Notice to Employee Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tar ctrum. 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. Emmed income credit (BGL), Nou may be able to take the EIC for 0200 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and framily 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 aviscutant income is more than the specified amount for 2019 or if income is aread for services provided while you were an immate at a penal institution. For 2019 in come limits and more information, vist ww w srs. gov/EITC. 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 an Service of the servic Corrected Wage and Tax Sulement, with the Social Security Administration (SSA) to correct any name. SSN, or morey anount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your emphyse for all corrections made so your 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 circuit, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may alko virait the SSA website ar wowr.SSA gov. Cost of emphyer-sponsored beath coverage (if such cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of emphyer-sponsored health coverage is for your information only. The amount reported with Code DD is not trashed. Credit for excess taxes. If you had more than one employer in 2019 and more than S8,239.0 in scial security and/or TEr 1 raikoard retirement (RRFA) taxes were withed), you also may be able to chim a credit for the excess against your federal income tax. If you had more than one raiload employer and more than S4,335.0 in TEr 2 RRFA tax was withhed), you also may be able to chim a credit. See your Form 1040 Instructions 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. Your may be required to report this amount on Form 8939, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8939.
Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax to any of those Medicare wages and tips shown

\$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 your Form 10.40 instructions. 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 that you received a smaller amount. If you have records that show the actual amount of tips your received, report that amount even if it is more or less than the allocated tips. On Form 4137, you will calculate

the social security and Medicare tax owed on the albcated tips shown on your Form(s) W-2 that you J-must report as income and on other tips you did not report to your employer. By filing Form 4137, K-K- Medicare and Security tips will be credited to your social security record (used to figure your benefit). Any Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behaff (including amounts from a section 125 (carlieria) plan). Any amount over S(000 also its included in box 1. Complete Form 2441. Child and Dependent Care Expenses, to compute any taxable and notaxable amounts. Box 11. This amounts (s(a) reported in box 1 if it is a distribution made to you for an anonqualified deferred 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 and the same calendar year. If you made a deferral and a received a distribution in the same calendar year, and 1) you are or will be age (2b yht end of the calendary ear, your employer should file Form SSA131, The same calendar year, and the plan. you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your neuron. Beckvice deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,000 (\$13,000 if you only have SIMPLE plans; S22,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to \$5000 for the section of the section section and the section of the sect

https://www.com/articles.com/ar ncluded in income. See the instructions for Form 1040.

Note. If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is

shown, the contributions are for the current year. A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions

B-Uncollected Medicare tax on tips, Include this tax on Form 1040, See the Form 1040 instruction D—Cuto cuerced vieta de tas ou tips, include uns tas ou roun 1040. See un Form 1040 instructions C—Taxable cost of group-term life insuance over \$50,0000 (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 retrement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agree

F-Elective deferrals under a section 408(k)(6) salary reduction SEP

2019

2019

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

J—Nontscable sick pay (information only, not included in boxes 1, 3, or 5) K—20% eacks et as on excess golden parachate payments. See the Form 1040 instructions. L—Substantiated employee basiness expense reinhursements (nontaxable) MSR has not analytic of the second second programment for any second second second programment for the second second programment for the second second programment for the second second programment is constructed and the second second programment is the second second programment second s

—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box

-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to mute any taxable and nontaxable amounts mpute Inco mpute any taxane and nontaxane amounts. —Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social curity wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements. W—Emphyser 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

(HSA8), 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 plas interest. See the Form 1040 instructions.

1040 instructions. **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 Could Section Control**

DD—Cost of employer-sponsored heatn coverage. Its announce experimental section 457(b) plan. This amount does not apply to contributions under at a governmental section 457(b) plan. This amount does not apply to contributions under at accentral contrasting section 457(b) plan. FF—Fermitted hearfits under a qualified small employer health reinhursement arrangement GG—Income from qualified small employer health reinhursement arrangement GB—Reinform qualified small employer health reinhursement arrangement GB—Income from qualified small employer health reinhursement arrangement fRA contributions you may deduce. See Pub. 500-A. Contributions to Individual Reterement Arrangements (IRAs).

IRAC tominutuality out genetic, see Proc. 390-76, Controlutions to introduce a test entent Arrangements (IRAs). Box 14, employers as informing processing the second second second second second bases 14, employers as informing processing and the interaction second seco

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

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. Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code Void 000000949-00X875 IT RESOURCES INC 0426-X875 b Employer's identification number Employee's social 220 CONTINENTAL DR 2 Federal Income tax withhe 1 Wages, tips, other comp 45-4313691 032-65-4445 31260.13 4292.45 STE#104 13 Statutory Employee Retire plan Third-pa sick pay 3 Social Security wages 4 Social Security tax withheld NEWARK DE 19713 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 CASDI 78.00 PRASANTH MAMAKAR KOMARAGIRI 7 Social Security tips 8 Allocated Tips 1729 SEABRIGHT AVE. 10 Dependent care benefits 11 Nongualified plans SANTA CRUZ CA 95062

