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 hox 2 shows an amount or if you are eligible for any credit. Emmed income credit (BC), You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and family size. Workers without children could quality for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for your avissment income is more than the specified amount for 2020 or if income is carned for services provided while you were an immate at a penal institution. For 2020 in come hims and more information, vist www srs. gov/ETIC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax lability is refunded to you, but only if you file a tax return.

Also see Pub. 590, taiment income creater, sur lace una to more una series and series and and and a series of the 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 for your name, SSN, or address is incorrect, correct Opies B, Cand 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2e. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any 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 form our 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-sponsore the datch coverage (if stack 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 Tjer 1 railroad retirement (RKTA) taxes were withheld, you also may be able to claim a credit for the scccss against your federal neone tax. If you had more than calload employer and more than S5,012.70 in Tire 2 RRTA tax was withheld, you also may be able to claim actual instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

A set of the set of th

\$2200,000.
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 Uureported 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 must received as maller 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 emphayer. Enter this J-amount on the wages line of your tax return. By filing Form 4137, your social security tps will be for 10 This amount includes the total dependent care benefits hat your employer paid to your or incurred on your behalf (including amounts from a section 125 (caffetria) plan). Any amount over \$5,000 ato is included in box 1. Complete Form 2441. Child and Dependent Care Expenses, to Store any taxable and nontaxable amounts. Bes 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation on nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it (n is a prior year deferral dunder a nonqualified or section 457(b) plan, deferral and a faribution 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 (2b yhe tend of the calendar year, your employer should lie Form SAS.13, Employer Report of Special Wage Payments, with the Social Security Administration and give you ar topp.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrads (codes D, E, F, and S) and esignated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19.5001 (\$13.500 (\$15.5 Box 12. The following list explains the codes shown in box 12. You may need this information to

Caccas decremany, consider tracks information on use year association on the current year. It is year is shown, the contributions are for the current years. 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. $C{\rm --Taxable}$ 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

B—Elective deferrals to a section 40(k) cash of a section 40(k) arrangement a SIMPLE reitement account that is part of a section 40(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

2020

2020

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.

-Substantiated employee business expense reimbursements (nontaxable)

L=-3ubstantiate enphyse to banks expense remnancements (nonsatore) M=-Lncollected social security or RRTA ax on tasable cost of group-term life insurance over \$50,000 (former employees only). See the instructions for Forms 1040 and 1040-SR. M=-Lncollected Medicare tax on transhe cost of group-term life insurance over \$50,000 (former employees only). See the instructions for Forms 1040 and 1040-SR.

employees only). See the instructions for Forms 1040 and 1040-SR. P—Excludable moving expense reimburscennets paid directly to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5) Q—Nottaable combat pay. See the instructions for Forms 1040 and 1040-SR for details on reporting this amount. R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employer combat pay. See the instructions for Forms 1040 and 1040-SR for details on R—Employee sharp reduction combations under a section 408(p) SIMPLE plan (not included in box N—Employee sharp reduction combations 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 (calcetria) 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-SR.

amount is also include in tox1. It is subject to an administication for the signal effect of the second section 403(b) plan Bild—Designated Roth contributions under a section 403(b) plan Bild—Designated Roth contributions under a section 403(b) plan DD—Cox1 of employer-sponsored health coverage. The amount reported with Code DD is not table. Bild D contributions under a tack-accemptory of the amount reported with Code DD is not table. DF—Permitted Roth contributions under a section 437(b) plan. This amount does not DF—Permitted Roth contributions under a section 437(b) plan. DF—Permitted Roth contributions under a section 437(b) plan. DF—Permitted reduction under a section 33(b) client of 47(b) plan. DF—Permitted reduction under a section 33(b) client and section 33(b) DF—Permitted reductions under section 33(b) client and section 33(b) DF—Permitted reduction under a section 33(b) client and section 34(b) DF—Permitted reduction under a section 33(b) client and section 34(b) DF—Permitted reductions and the client and section 34(b) reduction and the client area and the DF—Permitted reduction and the section 33(b) client and section 34(b) reduction 34

withheld, unnor dues, unitorm payments, neath insurance premiums deducted, nontaxable neome, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Raihoad empbyers use this hox to report raihoad 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 raihoad retirement (RRTA) compensation.

empasyer in maroaa returement (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, just in case there is a question about your work record and/or earnings in a particular year.

