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

Instructions for Employee Box I. 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 8939, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8939 Box 6. This amount includes the 1.44% Medicare Tax withheld on all Medicare wages and tips ah 5700 000 \$200,000

\$220,000. 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 tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that you who the actual amount of tips Use Form 4137

figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this J-amount on the wages line of your tax return. By filing Form 4137, your social security tips 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 (carleteria) plan). Any amount over \$55,000 ato is included in box 1. Complete Form 2441. Child and Dependent Care Expenses, to Scott any taxable and notaxable amounts. Best 1. This amounts is (a) reported in box 1 if it is a distribution made to you from a nonqualified referred compensation or nongovernmental section 457(b) plant habecame taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your re ray care or will be age (2 by the most of the of the social Sceurity Administration and give you you are or will be age (2 by the end of the calcular year, your employer shald file Form SSA:131, Employer Report of Special Wage Payments, with the Social Sceurity Administration and give you ar

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 returns. Elective deferrals (codes D, E, F, and S) and designatel Roh contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only we SIMPLE plans). S22,500 for scion 403(b) plans is you qualify for the 15-year net explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000. However, if you were at last age 50 in 2020, your employer may have allowed an additional deferral of up to \$5,500 (\$3,000 for section 401(b) (plans) (J) and 408(b) ShHDET plans). This additional deferral amount is not subject to the overall limit on decivicy deferrals. For code G, the limit on decivity deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amountin encode to the overall elective deferral limit must be

administrator for more information. Amounts in excess of the overall electrice deternal limit must included in income. See the instructions for Forms 1000 and 1040-581. 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 deferrads, consider these amounts for the year shown, not the current year. If no year is 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

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 (cafeteria) 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.

instructions for Forms 1040 and 1040-SR. An—Designated Roth contributions under a section 401(k) plan BB—Dessignated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored hachk coverage: The amount reported with Code DD is not taxable. EE_Dessignated 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. FE—Permitted benefits under a qualified small employer health reinbursement arrangement GG—Income from qualified quary grants under section 83(i) HIB—Aggregate deferrals under section 83(o) clections as of the close of the calendar year Box 13.1 (If er Keirement plan¹⁵ box) checked, special limits may apply to the amount of traditional IRA-contributions you may deduct. See Pub. 590-A. Contributions to Individual Retirement Arrangements (IRAs). Box 14.1 employers may use this box to report information such as state disability insurance taxes withEdL union dues, uniform payments, health insurance premiums deducted, nontaxable income,

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.

ecupacyer in marcoaa returement (KRLA) compensation. Note: Keep Copy C of Form V-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.

Form W-2 Wage and Tax Statement

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. 2020 Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code Void 0020-19049099 ANJS TECHNOLOGIES LLC 000000031 b Employer's identification numbe a Employee's social security number 40 BRUNSWICK AVE 1 Wages, tips, other comp 2 Federal Income tax withhe 22-3933730 701-85-0085 12882.03 87463.14 **STE 203** 13 Statutory Employee Retire plan Third-party sick pay 3 Social Security wages 4 Social Security tax withheld EDISON NJ 08817 12 See Instrs. for Box 12 e Employee's name, address, and ZIP code 5 Medicare wages and tips 6 Medicare tax withheld 14 Other UI/HC/WD 150.02 DI 228.80 ADITHYA SIRIKONDA 7 Social Security tips 8 Allocated Tips 33 RUNYON AVE 10 Dependent care benefits 11 Nongualified plans EDISON NJ 08817 Verification Code 16 State wages, tips, et 18 Local wages, tips, etc 19 Local income tax 20 Locality name 15 Sta over's state ID No 17 State income tax 223-933-730/000 88000.00 NJ 3905.00 NJ FLI 140.80

Form W-2 Wage and Tax Statement

2020

2020

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

d Control number				Void	c Employer's name, address, and ZIP code Department of the Treasury - Internal Revenue Service						ue Service	
0020-19049099 000000031-					I	ANJS TECHNOLOGIES LLC				OMB No. 1545-0008		
b Employer's identification number a Employee's social security number				40 BRUNSWICK AVE				1 Ward	es, tips, other compensation	2 Federal Income tax withheld		
22-39	933730		701-85-0085			STE 203 EDISON NJ 08817			1	87463.14		
		Retirement plan	nent Third-party sick pay						3 Social Security wages		4 Social Security tax withheld	
12 See Instrs. for Box 12			14 Other UI/HC/WD		50.02	e Employee's name, address, and ZIP code				5 Medicare wages and tips		6 Medicare tax withheld
		DI	DI		28.80	1	DITHYA SIRIKONDA 3 RUNYON AVE			7 Soci	al Security tips	8 Allocated Tips
						EDISON NJ 08817			10 Dependent care benefits		11 Nonqualified plans	
										Ver	fication Code	
15 State	Employer's	s state I.D. No	e I.D. No. 16 State wages,		tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name
NJ	223-933-7	730/000	1/000		88	8000.00		3905.00				
NJ FLI								140.80				

Form W-2 Wage and Tax Statement

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

c Employer's name, address, and ZIP cod d Control numbe Void Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 0020-19049099 000000031-ANJS TECHNOLOGIES LLC b Employer's identification number a Employee's social security number 40 BRUNSWICK AVE 1 Wages, tips, other compensation 2 Federal Income tax withheld 22-3933730 701-85-0085 **STE 203** 87463.14 12882.03 13 Retire plan Statutory Third-party sick pay 3 Social Security wage 4 Social Security tax withheld EDISON NJ 08817 12 See Instrs. for Box 12 e Employee's name, address, and ZIP code 5 Medicare wages and tips 6 Medicare tax withheld 14 Other UI/HC/WD 150.02 7 Social Security tips DI 228 80 ADITHYA SIRIKONDA 8 Allocated Tips 33 RUNYON AVE 10 Dependent care benefits 11 Nonqualified plans EDISON NJ 08817 Verification Code 16 State wages, tips, etc 19 Local income tax 20 Locality name 15 Stat Employer's state I.D. No 17 State income tax 18 Local wages, tips, etc 223-933-730/000 NJ 88000.00 3905.00 FLI NJ 140.80