15 Sta lover's state ID No 18 Local wages, tips, etc 19 Local income tax 20 Locality name Fmn 16 State wages, tips, etc 17 State income tax 7800.13 CA 011-4238-9 263.27 DE 1-454313691-001 23460.00 1145.69

Form W-2 Wage and Tax Statement

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

d Control number 0426-X875 000000949			000949-	-00X875	Void	c Employer's name, address, and ZIP code IT RESOURCES INC				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
	ver's identification		1										
D Employ	er's identificatio	on number	a Employee's	s social security nu	mber	220 CONTINENTAL DR			1 Wage	es, tips, other compensation	2 Federal Income tax withheld		
45-43	313691		032-	65-4445		STE#10	14				31260.13	4292.4	
	utory	Retirem	ient	Third-party		51E#104						,	
Empl	oyee	plan		sick pay	sick pay		NEWARK DE 19713			3 Socia	al Security wages	4 Social Security tax withheld	
				I									
12 See In	12 See Instrs. for Box 12		14 Other			e Employee	e Employee's name, address, and ZIP code			5 Medicare wages and tips		6 Medicare tax withheld	
		C.	ASDI		78.00								
						PRASANTH MAMAKAR KOMARAGIRI				7 Social Security tips		8 Allocated Tips	
						1729 SF	EABRIGHT AVE.						
							CRUZ CA 95062			10 Dep	endent care benefits	11 Nonqualified plans	
						SANTA	1 CRUZ CA 95002						
15 State Employer's sta		r's state I.D	e I.D. No. 16 State wages, t		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
CA 011-4238-9		8-9				7800.13	26	53.27					
DE 1-45431369		3691-0	1-001		23460.00		114	5.69					
DL 1-4545150)		00/10	1 001		25400.00								

Form W-2 Wage and Tax Statement 2019

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

d Control number Void					c Employer's name, address, and ZIP code				Depar	Department of the Treasury - Internal Revenue Service		
0426-X875 000000949-00X875					IT RESOURCES INC				OMB No. 1545-0008			
b Employer's identification number a Employee's social security number				220 CONTINENTAL DR				4 19/1-10				
45-43	13691		032-	55-4445		STE#104				1 wag	es, tips, other compensation 31260.13	2 Federal Income tax withheld 4292.45
13 Statutory Retirement Employee plan		ent Third-party sick pay		NEWARK DE 19713			3 Soci	al Security wages	4 Social Security tax withheld			
12 See Instrs. for Box 12 14 Other CASDI				78.00	e Employee's name, address, and ZIP code					icare wages and tips	6 Medicare tax withheld	
						PRASANTH MAMAKAR KOMARAGIRI 1729 SEABRIGHT AVE.				7 Soci	al Security tips	8 Allocated Tips
						SANTA	A CRUZ CA 95062			10 Dep	pendent care benefits	11 Nonqualified plans
15 State	Employ	er'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	011-423	8-9				7800.13	263	.27				

Notice to Employee Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tax return. Four any be eligible for a refund if box 2 shows an amount or if you are eligible for any credit. Earned income redit (BC), You may be able to take the EIC for 2019 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 chikter could quadify for a smaller credit, value and any quadifying children must have valid social security numbers (SSNs). You can't take the EIC if your anyenter time income is more than the specified amount for 2019 in come as a sensed for services provided while you were an immate at a penal institution. For 2019 in come lise and for services provided while you were an immate at a penal institution. For Z019 in come lise and for services provided while you were an immate at a penal institution. For 2019 income lise and for services are provided while you were an immate at a penal institution. For 2019 income lise using the to the Clergy and religious workers. If you carift table the Clergy and Religious Workers. Low address in incorret, correct consels E, and 2 and and ak your

Service of the servic Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or morey amount error reported to the SSA on Form W-2. Besure to get your copies of Form W-2 from were polyce for all corrections made so you may file them with your tax return. If your name and SSN are correct but area'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 lattic 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 trasable. Credit for excess taxes. If you had more than one employer in 2019 and more than S8,239.80 in Social security and/or Tirr 1 railsord arcitement (RRFA) taxes were withed, you also may be able to chim a credit for the excess against your federal income tax. If you had more than one railorad employer and more than S4, assis. On Firs 7 aRFA tax was withhed, you also may be able to chim a credit. See your Form 1040 Instructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

\$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 your Form 14/90 instructions. You must file Form 14137, 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 that you received a smaller amount. If you have records that show the actual amount of tips your ceclevid, report that amount even if it is more or less than the allocated tips. On Form 4137, you will calculate

