 441.69	20 Locality name 150402
Fasterel Fill	na Conu

Federal Filing Wage and

Statement Copy B to be filed with employee's Federal Income Tax Retur

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.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	PA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	82,100.00	82,100.00	82,100.00	61,000.00
Less Other Cafe 125	2,330.35	220.13	220.13	2,110.22
Less 401(k) (D-Box 12)	1,398.00	N/A	N/A	N/A
Reported W-2 Wages	78,371.65	20,879.87	20,879.87	58,889.78

2. Employee Name and Address.

SIVA NAGA MALLESW TALAKOLA 4464 OAKDALE CRESCENT CT APT 1133 FAIRFAX, VA 22030

¤© 2020 ADP, Inc.

1	1 Wages, tips, other comp. 78371.65			2 Federal income tax withheld 10558.37		
3	3 Social security wages 20879.87			4 Social security tax withheld 1294.55		
5	Medica	re wages and 208	d tips 79.87	6 Medicare tax withheld 302.76		
d	Control	number	Dept.	Corp.	Employ	er use only
00	0343	RM/NYR			Α	143
c Employer's name, address, and ZIP code						

NEO PRISM SOLUTIONS LLC 8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

b	Employer's FED ID number 45-3507182	a Emple	a Employee's SSA number XXX-XX-7977				
7	Social security tips	8 Alloc	8 Allocated tips				
9		10 Depe	10 Dependent care benefits				
11	Nonqualified plans	12a D	1398.00				
14	Other	12b	<u> </u>				
	36.60 SUI	12c					
	30.00 301	12d					
		13 Stat em	np. Ret. plan 3rd party sick pay				

e/f Employee's name, address and ZIP code

SIVA NAGA MALLESW TALAKOLA 4464 OAKDALE CRESCENT CT **APT 1133** FAIRFAX, VA 22030

15 State Employer's state ID no PA 2003 3471	. 16 State wages, tips, etc. 58889.78
17 State income tax	18 Local wages, tips, etc.
1807.89	58889.78
19 Local income tax	20 Locality name
441.69	150402
PA.State Re	ference Copy

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

1	Wages, tips, other comp. 78371.65			Federal income tax withheld 10558.37			
3	Social security wag 208	es 79.87	4	4 Social security tax withheld 1294.55			
5	Medicare wages and 208	d tips 79.87	6	6 Medicare tax withheld 302.76			
d	Control number	Dept.		Corp.	Employ	yer use only	
00	0343 RM/NYR				Α	143	
С	c Employer's name, address, and ZIP code						

NEO PRISM SOLUTIONS LLC 8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

b	Employer's FED ID number 45-3507182	a Employee's SSA number XXX-XX-7977			
7	Social security tips	8 Allocated tips			
9		10 Depe	nde	ent care	benefits
11	Nonqualified plans	^{12a} D	ı		1398.00
14	Other	12b	i		
	36.60 SUI	12c	i		
		12d	i		
		13 Stat e	mp	Ret. plan	3rd party sick pay

e/f Employee's name, address and ZIP code

SIVA NAGA MALLESW TALAKOLA 4464 OAKDALE CRESCENT CT **APT 1133** FAIRFAX, VA 22030

15 State Employer's state ID no. 2003 3471	16 State wages, tips, etc. 58889.78
17 State income tax	18 Local wages, tips, etc.
1807.89	58889.78
19 Local income tax	20 Locality name
441.69	150402

PA.State Filing Copy

Wage and Statement Copy 2 to be filed with employee's State Income Tax

	City	or I	Local	Ref	erenc	e Co	ору	
\ \/	2	W	age	and	Tax	20	20	
VV-	'		Statem	ent			4 U	
OMB No. 1545-0008 Copy 2 to be filed with employee's City or Local Income Tax Return.								
d Cont	rol numb	er	Dept.		Corp.	Employe	er use only	
000343	RM	1/NYR				Α	144	

c Employer's name, address, and ZIP code

NEO PRISM SOLUTIONS LLC 8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

Batch #91062

e/f Employee's name, address, and ZIP code

SIVA NAGA MALLESW TALAKOLA 4464 OAKDALE CRESCENT CT **APT 1133**

FAIRFAX, VA 22030

Г	AIRFAX, VA 22030					
b	Employer's FED ID number 45-3507182	а	Empl			A number (-7977
1	Wages, tips, other comp.	2	Feder	al	income	tax withheld
	78371.65					10558.37
3	Social security wages	4	Socia	ıls	security	tax withheld
	20879.87					1294.55
5	Medicare wages and tips	6	Medic	a	re tax wi	thheld
	20879.87					302.76
7	Social security tips	8	Alloc	ate	ed tips	
9		10	Depe	nd	ent care	benefits
11	Nonqualified plans	12	a See in	str	uctions fo	r box 12 1398.00
11	Other	12	-			
14	36.60 SUI	12		_		
	00.00 00.	12				
		13	Stat er	np.	Ret. plan	3rd party sick pay
	State Employer's state ID no PA 2003 3471	. 16	State	W	ages, tip	s, etc.
17	State income tax	18 Local wages, tips, etc. 58889.78				
19	Local income tax 441.69	20	Local		name 150402	2

