PAGE 1

erence Copy
ent <b>ZUZU</b> OMB No. 1545-0008
Corp. Employer use only
Ind ZIP code
AVE
205
Batch #02306
Ind ZIP code
211
a Employee's SSA number
XXX-XX-1766
2 Federal income tax withheld
2676.41
4 Social security tax withheld
6 Medicare tax withheld
8 Allocated tips
10 Dependent care benefits
To Dependent care benefits
12a See instructions for box 12
W 30.00
12h
12b 12c
12c   12d
12c   12d
12c   12d
12c                     12d                     13 Stat emp         Ret. plan 3rd party sick pay           .16 State wages, tips, etc.
12c         I           12d         I           13         Stat emp           Ret. plan         3rd party sick pay
12c                     12d                     13 Stat emp         Ret. plan 3rd party sick pay           .16 State wages, tips, etc.

## 2020 W-2 and EARNINGS SUMMARY



This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

#### 1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CT. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	18,153.83	18,153.83	18,153.83	8,923.07
Less Other Cafe 125	665.52	665.52	665.52	332.76
Less Cafe 125 HSA (W-Box 12)	30.00	30.00	30.00	15.00
Less Exempt Wages	N/A	17,458.31	17,458.31	N/A
Reported W-2 Wages	17,458.31	0.00	0.00	8,575.31

2. Employee Name and Address.

#### HARSHAVARDHAN CHINTHALAPALLI 1 COBBLE COURT LOUDONVILLE NY 12211

¤© 2020 ADP, Inc.

			·1		1
1 Wages, tips, other comp. 17458.31	2 Federal income tax withheld 2676.41	1 Wages, tips, other comp. 17458.31	2 Federal income tax withheld 2676.41	1 Wages, tips, other comp. 17458.31	2 Federal income tax withheld 2676.41
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only
000751 PITT/D1B 500	A 4	000751 PITT/D1B 500	A 4	000751 PITT/D1B 500	A 4
c Employer's name, address, a	nd ZIP code	c Employer's name, address, a	nd ZIP code	c Employer's name, address, a	nd ZIP code
GSS INFOTECH 1762 CENTRAL ALBANY NY 12	AVE	GSS INFOTECH 1762 CENTRAL ALBANY NY 12	AVE	GSS INFOTECH 1762 CENTRAL ALBANY NY 12	AVE
b Employer's FED ID number 72-1563114	a Employee's SSA number XXX-XX-1766	b Employer's FED ID number 72-1563114	a Employee's SSA number XXX-XX-1766	b Employer's FED ID number 72-1563114	a Employee's SSA number XXX-XX-1766
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 W 30.00	11 Nonqualified plans	<sup>12a</sup> W 15.00	11 Nonqualified plans	<sup>12a</sup> W 15.00
14 Other	12b	14 Other	12b	14 Other	12b
3.60 SDI	12c		12c		12c
24.93 PFL	12d		12d		12d
	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick part
e/f Employee's name, address ar	nd ZIP code	e/f Employee's name, address a	nd ZIP code	e/f Employee's name, address a	nd ZIP code
HARSHAVARDHAN CH	IINTHALAPALLI	HARSHAVARDHAN CH	IINTHALAPALLI	HARSHAVARDHAN CH	IINTHALAPALLI
1 COBBLE COURT		1 COBBLE COURT		1 COBBLE COURT	
LOUDONVILLE NY 122	11	LOUDONVILLE NY 122	11	LOUDONVILLE NY 122	211
15 State Employer's state ID no TOTAL STATE	. 16 State wages, tips, etc.	15 State Employer's state ID no CT 50201979-000	.16 State wages, tips, etc. 8575.31	15 State Employer's state ID no CT 50201979-000	. 16 State wages, tips, etc. 8575.31
17 State income tax 1058.26	18 Local wages, tips, etc.	17 State income tax 599.41	18 Local wages, tips, etc.	17 State income tax 599.41	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
Federal Fil	ing Copy	CT.State Re	ference Copy	CT.State Fili	ng Copy
W-2 Wage and Statemer	and Tax 2020 ent OMB No. 1545-0008	<b>VV-Z</b> Statement	nd Tax <b>2020</b> OMB No. 1545-0008 e Income Tax Return.	W-2 Wage and Statemer Copy 2 to be filed with employee's State	

