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

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.

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 8999, 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 show in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips abor \$200.000.

\$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 Secrety and Medicare Tax on Unreported Tip Income, with your income tux return to report at least the allocated tip amount unless you can prove with adequate records that you received, end a smaller amount. If you have records that show the actual amount of your 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 ddin'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% exc se tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR.

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

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

K.—20% exc se

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 RR74 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

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

securary wage oase), and 3). See ruo. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Emphyrer 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 (MSAc)

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.

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation. Note: Keep Copy C of Form W-2 for at least 3 years after the due dute for filing your income tax return. However, to have a section 501(c)(18)(D) tax-exempt organization plan. See the instructions for Forms 1040 and 1040-SR for how to deduct.

Form W-2 Wage and Tax Statement

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 immosed on you if this income is suble and you fail to report it.

| | | 9 | una rux | | | 2020 | | y c, loi cilipio, | , 00 3 | may be imposed | on you if this income is ta | xable and you fa |
|----------------------|---|-----|---|------------------------------------|---|---|-------------------------------------|---|---------------------------------------|--|--|------------------|
| 0472-Г | Void Void | | | | c Employer's name, address, and ZIP code TECH MAHINDRA AMERICAS INC | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | | |
| | b Employer's identification number 22-3282696 321-39-1311 13 Statutory Retirement Third-party | | umber | 5700 DEMOCRACY DRIVE SUITE 2000 | | 1 Wages, tips, other compensation 96955.50 | | 2 Federal Income tax with | 2 Federal Income tax withheld 6632.02 | | | |
| | ployee | pla | | sick pay | | PLANC | O TX 75024 | | 3 Socia | Security wages 96955.50 | 4 Social Security tax with | 6011.28 |
| C DD | | | 14 Other UI/HC/WD DI DI PP# 223- | 1 | | e Employee's name, address, and ZIP code SWAPNIL SAHU 9504 WILLIAMSBURG PLAZA APT 106 LOUISVILLE KY 40222 | | | 7 Socia | 96955.50 I Security tips endent care benefits ication Code | 6 Medicare tax withheld 8 Allocated Tips 11 Nonqualified plans | 1405.83 |
| 15 State KY NJ | 339212 223-282 | | | 16 State wages | 47 | 7266.58 0751.66 | 17 State income tax 2292.90 1250.52 | 18 Local wages, tips, etc. 4817 | 77.50 | 19 Local income tax $1059.$ | 87 KY LOUIS | |

Form W-2 Wage and Tax Statement

2020

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 negligience penalty or other sanction

| | • | | | | , | máy be impose | on you if this income is taxable and you fa |
|--|------------------|------------------------------------|------------|---|-------------------------------|---|---|
| d Control number 0472-D214 | 0000358013- | 003100 | Void | c Employer's name, address, and ZIP code TECH MAHINDRA AMERICAS | S INC | Department of the Treasury - Internal Rever | nue Service |
| b Employer's identification number a Employer's social security number | | 5700 DEMOCRACY DRIVE SUITE 2000 | | 1 Wages, tips, other compensation | 2 Federal Income tax withheld | | |
| Employee | | | | PLANO TX 75024 | | 3 Social Security wages | 4 Social Security tax withheld |
| 12 See Instrs. for Box 12 | 14 Other | | | e Employee's name, address, and ZIP code | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | SWAPNIL SAHU 9504 WILLIAMSBURG PLAZA | | 7 Social Security tips | 8 Allocated Tips |
| | | | | APT 106 LOUISVILLE KY 40222 | | 10 Dependent care benefits | 11 Nonqualified plans |
| | | LOUISVILLE KT 40222 | | Verification Code | | | |
| 1 | s state I.D. No. | 16 State wages, | tips, etc. | | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| NJ FLI | | | | 81.07 | | | |

Form W-2 Wage and Tax Statement

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

| d Contro | l number | | | | Void | c Employer | s name, address, and ZIF | code | | Depart | ment of the Treasury - Internal Reven | ua Sarvica | |
|--|------------------|-------------|------------|-----------------|--------------|-------------------------|--------------------------------|----------|---|---------------------------|---------------------------------------|----------------------------|---------|
| 0472-D | 214 | 00 | 00358013 | -003100 | | TECH I | MAHINDRA A | AMERICA | S INC | | o. 1545-0008 | de del vice | |
| b Employer's identification number a Employee's social security number | | | mber | 5700 D | EMOCRACY | DRIVE | | | | | | | |
| 22-3282696 321-39-1311 | | | | SUITE | | 2111.2 | | 1 Wage | s, tips, other compensation 96955.50 | 2 Federal Income tax with | 6632.02 | | |
| 13 Stat | tutory | Reti | rement | Third-party | | SULLE | 2000 | | | | | | 000-10- |
| Empl | loyee | plan | | sick pay | | PLANC | TX 75024 | | | 3 Socia | l Security wages | 4 Social Security tax with | |
| | | | | | | | | | | | 96955.50 | | 6011.28 |
| | nstrs. for Box 1 | | 14 Other | | | e Employee | 's name, address, and ZIF | ode code | | 5 Medi | care wages and tips | 6 Medicare tax withheld | |
| C | | | UI/HC/WD | | 50.02 | | | | | | 96955.50 | | 1405.83 |
| DD 11883.84 DI 131.71 | | | | 31.71 | SWAPNIL SAHU | | | 7 Socia | l Security tips | 8 Allocated Tips | | | |
| | | | DI PP# 223 | -282-6 | | 9504 WILLIAMSBURG PLAZA | | | | | | | |
| | | | | | | APT 10 | APT 106 LOUISVILLE KY 40222 | | | | endent care benefits | 11 Nonqualified plans | |
| | | | | | | | | | | | | | |
| | | | | | | LOUIS | | | | | fication Code | | |
| | | | | | | | | | | | | | |
| 15 State | Employ | yer'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 | |
| KY | 339212 | 2 | | | 4 | 7266.58 | | 2292.90 | 481 | 77.50 | 1059. | 87 KY LOUIS | |
| NJ | 223-28 | 2-696 | /000 | | 5(| 0751.66 | | 1250.52 | | | | | |
| 1 | | _ 570 | 000 | | ٠, | 0.01.00 | | 1200.02 | | | | | |