1	Form	W-2	Wage	and	Тах	Statement	
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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 fail to report it. Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 d Control numbe c Employer's name, address, and ZIP code Void 0087-0088FR77 0000081020-OTHERS SERCOMM USA INC b Employer's identification number a Employee's social security numbe 42808 CHRISTY ST STE 231 2 Federal Income tax withh 1 Wages, tips, other comp 94-3252272 317-61-7952 93578.00 13420.55 FREMONT CA 94538 13 Statutory Employee Retire plan Third-party sick pay 3 Social Security wages 4 Social Security tax with 93578.00 5801.84 12 See Instrs. for Box 12 14 Other e Employee's name, address, and ZIP code 5 Medicare wages and tip 6 Medicare tax withheld 93578.00 1356.88 THRINAY KUMAR VENKATAYOGI 7 Social Security tips 8 Allocated Tips 5604 W134TH TERRACE 10 Dependent care benefits 11 Nongualified plans APT#1522 OVERLAND PARK KS 66209 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
KS	036943252272F01	93578.00	4412.19			

Form W-2 Wage and Tax Statement

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

		-											
				c Employer's name, address, and ZIP code SERCOMM USA INC				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008					
			42808 CHRISTY ST STE 231				1 Wage	s, tips, other compensation	2 Federal Income tax withheld	_			
	252272			61-7952		FREMONT CA 94538					13420.5	5	
13 Statutory Retirement Third-party Employee plan sick pay							3 Social Security wages 4 Social Security tax withhe 93578.00			34			
12 See Instrs. for Box 12 14 Other				e Employee's name, address, and ZIP code					are wages and tips	6 Medicare tax withheld	_		
								93578.00	1356.8	8			
						THRINAY KUMAR VENKATAYOGI 5604 W134TH TERRACE APT#1522 OVERLAND PARK KS 66209				7 Social	I Security tips	8 Allocated Tips	
										10 Dependent care benefits		11 Nonqualified plans	
						AND FARE	KS 00209		Verif	ication Code			
15 State	Employ	ver's state I.I). No.	16 State wages,	, tips, etc.		17 State income ta	IX	18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
KS	036943	252272	2F01		93	3578.00		4412.19					
				1									

Form W-2 Wage and Tax Statement 2020

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

d Control number Void			c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008						
			SERCOMM USA INC										
b Employer's identification number a Employee's social security number			42808 CHRISTY ST STE 231				4 19/10/10	1 Wages, tips, other compensation 2 Federal Income tax withheld					
04 2252272 217 61 7052			FREMONT CA 94538				i wagi	93578.00	2 Federal mcome tax with	13420.55			
13 State		Retirem plan	ent	Third-party sick pay		TREMONT CA 94558			3 Socia	3 Social Security wages 4 Social Security tax withheld			
Employee plan sick pay								93578.00		5801.84			
12 See Instrs. for Box 12 14 Other			e Employee's name, address, and ZIP code				5 Medi	care wages and tips	6 Medicare tax withheld				
								93578.00		1356.88			
			THRINAY KUMAR VENKATAYOGI				7 Socia	al Security tips	8 Allocated Tips				
			5604 W134TH TERRACE										
				APT#1522				10 Dep	endent care benefits	11 Nonqualified plans			
				OVERLAND PARK KS 66209									
			OVEREPTIVE TYTICK IS 00209				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					
KS 036943252272F01 93		3578.00	44	12.19									