the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer and the size pay (information only, not included in boxes 1, 3, or 5). W = 20% excise tax on excess golden parachate payments. See the Form 1040 instructions. L = Automaticated in post to add expendent care benefits that you or discussion of the size pay in the credited in your social security record (used to figure your benefits). So our social security tips will be credited in your social security record (used to figure your benefits). So that the social security to your applyer paid to you or discussion the discussion the section 125 (caftering) plan). Any anomation you constructed in the social security tips will be credited in box 1. Complete Form 2441. (Child and Dependent Care Expenses, to complete social security and Medicare tax on taxable and notatashe amounts. Ber 11. This anomatic social security and Medicare tax this year because there is no hoger a substantial risk of forfering of social security and Medicare taxs this year because there is no hoger a substantial risk of forfering of social security and Medicare taxs. This year because there is no hoger a substantial risk of forfering of you are or will be age 62 by the easily found and referral and an creved a distribution in the same cakedar year. If you made a deferral and recived a distribution in the same cakedar year, and is anown. Employer Report of Special Wage Payments, with the Social Security Administration and give you are or will be age 62 by the end of the calendary server, your employer should if for row 10. Complete Form 8839, Qualified Adoption Expenses, to compute any taxabile and notasable amounts.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your treatment return. Becitive deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,000 (\$13,000 if you only how SIMPLE plans, S22,000 for scion 4030b plans if you qualify for the 15-year net explained in Pub. \$711). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to \$1000 for the science of the science

have share Lp puss, section of a minied to \$19,000. Deferrals under code H are limited to \$7,000. Pub. 571). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to \$7,000. However, if you were at test age 50 in 2019, your employer may have allowed an additional deferral of up to \$6,000 (33,000 for section 401(b)(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 list 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be be the second seco

Note. If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is

shown, the contributions are for the current year. A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form

E-Elective deferrals under a section 403(b) salary reduction agree

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 Form 1040 instructions for how to deduct.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box

simpute any taxanic and nonaxanic amounts. —Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social curity wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements. W—Emphyse contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plun) to your health savings account. Report on Form 8889, Health Savings Accounts

(HSA8), 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 plas interest. See the Form 1040 instructions.

1040 instructions. 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

BB—Designated kolit contributions under a section 40(4) plan
 DD—Cost of employer-spaceouch beach coverage. The amount reported with Code DD is not the comparison of the section 457(h) plan. This amount does not apply to contributions under at axis-extempt organization section 457(h) plan.
 FF—Permitted Benfs under a qualified small employer health reinhursement arrangement GG—Income from qualified equity grants under section 83(h) plan.
 FF—Fermitted benefits under a qualified small employer health reinhursement arrangement GG—Income frequence of the box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. Contributions to Individual Retirement Arrangements (IRA).
 Box 14 Employers may use this box to report information such as state disability insurance taxes withhely union des, uniform payments, health insurance preminase diducted, nontacable income, withhely union des, uniform payments, includi insurance preminase diducted, insurance taxes withhely union dues, uniform payments, includi insurance preminase diducted, nontacable income, withhely union dues, uniform payments, includi insurance preminase diducted, nontacable income, withhely union dues, uniform payments, includi surance preminase diducted, molarable income, withhely union dues, uniform payments, includi surance preminase diducted, molarable income, withhely union dues, uniform payments, includi surance preminase disability insurance taxes withhely union dues, uniform payments, includi surance preminase diducted, molarable income, and diductant dues, uniform payments, includi surance preminase.
 Raihoud employers use this box to report indradicate income (RRTA) compensation. Ter 1 tax, Medicare to, and Medicanar Tax. Include tips reported by the employee to the employer in nilosal retirement (RRTA) compensation.
 Nate: Keep Copy C of Form V-2 for at leas 3 3 yeas after the due date for filing your inc

Form W-2 Wage and Tax Statement 2019

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

0426-X	d Control number 0426-X875 000000949-002 b Employer's identification number a Employee's socia				Void	c Employer's name, address, and ZIP code IT RESOURCES INC 220 CONTINENTAL DR					Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
45-43	45-4313691 032-			65-4445		- STE#104			1 Wage	es, tips, other compensation 31260.13	2 Federal Income tax withheld 4292.45			
	13 Statutory Retirement Employee plan			Third-party sick pay		NEWARK DE 19713			3 Social Security wages		4 Social Security tax withheld			
12 See li	12 See Instrs. for Box 12 14 Other				e Employee's name, address, and ZIP code					care wages and tips	6 Medicare tax withheld			
						PRASANTH MAMAKAR KOMARAGIRI 1729 SEABRIGHT AVE.				7 Social Security tips		8 Allocated Tips		
						SANTA CRUZ CA 95062					endent care benefits	11 Nonqualified plans		
15 State	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			
DE	DE 1-454313691-001		23				1145.69							

Form W-2 Wage and Tax Statement 2019

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 a Employee's social security number			iumber			1 Wages, tips, other compensation	2 Federal Income tax withheld		
13 Statutory Employee	Retirement plan	Third-part sick pay	,			3 Social Security wages	4 Social Security tax withheld		
Linploy	plan					· · · · · · · · · · · · · · · · · · ·	,		
12 See Instrs. for Box 12	14 Other	H.		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		
15 State Employer's	'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		

Form W-2 Wage and Tax Statement 2019

Х						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 compen	sation 2	Federal Income tax withheld
13 Stat Empl	tutory loyee	Retiren plan	nent	Third-party sick pay				3 Social Security wages	4	Social Security tax withheld
12 See In	nstrs. 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	1	1 Nonqualified plans
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 ta	x	20 Locality name