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 lights for a refund if hox 2 shows an amount or if you are elights for any credit. Emmed income credit (BC), You may be able to take the EIC for 2000 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family tices Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for universitemit faceones is more than the specified amount for 2020 or if income is careed for services provided while you were an immate at a penal institution. For 2020 in come limits and more information, vist www srs, soyCHTC. 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. 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. 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 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. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

Instructions for Employee

d Control numbe

0472-D214

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\$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 Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated ip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you precisione that amount are if it is more one less than the allocated line. Itse Form 4137 to s. Use Form 4137

figure the social security and Medicare tax owed on tips you didn't report to your emphayer. Enter this J-amount on the wages line of your tax return. By filing Form 4137, your social security tps will be for 10 This amount includes the total dependent care benefits hat your employer paid to your or incurred on your behalf (including amounts from a section 125 (caffetria) plan). Any amount over \$5,000 ato is included in box 1. Complete Form 2441. Child and Dependent Care Expenses, to Store any taxable and nontaxable amounts. Bes 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation on nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it (n is a prior year deferral dunder a nonqualified or section 457(b) plan, deferral and a faribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age (2b yhe tend of the calendar year, your employer should lie Form SAS.13, Employer Report of Special Wage Payments, with the Social Security Administration and give you ar top.

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

Caccas decremany, consider tracks information on use year association on the current year. It is year is shown, the contributions are for the current years. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

 $C{\rm --Taxable}$ cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

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

B—Elective deferrals to a section 40(k) cash of a section 40(k) arrangement a SIMPLE reitement account that is part of a section 40(k) arrangement E—Elective deferrals under a section 403(b) salary reduction agreement F—Elective deferrals under a section 408(k)(6) salary reduction SEP

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—substantiate employee usings expense remnusciencits (unitable) M—Lnoelletted social security or RRTA ax on tatable cost of group-term life insurance over \$50,000 (former employees only). See the instructions for Forms 1040 and 1040-SR . M—Uncollected Medicare tax on taxable 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

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 (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-SR.

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

withheld, unnor dues, unitorm payments, neath insurance premiums deducted, nontaxable neome, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Raihoad empbyers use this hox to report raihoad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in raihoad retirement (RRTA) compensation.

empasyer in maroaa returement (RKIA) compensation. Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement 2020

0000045977-000700

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. c Employer's name, address, and ZIP code Void Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 TECH MAHINDRA AMERICAS INC

b Employer's identification number		per a Employee's	r a Employee's social security number		MOCDACY DDIVE						
22-3282696		770-06-5756		5700 DEMOCRACY DRIVE SUITE 2000			1 Wages, tips, other compensation 78974.52	2 Federal Income tax withheld 516.23			
13 Statutory Retirement Employee plan					TX 75024		3 Social Security wages 78974.52	4 Social Security tax withheld 4896.42			
С		14 Other UI/HC/WD	150.02		aname, address, and ZIP code		5 Medicare wages and tips 78974.52	6 Medicare tax withheld 1145.13			
DD	12806.76	DI DI PP# 223-	-282-6 212.83		N R POLEKAR AIRIE DOG LANE		7 Social Security tips	8 Allocated Tips			
					NJ 08820		10 Dependent care benefits	11 Nonqualified plans			
							Verification Code				
15 State	Employer's state	1.D. No.	16 State wages, tips, etc.		17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
NJ	223-282-696	/000	82	2008.35	3512.37						
NJ	FLI				130.94	-					

Form W-2 Wage and Tax Statement

2020

2020

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

d Contro	l number				Void	c Employer	s name, address, and ZI	P code		Departm	ent of the Treasurv	- Internal Revenu	le Service	
0472-D214 0000045977-000		000700	\square	TECH MAHINDRA AMERICAS INC				OMB No. 1545-0008						
b Employer's identification number a Employee's social security number				mber	5700 DEMOCRACY DRIVE				1 Wages, tips, other compensation 2 Federal Income tax withheld					
22-3282696 770-06-5756			06-5756		SUITE 2000				78974.52			2 Federal Income tax with	516.23	
			ent	Third-party						3 Social Security wages			4 Social Security tax withheld 4896.42	
Employee pla		plan	sick pay		I	PLANO TX 75024						78974.52		
	nstrs. for Box 1		Other			e Employee	's name, address, and Zl	P code		5 Medica	are wages and tips		6 Medicare tax withheld	
С			I/HC/WD		150.02	1					7	78974.52		1145.13
DD 12806.76			6 DI 212.83			MADAN R POLEKAR				7 Social Security tips		8 Allocated Tips		
DI PP# 223-2			PP# 223-	-282-6	1	9816 PF	RAIRIE DOG							
				I	EDISON NJ 08820				10 Dependent care benefits			11 Nonqualified plans		
		I					Verification Code							
					I	1								
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	ax	20 Locality name	
NJ 223-282-696/000		00	1	8	2008.35		3512.37							
NJ FLI			1		l		130.94							
			1	1		I								

Form W-2 Wage and Tax Statement

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

d Control number Void					c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
0472-D214 0000045977-000700					TECH MAHINDRA AMERICAS INC								
b Employer's identification number a Employee's social so 22-3282696 770-06-57				mber	5700 DEMOCRACY DRIVE SUITE 2000			1 Wage	1 Wages, tips, other compensation 2 Federal Income tax withheld 78974.52				
13 Statutory Retiremen Employee plan		nent	ent Third-party sick pay		PLANO TX 75024				3 Socia	I Security wages 78974.52	4 Social Security tax with	4 Social Security tax withheld 4896.42	
C		59.16 Ü	Other I/HC/WD		50.02		's name, address, and Z			5 Medic	care wages and tips 78974.52	6 Medicare tax withheld	1145.13
DD 12806.76 DI 212. DI PP# 223-282-6					212.83	MADAN R POLEKAR 9816 PRAIRIE DOG LANE				7 Socia	l Security tips	8 Allocated Tips	
					EDISON NJ 08820				10 Dependent care benefits		11 Nonqualified plans		
										Verification Code			
15 State	Employ	er's state I.C). No.	16 State wages,	, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
NJ 223-282-696/000			82	2008.35		3512.37							
NJ	FLI							130.94					