Attention:

- By February 1, 2021, the Employer is responsible for providing the W-2 forms to the Employee and/or notifying the Employee they are available in the online payroll employee portal under "My History".
- The forms must be printed by the Employer or Employee through the online payroll employee portal.
- Using a standard printer, you can print the forms on plain white paper. No special paper or envelopes are required. However, the forms must be legible.
- W-2 forms will NOT be mailed by the payroll service provider.

General Instructions for W-2 Distribution and Filing

- Copy 1 is for the Employee and is provided for informational purposes only. The Employee should keep this for their records as it is a copy of what has been submitted to the state, city, and local tax agencies (if required).
- Copy B is for the Employee and should be filed by the Employee with the IRS.
- · Copy C is for the Employee and is their copy to keep on file.
- · Copy 2 is for the Employee and should be filed by the Employee with the state, city or local income tax agencies.

Please note, if the Employee worked in multiple states, a W-2 form will be available for each state and the same instructions apply. For any questions or corrections regarding the form, the Employee must reach out to the Employer.

W-2 Form Instructions

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 don't 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 (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 the 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't take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit www.irs.gov/EITC. See also 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. 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-2c 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 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-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code

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 8959, 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 shown in box 5, as well as the 0.9% Additional Medicare Tax on Our properties 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 venes 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 employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security pips will be credited to your social security record (used to figure your benefits). Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts. Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if y

A— Uncollected social security or RRTA 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. **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 **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. L—Substantiated employee business expense reimbursements (nontaxable) M— Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR. P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5). Q— 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—Employee salary reduction 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 compute any taxable and nontaxable 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—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 (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-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 taxable. EE— Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax exempt organization section 457(b) plan. FF—Permitted benefits under a qualified small employer health reimbursement arrangement. GG- Income from qualified equity grants under section 83(i). HH—Aggregate deferrals under section 83(i) 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 IRA 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 clergy'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. **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.

22222	a Employee's social security number	OMP No. 454	F 0000			
	657-68-0603	OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wag	Wages, tips, other compensation 2 Federal income tax w		
68-0535594				93061.60 1427		
c Employer's name, address, and ZIP code			3 Soc	ial security wages 4 Social security tax withhe 88341.50 547		
PVK CORPORATION						
44081 PIPELINE PLAZA			5 Me	Medicare wages and tips 6 Medicare tax withheld		
SUITE 315						1280.95
				7 Social security tips 8 Allocated tips		
ASHBURN VA 20147						
d Control number			9 10 Dependent			dent care benefits
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a			
CURECULIANAR					d e	
SURESH KUMAR KARNATI			13 Statu	utory Retirement Third-party loyee plan sick pay	12b	
1182 GLENMEADE DR					o d e	
			14 Other 12c			
APT J			DI	13.00	d e	
MARYLAND HEIGHTS MO 63043			UI/HC/	WD 21.26	12d	
					d e	
f Employee's address and ZIP code						
15 State Employer's state ID numb	per 16 State wages, tips, etc.	. 17 State incom	ne tax	18 Local wages, tips, etc.	19 Local inco	ome tax 20 Locality name
MO 26012049	88341.50	37	07.00			
W_2 Wage and	d Tax Statement	כחכ	חכ	Department of	f the Treasury	-Internal Revenue Service

a Employee's social security number

Copy 1-For State, City, or Local Tax Department

Safe, accurate,

FAST! Use www.irs.gov/efile 657-68-0603 OMB No. 1545-0008 **b** Employer identification number (EIN) Wages, tips, other compensation 2 Federal income tax withheld 68-0535594 93061.60 14275.07 c Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld 5477.17 88341.50 **PVK CORPORATION** 6 Medicare tax withheld 5 Medicare wages and tips 44081 PIPELINE PLAZA 88341.50 1280.95 **SUITE 315** 8 Allocated tips 7 Social security tips ASHBURN VA 20147 d Control number 9 10 Dependent care benefits e Employee's first name and initial 12a See instructions for box 12 Last name 11 Nonqualified plans SURESH KUMAR KARNATI 12b 1182 GLENMEADE DR 14 Other 12c APT J DΙ 13.00 UI/HC/WD 21.26 MARYLAND HEIGHTS MO 63043 12d f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name MO 3707.00

88341.50

W-2 Wage and Tax Statement

26012049



Department of the Treasury-Internal Revenue Service

Visit the IRS website at

Form W-2 Wage and Tax Statement Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)				20	Sat	the Treasur e, accurate ST! Use		Revenue Service
MO	26012049	88341.50		707.00	10 20011 11 11 11 11 11 11 11 11 11 11 11 11			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State incom			ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
MARYLAND HEIGHTS MO 63043				UI/HC	/WD 21.26	12d C		
APT J				14 Oth	14 Other 12c			
SURESH KUMAR KARNATI 1182 GLENMEADE DR			13 Statutory employee Plan Third-party sick pay					
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a See instructions			for box 12		
d Control number				9		10 Dependent care benefits		
ASHBURN VA 20147				7 Social security tips 8 Allocated tips				
SUITE 315							1280.95	
PVK CORPORATION 44081 PIPELINE PLAZA				5 Me	dicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, and ZIP code				3 Soc	cial security wages 88341.50	4 Social security tax withheld 5477.17		
b Employer identification number (EIN) 68-0535594					ges, tips, other compensation 93061.60	2 Federal income tax withheld 14275.07		
		a Employee's social security number 657-68-0603	OMB No. 154	5-0008	This information is being furnisl are required to file a tax return, may be imposed on you if this in the control of the contr	a negligence income is tax	penalty or oable and yo	other sanction u fail to report it.

		a Employee's social security number						
		657-68-0603	OMB No. 154	OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income tax with			ax withheld		
68-0	68-0535594			1	93061.60			14275.07
c Emp	c Employer's name, address, and ZIP code			3 Social security wages 4 Social			ocial security tax withheld	
PVK CORPORATION			88341.50 54			5477.17		
44081 PIPELINE PLAZA			5 Medicare wages and tips 6 Medicare t			icare tax with	nheld	
			88341.50			1280.95		
SUITE 315			7 Soc	cial security tips	8 Allocated tips			
ASHBURN VA 20147								
d Cont	rol number			9 10 Dependent care benefits			benefits	
e Employee's first name and initial Last name Suff.			l c .					
CURECULICIMAR					d e			
SURESH KUMAR KARNATI			13 Statutory Retirement Third-party employee plan Sick pay 12b					
1182 GLENMEADE DR			Q d e					
ADT I			14 Other 12 00 00 00 00 00 00 00 00 00 00 00 00 00					
APT J			DI	13.00	d e			
MARYLAND HEIGHTS MO 63043			UI/HC	/WD 21.26	12d			
						d e		
f Employee's address and ZIP code								
15 State	Employer's state ID numb	er 16 State wages, tips, etc	. 17 State incor	ne tax	18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name
MO	26012049	88341.50	3	707.00				
					+			†

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service