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.

Asso see Pub. 396, galmed income Creati. Any Ert, mar is more man your tax manury is returned 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 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 (S). The arrival of the control Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

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.

SOURCE SET OF STATE AND ACT OF THE ADDRESS OF TOWN 15 AND ACT OF THE ADDRESS OF THE ADDRESS

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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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

 $\label{eq:condition} \begin{array}{ll} 1) \\ T-- Adoption \ benefits \ (not \ included \ in \ box \ 1). \ Complete \ Form \ 8839, \ Qualified \ Adoption \ Expenses, \ to \end{array}$

requarements.

W—Emphyer 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 1040-954.

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.

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 tracible.

BB—Designated 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. This amount does not apply to contributions under a tax-except organization section 457(b) plan.

BB—Lempton the benefits under a qualified small employer behild inholumement arrangement
GG—Income from qualified equity grants under section 83(b)

HB—Aggregate defernals under section 83(b) 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 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, nontraable 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.

| Forn | n W-2 W | age a | nd Tax | Statemer | it | 2020 | | Сор | y C, for | employe | ee's reco | ords If you are re may be imp | equired to to osed on y | eing furnished to the In file a tax return, a neg ou if this income is tax | ternal Revenue Ser ligence penalty or c <u>kable and you fail</u> to |
|--|---|-------|-------------------------------|--------------------|--|----------------------|-------|----------------|----------|--|--------------------------------|----------------------------------|---|--|--|
| b Employer's identification number a Employee's social security number | | | | | c Employer's name, address, and ZIP code NIKTOR LLC 28 MAIN ST | | | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 1 Wages, tips, other compensation 2 Federal Income tax withheld | | | | held | |
| 13 Stat | 45-1611661 282-55-4608 13 Statutory Retirement plan Third-party sick pay | | | | FARMINGTON CT 06032 | | | | | 59552.00 3 Social Security wages 59552.00 | | 4.5 | 4 Social Security tax withheld | | |
| 12 See Ir | nstrs. for Box 12 | C. | other ASDI APFL APML | | 368.72 29.48 56.25 | BHARATH KUMAR MARTHA | | | | Medicare wag Social Securit Dependent of Verification 6 | 59552. ty tips tare benefits | 00 | Medicare tax withheld Allocated Tips Nonqualified plans | 863.50 | |
| 15 State Employer's state I.D. No. CA 063-8578-5 MA 451-611-661 | | | | 2059.97 1134.00 | 18 Local wage | s, tips, etc. | 19 Lo | cal income tax | | 20 Locality name | | | | | |

Form W-2 Wage and Tax Statement

2020

2020

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

| d Control number | | | | c Employer's name, address, and ZIP code NIKTOR LLC | | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | | | |
|---|--------|----------------------|-------------------------------|---|---------------------|----------------------|---------------------------------------|---|---------------------|------------------|--|--|--------|
| 1 | | -55-4608 Third-party | | 28 MAIN ST FARMINGTON CT 06032 | | | es, tips, other compensation 59552.00 | | 5788.95 | | | | |
| | ployee | plan sick pay | | | | | | 3 Social Security wages 4 Social Security tax w | | 3692.22 | | | |
| 12 See Instrs. for Box 12 | | C. M | other ASDI APFL APML | SDI 368.72 PFL 29.48 | | BHARATH KUMAR MARTHA | | | | 7 Soci | icare wages and tips 59552.00 at Security tips sendent care benefits | Medicare tax withheld National Tips Nonqualified plans | 863.50 |
| 15 State Employer's state I.D. No. CA 063-8578-5 MA 451-611-661 | | 16 State wages, | 30 | 5872.00 2680.00 | 17 State income tax | 2059.97 1134.00 | 18 Local wages, tips, etc. | | 19 Local income tax | 20 Locality name | | | |

