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 fir 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. 390, named informe cream. Full factors and a finite factor 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 correct reported to the SAs 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 to that early 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 wise the SSA websic are wown.SSA, gov.

Cost of employer-sponsored health coverage (if such osts is provided by the employer). The reporting in Rox IZ using Code DIO, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DIO is not taxable.

Credit for excess taxes. If you had more than one employer in 2020 and more than SS.537.40 in social security and/or Ter 1 rairoad retirement (RRTA) taxes were withheld, you may be able to chim a credit for the excess against your federal more than (SS.537.40 in social security and/or Ter 1 rairoad retirement (RRTA) taxes were withheld, you also may be able to chim a credit for the excess against your federal more than (SS.537.40 in second control of the con Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

## Instructions for Employee

0048-18093417

36-4844587

12 See Instrs. for Box 12

15 State

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 a request that impout received a report that amount even if it is more or less than the allocated time. Use Form 4137 to

0000000042-

14 Other

762-74-9217

Third-party sick pay

figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this J.—Nontaxable six by ay (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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Box 12. The following list explains the codes shown in box 12. You may need this information to 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 live SIMPLE plans; \$22.500 for section 402(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 \$19,500. Section 400(6)(1) 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 list 3 years before you reach retrement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be

administrator for more information. Amounts in excess of the overall electric deferral limit must included in income. See the instructions for Forms 100 and 1040-SRs. 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.

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

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 

qurements.

—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 to A-N

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-S8.

instructions for Forms 1040 and 1040-SR.

A.—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.

BE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under at accempt organization section 457(b) plan. This amount does not apply to contributions under a data-excempt organization section 457(b) plan. The FF—Permitted benefits under a qualified small emphyer bealth reimbursement arrangement GG—Income from qualified capity grants under section 83(i) HIII—Aggregate deferrals under section 83(i) elections as of the close of the calendar year Box 1.3. If the "Reiriement 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 Retrement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withbeld, union dues, uniform payments, health insurance premiums deducted, nontaxable income,

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-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, 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

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.

c Employer's name, address, and ZIP code Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 RADCOM SOFTWARE SERVICES LLC 4819 EMPEROR BLVD SUITE 456A 1 Wages, tips, other comp 16640.00 2624.92 DURHAM NC 27703 3 Social Security wages 8320.00 515.84 e Employee's name, address, and ZIP code 5 Medicare wages and tips 6 Medicare tax withheld 8320.00 120.64 TEJASWINI VOOTKUR 7 Social Security tips 8 Allocated Tips 1890 MERCER PARKWAY 10 Dependent care benefits 11 Nongualified plans APT 6203 FARMERS BRANCH TX 75234 Verification Code 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc 19 Local income tax 20 Locality name

## Form W-2 Wage and Tax Statement

Employer's state I D. No

2020

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

| 0048-18093                | d Control number  048-18093417 0000000042- b Employer's Identification number |               |                | c Employer's name, address, and ZIP code RADCOM SOFTWARE SERVICES LLC |  |                     | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 |   |   |        |
|---------------------------|---|---------------|----------------|---|--|---------------------|---|---|---|--------|
| 36-4844587                |   | 762-          | 762-74-9217    |   | 4819 EMPEROR BLVD SUITE 456A<br>  DURHAM NC 27703          |                     | 1 Wages, tips, other compensation 16640.0                               | 2 Federal Income tax withh                              | 2624.92                                   |        |
| Employee                  |   | olan          | sick pay       |   |  |                     |   | 3 Social Security wages 8320.0                          | 4 Social Security tax withhe              | 515.84 |
| 12 See Instrs. for Box 12 |   | 14 Other      | 14 Other       |   |  | WINI VOOTKUR        |   | 5 Medicare wages and tips 8320.0 7 Social Security tips | 6 Medicare tax withheld  8 Allocated Tips | 120.64 |
|                           |   |               |                |   | 1890 MERCER PARKWAY<br>APT 6203<br>FARMERS BRANCH TX 75234 |                     |   | 10 Dependent care benefits  Verification Code           | 11 Nonqualified plans                     |        |
| 15 State                  | Employer's s  | tate I.D. No. | 16 State wages | , tips, etc.  |  | 17 State income tax | 18 Local wages, tips, etc.  | 19 Local income tax                                     | 20 Locality name                          |        |

## Form W-2 Wage and Tax Statement 2020

| d Control number Void X  |  |                            |                         |                     | 1  | c Employer's name, address, and ZIP code |                               | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 |                       |  |
|--|--|----------------------------|-------------------------|---------------------|--|--|-------------------------------|---|-----------------------|--|
| b Employer's identification number a Employee's social security number |  |                            |                         | s social security n | umber                                    | 1  |                               |   |                       |  |
|  |  |                            |                         |                     |  | 1 Wages, tips, other compensation        | 2 Federal Income tax withheld |   |                       |  |
| 13 Statutory Retirement<br>Employee plan                               |  | ement                      | Third-party<br>sick pay |                     |  | '  | 3 Social Security wages       | 4 Social Security tax withheld  |                       |  |
| 12 See Instrs. for Box 12 14   |  | 4 Other                    |                         |                     | e Employee's name, address, and ZIP code |  | 5 Medicare wages and tips     | 6 Medicare tax withheld   |                       |  |
|  |  |                            |                         |                     |  |  |                               | 7 Social Security tips  | 8 Allocated Tips      |  |
|  |  |                            |                         |                     |  |  |                               | 10 Dependent care benefits  | 11 Nonqualified plans |  |
|  |  |                            |                         |                     |  |  |                               | Verification Code   |                       |  |
| 15 State Employer's state I.   |  | e I.D. No. 16 State wages, |                         | s, tips, etc.       | . 17 State income tax                    | 18 Local wages, tips, etc.               | 19 Local income tax           | 20 Locality name  |                       |  |
|  |  |                            |                         |                     |  |  |                               |   |                       |  |