PAGE 2

NY.State Re	eference Copy
VALO Wage a	nd Tax
W-2 Wage a Statemen	t <b>ZUZU</b>
Copy 2 to be filed with employee's State	OMB No. 1545-0008 e Income Tax Return.
d contror number Dept.	Colp. Employer use only
000751 PITT/D1B 500	A 5
	and ZIP code 785492GXHF
GSS INFOTECH	
1762 CENTRAL	
ALBANY NY 12	2205
	Batch #02306
	Batch #02306
e/f Employee's name, address, a	and ZIP code
HARSHAVARDHAN CH	IINTHALAPALLI
1 COBBLE COURT	
LOUDONVILLE NY 12	011
LOODONVILLE NI 122	211
b Employer's FED ID number	a Employee's SSA number
72-1563114	XXX-XX-1766
1 Wages, tips, other comp.	2 Federal income tax withheld
17458.31	2676.41
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
5 Medicare wages and tips	6 Medicare tax withineid
7 Social security tips	8 Allocated tips
	-
9	10 Dependent care benefits
11 Nongualified plans	12a See instructions for box 12
11 Nonquaimeu plans	W 15.00
14 Other	12b
3.60 NY SDI	12c   12d
24.93 NY PFL	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no NY 72-1563114	0.16 State wages, tips, etc. 17458.31
17 State income tax	17438.31 18 Local wages, tips, etc.
17 State income tax 458.85	To Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. 17458.31	2 Federal income tax withheld 2676.41
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept.	Corp. Employer use only
000751 PITT/D1B 500	A 5 nd ZIP code 785492GXHF
GSS INFOTECH 1762 CENTRAL ALBANY NY 12	AVE 205
b Employer's FED ID number 72-1563114	a Employee's SSA number XXX-XX-1766
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 W 15.00
11 Nonqualified plans 14 Other	W 15.00
· ·	W 15.00
14 Other	W 15.00
14 Other 3.60 NY SDI	W 15.00
14 Other 3.60 NY SDI 24.93 NY PFL e/f Employee's name, address ar HARSHAVARDHAN CH	Wi         15.00           12b
14 Other 3.60 NY SDI 24.93 NY PFL e/f Employee's name, address ar	Wight     15.00       12b     12c       12d     13       3 Stat emp. Ret. plan     3rd party sick pa       id ZIP code     INTHALAPALLI
14 Other 3.60 NY SDI 24.93 NY PFL e/f Employee's name, address ar HARSHAVARDHAN CH 1 COBBLE COURT	With the second seco
14 Other 3.60 NY SDI 24.93 NY PFL e/f Employee's name, address ar HARSHAVARDHAN CH 1 COBBLE COURT LOUDONVILLE NY 122 15 State Employer's state ID no	Wight         15.00           12b         1           12c         1           12d         1           13 Stat emp Ret. plan 3rd party sick pa           od ZIP code           IINTHALAPALLI           11           16 State wages, tips, etc.
14 Other 3.60 NY SDI 24.93 NY PFL e/f Employee's name, address ar HARSHAVARDHAN CH 1 COBBLE COURT LOUDONVILLE NY 122 15 State Employer's state ID no NY 72-1563114 17 State income tax	Wight         15.00           12b         1           12c         1           12d         1           13 Stat emp Ret. plan 3rd party sick pa           of ZIP code           IINTHALAPALLI           11           16 State wages, tips, etc.           17458.31
14 Other 3.60 NY SDI 24.93 NY PFL e/f Employee's name, address ar HARSHAVARDHAN CH 1 COBBLE COURT LOUDONVILLE NY 122 15 State Employer's state ID no NY 72-1563114 17 State income tax 458.85	W         15.00           12b         1           12c         1           12d         1           13 Stat emp Ret. plan 3rd party sick pa           id ZIP code           INTHALAPALLI           11           16 State wages, tips, etc.           17458.31           18 Local wages, tips, etc.           20 Locality name
14 Other         3.60 NY SDI         24.93 NY PFL         eff Employee's name, address ar         HARSHAVARDHAN         1 COBBLE         COURT         LOUDONVILLE         15 State         Employer's state ID no         NY         72-1563114         17 State income tax         458.85         19 Local income tax         NY.State	W         15.00           12b         1           12c         1           12d         1           13 Stat emp Ret. plan 3rd party sick pa           id ZIP code           INTHALAPALLI           11           16 State wages, tips, etc.           17458.31           18 Local wages, tips, etc.           20 Locality name
14 Other         3.60 NY SDI         24.93 NY PFL         e/f Employee's name, address ar         HARSHAVARDHAN         1 COBBLE         COURT         LOUDONVILLE         15 State         Employer's state ID no         NY         72-1563114         17 State income tax         458.85         19 Local income tax         NY.State	Wi         15.00           12b         12c           12c         12c           12d         13 State emp Ret. plan 3rd party sick p           id ZIP code         3rd party sick p           INTHALAPALLI         11           16 State wages, tips, etc.         17458.31           18 Local wages, tips, etc.         20 Locality name           ng         Copy

### 2020 W-2 and EARNINGS SUMMARY



This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.	

Gross Pay Less Other Cafe 125 Less Cafe 125 HSA (W-Box 12) Reported W-2 Wages NY. State Wages, Tips, Etc. Box 16 of W-2 9,230.76 332.76 15.00 8,883.00

2. Employee Name and Address.

#### HARSHAVARDHAN CHINTHALAPALLI 1 COBBLE COURT LOUDONVILLE NY 12211

\* New York requires total Federal wages to be reported in Box 16.  $\tt nc$  2020 ADP, Inc.

# INTENTIONALLY LEFT BLANK

#### 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 any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 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 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 tips 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 thris 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 you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you acopy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective 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 \$19,500 (\$13,500 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 H are limited 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 elective 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.

 ${\bf A-}$  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.  ${\bf B-}$  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

 ${\rm G-Elective}$  deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

 ${\rm H-Elective}$  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 box 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.

N—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.

 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

2-income under a hondpaline deterred compensation plan that has 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.

**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.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):

TAX	RETURN
THIS FORM W-2	OTHER W-2'S

#### 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 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 \$8,537.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.