Form W-2 Wage and Tax Statement

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

| d Control number | | | | Void | c Employer | s name, address, and ZIF | P code | | Departm | nent of the Treasury - Internal Rev | enue Service | | |
|-------------------------------|--------------|--------------|---------------------|------------|--|--------------------------|---------|----------------------------|----------|-------------------------------------|-------------------------|--------------------------------|--|
| 0940-14068887 0000000145- | | | NIKTOR LLC | | | | | OMB No. 1545-0008 | | | | | |
| b Employer's identification r | number | a Employee's | social security nur | mber | 28 MAI | N ST | | | | | | | |
| 45-1611661 | | 282-4 | 55-4608 | | | | | | 1 Wages | s, tips, other compensation | 2 Federal Income tax w | | |
| | Retireme | | Third-party | | FARMI | NGTON CT 0 | 06032 | | | 59552.00 |) | 5788.95 | |
| | plan | ··· I | sick pay | | | | | | 3 Social | Security wages | 4 Social Security tax w | 4 Social Security tax withheld | |
| | | | | | | | | | | 59552.00 |) | 3692.22 | |
| 12 See Instrs. for Box 12 | | Other | | | e Employee's name, address, and ZIP code | | | | 5 Medic | are wages and tips | 6 Medicare tax withheld | I | |
| | CASDI 368.72 | | 68.72 | | | | | | 59552.00 |) | 863.50 | | |
| | | | | | BHARA | ATH KUMAR | MARTHA | L | 7 Social | Security tips | 8 Allocated Tips | | |
| | | | | | 126 RO | YALTON CIF | 3 | | | | | | |
| | | | | | FOLSO | M CA 95630 | | | 10 Depe | endent care benefits | 11 Nonqualified plans | | |
| | | | | | 1 0200 | 011 > 0 0 0 0 | | | | | | | |
| | | | | | | | | | Verifi | ication 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 | | |
| CA 063-8578- | -5 | | | 36 | 5872.00 | | 2059.97 | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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 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 (S). The arrival of the control Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

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 abov \$200,000.

Box 8. This amount is not included in the control of the

S200,000.

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 Increported Tip Income, with adequate your income tax return to report at least the allocated if paramount unkess you can prove with adequate your received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to your work record and or amings in a particular year.

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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

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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

 $\label{eq:condition} \begin{array}{ll} 1) \\ T-- Adoption \ benefits \ (not \ included \ in \ box \ 1). \ Complete \ Form \ 8839, \ Qualified \ Adoption \ Expenses, \ to \end{array}$

requartments.

W—Emphoyer 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 (HSA)

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.

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 accentral regular section 457(b) plan. This amount does not apply to contributions under a developed profit of the profit of t

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.

Form W-2 Wage and Tax Statement

2020

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

| d Control number | | | | Void | c Employer's name, address, and ZIP code | | | Department of the Treasury - Internal Reven | ve Sarvice |
|-----------------------------|----------|----------------------------|-------------------------|------------|---|-------|----------------------------------|---|---|
| 0940-14068887 0000000145- | | | | NIKTOR LLC | | | OMB No. 1545-0008 | | |
| b Employer's identification | tion num | | social security nun | nber | 28 MAIN ST | | | 1 Wages, tips, other compensation | 2 Federal Income tax withheld |
| 45-1611661 | | | 55-4608 | | FARMINGTON CT 0603 | 2 | | 59552.00 | 5788.95 |
| 13 Statutory Employee | | | Third-party sick pay | | | 1 | 3 Social Security wages 59552.00 | 4 Social Security tax withheld 3692.22 | |
| 12 See Instrs. for Box 12 | | 14 Other MAPFL MAPML | APFL | | e Employee's name, address, and ZIP code BHARATH KUMAR MARTHA 126 ROYALTON CIR | | | 5 Medicare wages and tips 59552.00 7 Social Security tips | 6 Medicare tax withheld 863.50 8 Allocated Tips |
| | | | | | FOLSOM CA 95630 | | | 10 Dependent care benefits | 11 Nonqualified plans |
| | | | | | | | | Verification Code | |
| 15 State Employ MA 451-61 | | e I.D. No. | 16 State wages, | | 1 | 34.00 | cal wages, tips, etc. | 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 | | | - | | 1 Wages, tips, other compensation | 2 Federal Income tax withheld | |
| 13 Statutory Reti | 13 Statutory Retirement Third-party Employee plan 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

| 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 | | | ımber | | | 1 Wages, tips, other compensation | 2 Federal Income tax withheld | | | |
| | | Third-party sick pay | | | | 3 Social Security wages | 4 Social Security tax withheld | | | |
| 12 See Instrs. for Box 12 14 Other | | 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 Employ | er's state l | D. No. | 16 State wages | , tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |
| | | | | | | | | | | |