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. 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 employer to correct your employer to the correct way and the state of the correct way and any 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, 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.

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 899, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8999.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips show; in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips abov \$200.000.

S00,000.

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 Lineported Tip Income, win your income tax return to report at least the allocated if parount unkes 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 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 golden parachute payments. See the instructions for forms 1040 and 1040-SR.

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. Betieve deferral (codes D, E, F, and S) and designated Roth contributions (codes AA, Ba, and EE) under all plans are generally limited to a total of \$19,500 (\$313,500 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 Har elimited 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 levit we 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. 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 RR74 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.

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

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

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontraxble 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—Emphyer contributions (including amounts the employee elected to contribute using a section 125 (calleteria) 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 1040-954.

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, union dues, uniform payments, health insurance premiums deducted, nontaxable neone, educational 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.

Form W-2 Wage and Tax Statement

2020

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

| d Control number 0472-D214 | 0000358013- | | | c Employer's name, address, and ZIP code TECH MAHINDRA AMERICAS INC | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|------------------------------------|---|-----------------|--|---|---|--------------------------------|--|--|
| 22-3282696 | 22-3282696 321-39-1311 13 Statutory Retirement Third-party | | - 1 | 5700 DEMOCRACY DRIVE SUITE 2000 | 1 Wages, tips, other compensation | 2 Federal Income tax withheld | | |
| | | | | PLANO TX 75024 | 3 Social Security wages | 4 Social Security tax withheld | | |
| 12 See Instrs. for Box 12 14 Other | | | e Employee's name, address, and ZIP code | 5 Medicare wages and tips | 6 Medicare tax withheld | | | |
| | | | - 1 | SWAPNIL SAHU 9504 WILLIAMSBURG PLAZA | 7 Social Security tips | 8 Allocated Tips | | |
| | | | - 1 | APT 106 LOUISVILLE KY 40222 | 10 Dependent care benefits | 11 Nonqualified plans | | |
| | | | | LOUISVILLE KT 40222 | Verification Code | | | |
| 15 State Employer's s NJ FLI | tate I.D. No. | 16 State wages, | tips, etc. | 17 State income tax 81.07 | 19 Local income tax | 20 Locality name | | |

Form W-2 Wage and Tax Statement

2020

2020

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

| d Contro 0472-Γ | 000 number | 00358013-003100 | Void | 1 ' ' | 's name, address, and ZIP code MAHINDRA AMERICA | S INC | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|--------------------|--|---|------|---------------------------|---|----------------------------|--|---|--|---------|
| 22-3 13 Sta | oyer's identification number 282696 atutory Retiru ployee plan | a Employee's social security 321-39-1311 ement Third-par | | SUITE | EMOCRACY DRIVE 2000 O TX 75024 | | | 96955.50 Security wages 96955.50 | 2 Federal Income tax withh 4 Social Security tax withh | 6632.02 |
| 12 See C DD | Instrs. for Box 12 179.92 11883.84 | 14 Other | | SWAPI 9504 W APT 10 | e Employee's name, address, and ZIP code SWAPNIL SAHU 9504 WILLIAMSBURG PLAZA APT 106 LOUISVILLE KY 40222 | | | gare wages and tips 96955.50 I Security tips endent care benefits | 6 Medicare tax withheld 8 Allocated Tips 11 Nonqualified plans | 1405.83 |
| 15 State KY | Employer's state I | .D. No. 16 State wag | | 7266.58 | 17 State income tax 2292.90 | 18 Local wages, tips, etc. | 77.50 | 19 Local income tax 1059. | 87 KY LOUIS | |

