Attention:

- By February 1, 2021, the Employer is responsible for providing the W-2 forms to the Employee and/or notifying the Employee they are available in the online payroll employee portal under "My History".
- The forms must be printed by the Employer or Employee through the online payroll employee portal.
- Using a standard printer, you can print the forms on plain white paper. No special paper or envelopes are required. However, the forms must be legible.
- W-2 forms will NOT be mailed by the payroll service provider.

General Instructions for W-2 Distribution and Filing

- Copy 1 is for the Employee and is provided for informational purposes only. The Employee should keep this for their records as it is a copy of what has been submitted to the state, city, and local tax agencies (if required).
- Copy B is for the Employee and should be filed by the Employee with the IRS.
- Copy C is for the Employee and is their copy to keep on file.
- Copy 2 is for the Employee and should be filed by the Employee with the state, city or local income tax agencies.

Please note, if the Employee worked in multiple states, a W-2 form will be available for each state and the same instructions apply. For any questions or corrections regarding the form, the Employee must reach out to the Employer.

W-2 Form 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. **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 is into 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** against your federal i

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. Withheld on all Medicare Tax withheld on all Medicare Tax withheld on all Medicare tax withheld on all Medicare wages and tips show in hox 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips show is hox 5, as well as the 0.9% Additional 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 you are required to your social security and Medicare tax owed on tips you din't report to your employer. Enter this amount on the wages line of your tax returm. By filing Form 4137, your social security provide to 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 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 returm. By filing Form 4137, your social security previde in box 1 if is a point over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute behalf (including amounts. **Box 11.** This amount is (a) reported in box 1 if 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 and vou are or will be age 62 by the end of the calendar year, your employer should file Form \$24,3,13, pour employer should file Form \$25,000 is also included in box 1. Complete Form \$24,1

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 boxes 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 RTA 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. 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 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.

22255	a Employee's social security number 192-91-0178	OMB No. 15	15 0008				
h. Employer identification number (ges, tips, other compensation	0 Foderal income to	ay withhald	
b Employer identification number (EIN) 45-4925316			I Wa	103750.00	2 Federal income tax withheld 16016.76		
			3 50	cial security wages	4 Social security tax withheld		
c Employer's name, address, and ZIP code			0 000	103750.00	6432.50		
TECHIE BRAINS INCORPOR	RATED		5 Mo	dicare wages and tips	6 Medicare tax withheld		
3060 SHEPARD RD			J	103750.00		1504.38	
NORMAL IL 61761			7 Soc	cial security tips	8 Allocated tips		
d Control number			9		10 Dependent care b	oenefits	
e Employee's first name and initial Last name		Suff.	11 No	11 Nonqualified plans 12a			
PRUTHVI RAJ	KUNCHAM		13 Stat	utory Retirement Third-party loyee plan sick pay	12b		
6033 MERLOT LANE SE					o d e		
			14 Oth WAPF		12c		
			WAPN	115.50 IL	° 12d		
LACEY WA 98513					C d		
f Employee's address and ZIP code	e				e		
15 State Employer's state ID number	er 16 State wages, tips, etc	c. 17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
MI 45-4925316	7500.00		318.75				
						[
Form W-2 Wage and	d Tax Statement	201	20	Department o	of the Treasury—Internal I	Revenue Service	

Copy 1-For State, City, or Local Tax Department

	a Employee's social security number 192-91-0178	OMB No. 1545		Safe, accurate, FAST! Use	Visit the IRS website www.irs.gov/efile		
b Employer identification number (EIN) 45-4925316			1 Wag	ges, tips, other compensation 103750.00	2 Federal income tax withheld 16016.76		
c Employer's name, address, and ZIP code TECHIE BRAINS INCORPORATED			3 Soc	ial security wages 103750.00	4 Social security tax withheld 6432.50		
3060 SHEPARD RD			5 Med	dicare wages and tips 103750.00	6 Medicare tax withheld 1504.38		
NORMAL IL 61761			7 Soc	cial security tips	8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial	Last name	Suff.	11 Nor	nqualified plans	12a See instructions for box 12		
PRUTHVI RAJ 6033 MERLOT LANE SE	KUNCHAM			loyee plan sick pay			
LACEY WA 98513			14 Othe WAPFL WAPMI	128.32	e		
f Employee's address and ZIP code					C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
15 State Employer's state ID number MI 45-4925316 45-4925316	er 16 State wages, tips, etc. 7500.00		e tax 18.75	18 Local wages, tips, etc.	19 Local income tax 20 Locality na		
Form W-2 Wage and	I Tax Statement	202	20	Department	of the Treasury—Internal Revenue Serv		

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

	a Employee's social security number 192-91-0178	or OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. I are required to file a tax return, a negligence penalty or other sanctio may be imposed on you if this income is taxable and you fail to repo				
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld		
45-4925316			103750.00 16016			
c Employer's name, address, and 2	ZIP code	3	3 Social security wages	4 Social security tax withheld		
TECHIE BRAINS INCORPOR	RATED		103750.00	6432.50		
3060 SHEPARD RD			5 Medicare wages and tips 103750.00	6 Medicare tax withheld 1504.38		
NORMAL IL 61761		7	7 Social security tips	8 Allocated tips		
d Control number		ç	9	10 Dependent care benefits		
e Employee's first name and initial PRUTHVI RAJ	Last name KUNCHAM	Suff. 11	1 Nonqualified plans	12a See instructions for box 12		
6033 MERLOT LANE SE	KUNCHAM	15	employee plan sick pay			
		V	4 Other WAPFL 128.3	e		
LACEY WA 98513		V	WAPML 115.5	0 12d		
f Employee's address and ZIP code	e					
15 State Employer's state ID number	er 16 State wages, tips, etc		0,1,	19 Local income tax 20 Locality name		
MI 45-4925316	7500.00	318	8.75			
		בחב		of the Treasury-Internal Revenue Service		

Form **W-Z** Wage and Tax Statement

Safe, accurate, FAST! Use

Copy C-For EMPLOYEE'S RECORDS

(See Notice to Employee on the back of Copy B.)

	1	e's social security number						
	192-91-0	178	OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation			2 Federal income tax withheld		
45-4925316				103750.00	16016.76			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
TECHIE BRAINS INCORPORATED			103750.00			6432.50		
3060 SHEPARD RD			5 Medicare wages and tips			6 Medicare tax withheld		
					103750.00			1504.38
NORMAL IL 61761				7 Soc	cial security tips	8	Allocated tips	
d Control number				9		10	Dependent care	benefits
e Employee's first name and initia	l Last	name	Suff.	11 No	nqualified plans	12a	a	
PRUTHVI RAJ	KUN	СНАМ		13 State emp	utory Retirement Third-party		b	
6033 MERLOT LANE SE				employee plan sick pay C				
				14 Oth WAPF		12 0	C	
				WAP		d e		
LACEY WA 98513				VVAPr	ML 115.50) 120	d	
						d e		
f Employee's address and ZIP co		1	1		1			T
15 State Employer's state ID num	ber	16 State wages, tips, etc.			18 Local wages, tips, etc.	19 Lo	ocal income tax	20 Locality name
MI 45-4925316		7500.00		318.75				
Form W-2 Wage and Tax Statement 202				20	Department of the Treasury—Internal Revenue Service			

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return