1	Wages, tips, other o	omp. 71.65	2 Federa	al income tax withheld 10558.37
3	Social security wag 208	es 79.87	4 Social	security tax withheld 1294.55
5	Medicare wages and 208	tips 79.87	6 Medica	are tax withheld 302.76
d	Control number	Dept.	Corp.	Employer use only
00	0343 RM/NYR			A 144

c Employer's name, address, and ZIP code

NEO PRISM SOLUTIONS LLC 8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

b	Employer's FED ID number 45-3507182	a Employee's SSA number XXX-XX-7977						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See instructions for box 12 D 1398.00						
14	Other	12b						
	36.60 SUI	12c						
		12d						
		13 Stat emp. Ret. plan 3rd party sick pay						
~!	of Employee's name address and ZID code							

e/f Employee's name, address and ZIP code

SIVA NAGA MALLESW TALAKOLA 4464 OAKDALE CRESCENT CT **APT 1133**

-		-	-			
F	Α	IR	F	AX,	۷A	22030

15 State PA	Emplo 2003	yer's 347	state ID no. 71	16 Stat	te wages, tips, etc.	
17 State	income	tax		18 Loc	cal wages, tips, etc. 58889.78	}
19 Local	incom	e tax	441.69	20 Loc	ality name 150402	
	City	or	Local	Filing	Сору	

Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Reti 1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

includes instructions and other general information.

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

Gross Pay Less Other Cafe 125 Less 401(k) (D-Box 12) Reported W-2 Wages

150402 Local Wages, Tips, Etc. Box 18 of W-2

> 61,000.00 2,110.22 N/A 58,889.78

2. Employee Name and Address.

SIVA NAGA MALLESW TALAKOLA 4464 OAKDALE CRESCENT CT APT 1133 FAIRFAX, VA 22030

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2020 W-2 and EARNINGS SUMMARY

	VA.Stat	e Reference			Сору	
M			nd T	ах	201	20
VV-Z		atement			OMB No.	1545-0008
Copy 2 to be filed	d with empl	oyee's State	e Income	Tax	Return.	
Control nu	ımber	Dept.	Corp	р.	Employer	use only
000343	RM/NYR				Α	145

Employer's name, address, and ZIP code

NEO PRISM SOLUTIONS LLC 8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

Batch #91062

e/f Employee's name, address, and ZIP code

SIVA NAGA MALLESW TALAKOLA 4464 OAKDALE CRESCENT CT **APT 1133**

FAIRFAX, VA 22030

. ,		AA, VA 22030						
b	Emplo	yer's FED ID number 45-3507182	а	Empl		ee's SS XX-X		
1	Wage	s, tips, other comp.	2	Feder	al	income	tax v	vithheld
		78371.65	10558.37					
3	Socia	security wages	4 Social security tax withheld					
20879.87							12	94.55
5 Medicare wages and tips				Medic	ar	e tax wi		
20879.87							3	02.76
7	Social	security tips	8	Alloc	ate	d tips		
9			10	Depe	nd	ent care	bene	efits
11	Nonqu	ialified plans	12a See instructions for box 12					
			121	D	느		139a	3.00
14	Other		120		<u> </u>			
			120		_			
					np.	Ret. plan	3rd pa	arty sick pa
15	State	Employer's state ID no	16	State	wa	ges, tip	s, etc	3.
VA 30453507182F001							208	79.87
17	State i	ncome tax	18	Local	w	ages, tip	os, et	c.
		1096.72						
19	Local	income tax	20	Local	ity	name		

1	Wages, tips, other o	omp. 71.65	2	Federa		tax withheld 10558.37
3	Social security wag 208	4	Social	security 1	tax withheld 1294.55	
5	Medicare wages and 208	6	Medica	are tax wit	thheld 302.76	
d	Control number Dept.			Corp.	Employ	er use only
00	0343 RM/NYR			Α	145	

c Employer's name, address, and ZIP code

NEO PRISM SOLUTIONS LLC 8000 CORPORATE CENTER STE 201 CHARLOTTE, NC 28226

b	Employer's FED ID number 45-3507182	a Employee's SSA number XXX-XX-7977						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See instructions for box 12 D 1398.00						
14	Other	12b						
		12c						
		12d						
		13 Stat emp. Ret. plan 3rd party sick pay						
elf Employee's name address and ZIP code								

SIVA NAGA MALLESW TALAKOLA 4464 OAKDALE CRESCENT CT **APT 1133**

FAIRFAX, VA 22030

VA	30453507182F001	16 State wages, tips, etc. 20879.87
17 State	income tax	18 Local wages, tips, etc.
	1096.72	
19 Local	income tax	20 Locality name
	VA State Filir	ng Cony

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

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.

VA. State Wages, Tips, Etc. Box 16 of W-2

Gross Pay Less Other Cafe 125 Less 401(k) (D-Box 12) Reported W-2 Wages

220.13 N/A 20,879.87

21,100.00

2. Employee Name and Address.

SIVA NAGA MALLESW TALAKOLA 4464 OAKDALE CRESCENT CT APT 1133 FAIRFAX, VA 22030

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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

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 this 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, and 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

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

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

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.

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 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.

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 taxable.

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 filling 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):



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