Form W-2 Wage and Tax Statement

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

| 0472-D | Control number | | c Employer's name, address, and ZIP code TECH MAHINDRA AMERICAS INC 5700 DEMOCRACY DRIVE | | | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | | | | |
|---|----------------|----------------|--|----------------|----|---|---------------------------------------|--|----------------------------|---------|------------------------------|---------|---------------------------|---------|
| 22-3282696 321-39-1311 13 Statutory Retirement Third-party | | | SUITE 2000 | | | 1 Wage | es, tips, other compensation 96955 | 1 | Federal Income tax withh | 6632.02 | | | | |
| Empl | | plan | | sick pay | | PLANC | TX 75024 | | | 3 Socia | al Security wages 96955 | | Social Security tax withh | 6011.28 |
| C | | 79.92 | Other | | | | 's name, address, and Zli | P code | | | care wages and tips 96955 | 1 | Medicare tax withheld | 1405.83 |
| DD 11883.84 | | | | | | SWAPNIL SAHU 9504 WILLIAMSBURG PLAZA | | | | 7 Socia | al Security tips | 8 4 | Allocated Tips | |
| | | | | | | | APT 106 LOUISVILLE KY 40222 | | | | endent care benefits | 11 | Nonqualified plans | |
| | | | | | | LOCIS | VILLE KT 40. | <i>LLL</i> | | Veri | fication Code | | | |
| 15 State | | er's state I.I |). No. | 16 State wages | | | 17 State income tax | 2202.00 | 18 Local wages, tips, etc. | 177.50 | 19 Local income tax | 1050.07 | 20 Locality name | |
| KY | 339212 | | | | 4. | 7266.58 | | 2292.90 | 48 | 177.50 | 1 | 1059.87 | KY LOUIS | |

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 income credit (ECL) vom may be able to take the BEC for 2000 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 children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can this take the EUC if your investment income is more than the specified amount for 2020 or if moome is earned for services provided while you were an intained at a penal institution. For 2020 in come limits and more information, vist we wis zeyovETTC.

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 employer to correct your employer to the correct way and the state of the correct way and any 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 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 Box 12, 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 (S). The arrangement of the control of the con

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 899, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8999.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips show; in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips abov \$200.000.

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. Betieve deferral (codes D, E, F, and S) and designated Roth contributions (codes AA, Ba, and EE) under all plans are generally limited to a total of \$19,500 (\$313,500 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 Har elimited 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 levit we 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. 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 RR74 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.

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

D—Elective deferrals to a section 401(k) cash or deferred arrangement. A 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

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

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 (US Ac).

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, union dues, uniform payments, health insurance premiums deducted, nontaxable neone, educational 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.

SOURCE Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report upon your tax return, see the instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax. on Lineported Tip Income, win your income tax return to report at least the allocated if parount unbess 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

Form W-2 Wage and Tax Statement

2020

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

| 0472-I | | 4 0000358013-003100 | | | c Employer's name, address, and ZIP code TECH MAHINDRA AMERICAS INC | Department of the Treasury - Internal Reven OMB No. 1545-0008 | ue Service |
|--|--|---------------------|-----------------|--|---|--|---|
| 22-3 | 3282696 321-39-1311 Latutory Retirement Third-party | | imber | 5700 DEMOCRACY DRIVE SUITE 2000 PLANO TX 75024 | 1 Wages, tips, other compensation 96955.50 3 Social Security wages 96955.50 | ${}^{2} \text{Federal Income tax withheld} \\ 6632.02$ ${}^{4} \text{Social Security tax withheld} \\ 6011.28$ | |
| 12 See Instrs. for Box 12 C 179.92 UI/HC/WD 150.02 DD 11883.84 DI 131.71 DI PP# 223-282-6 | | | 1 | | e Employee's name, address, and ZIP code SWAPNIL SAHU 9504 WILLIAMSBURG PLAZA APT 106 LOUISVILLE KY 40222 | 5 Medicare wages and tips 96955.50 7 Social Security tips 10 Dependent care benefits Verification Code | 6 Medicare tax withheld 1405.83 8 Allocated Tips 11 Nonqualified plans |
| 15 State NJ NJ | Employer's s 223-282-69 FLI | | 16 State wages, | | 17 State income tax 1250.52 81.07 | 19 Local income tax | 20 Locality name |

Form W-2 Wage and Tax Statement 2020

| d Control number | I Familia and a said a said | Void X | 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 | | Í | | 1 Wages, tips, other compensation | 2 Federal Income tax withheld | | |
| 13 Statutory Reti Employee plan | irement Third-party n sick pay | , | | | 3 Social Security wages | 4 Social Security tax withheld | | |
| 12 See Instrs. for Box 12 | 14 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 | e I.D. No. 16 State wage | s, 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 | c Employer's name, address, and ZIP code | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|-------------------------------------|-----------------------------------|---------------|--|----------------------------|--|--------------------------------|--|--|
| b Employer's identification number | er a Employee's social security n | umber | | | | | | |
| | | | | | 1 Wages, tips, other compensation | 2 Federal Income tax withheld | | |
| 13 Statutory Retir Employee plan | rement Third-party sick pay | | | ' | 3 Social Security wages | 4 Social Security tax withheld | | |
| 12 See Instrs. for Box 12 | 14 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.D. No. 16 State wage | s, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |