## Attention:

- By January 31, 2022, 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".
- $\blacktriangleright$  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

**Notice to Entry terms The answer of the Present of the entry of the** 

#### 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 your employer's plan limit is also included in box 1. See Form 2441. **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 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, and 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 copy. 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 2021, 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. –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 the 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 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. 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 figure any taxable and nontaxable amounts. V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the 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 409Å 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 inform 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 744-86-3819	OMB No. 154	j45-0008					
b Employer identification number (EIN) 68-0535594			1 Wa	ges, tips, other compensation 51420.00	2 Federal income tax withheld 8262.62			
c Employer's name, address, and ZIP code			<b>3</b> So	Social security wages 4 Social security tax wi				
PVK CORPORATION 44081 PIPELINE PLAZA			5 Me	dicare wages and tips	6 Medicare tax withheld			
SUITE 105-5 ASHBURN VA 20147			7 So	cial security tips	8 Allocated tips			
d Control number			9	9 10 Dependent care benefit				
e Employee's first name and initial Last name		Suff.	11 No	11 Nonqualified plans 12a				
BHAGIRADH ELISHETTY 3154 SOUTHFIELD DR			13 Statutory employee Petirement Third-party sick pay					
HERNDON VA 20171 f Employee's address and ZIP code			14 Oth	er	12c G H 12d G H H H H H H H H H H H H H			
15 State Employer's state ID numb VA 30680535594F001	ber 16 State wages, tips, etc. 51420.00		ne tax 616.48	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			
Form <b>W-2</b> Wage and	Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service							

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

	a Employee's social security number 744-86-3819	OMB No. 1545		Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 68-0535594			<b>1</b> Wag	ges, tips, other compensation 51420.00	2 Federal income tax withheld 8262.62		
c Employer's name, address, and ZIP code			<b>3</b> Soc	cial security wages	4 Social security tax withheld		
PVK CORPORATION							
44081 PIPELINE PLAZA				dicare wages and tips	6 Medicare tax withheld		
SUITE 105-5			7 500	cial security tips	8 Allocated tips		
ASHBURN VA 20147				7 Social security tips 6 Allocated tips			
d Control number			9	9 10 Dependent care benefits			
e Employee's first name and initial Last name		Suff.	11 No	nqualified plans	<b>12a</b> See instructions for box 12		
BHAGIRADH	ELISHETTY						
3154 SOUTHFIELD DR			13 Statu emp		12b		
HERNDON VA 20171			14 Other 12c				
f Employee's address and ZIP coo	de						
15 State Employer's state ID numb				18 Local wages, tips, etc.	<b>19</b> Local income tax <b>20</b> Locality name		
VA 30680535594F001	51420.00	26	16.48				
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service							

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

	a Employee's social security number 744-86-3819	OMB No. 1545-0008 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				ther sanction	
b Employer identification number (EIN) 68-0535594			1 Wages, tips, other compensation         2 Federal income tax withheld           51420.00         8262.62				
c Employer's name, address, and ZIP code			<b>3</b> Soc	Social security wages         4         Social security tax withheld			
PVK CORPORATION							
44081 PIPELINE PLAZA			<b>5</b> Me	dicare wages and tips	6 Medicare tax with	6 Medicare tax withheld	
SUITE 105-5			7 80		8 Allocated tips	9 Allocated tipe	
ASHBURN VA 20147				7 Social security tips 8 Allocated tips			
d Control number			9	9 10 Dependent care benefit			
e Employee's first name and initial Last name Suff			11 No	nqualified plans	12a See instructions	12a See instructions for box 12	
BHAGIRADH	BHAGIRADH ELISHETTY						
3154 SOUTHFIELD DR			13 Statu emp	loyee plan sick pay	12b		
			14 Oth	er	12c C d e		
HERNDON VA 20171					12d		
					o d e		
<ul> <li>f Employee's address and ZIP cod</li> <li>15 State Employer's state ID numb</li> </ul>		17 State incom		<b>18</b> Local wages, tips, etc.	19 Local income tax	20 Locality name	
VA 30680535594F001	51420.00		516.48	io Local wages, lips, etc.	19 Local income tax	20 Locality name	
				++			
Form W-2 Wage and	Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service						

# Form **VV-Z** Wage and Tax Statement

Safe, accurate, FAST! Use



Copy C-For EMPLOYEE'S RECORDS

(See Notice to Employee on the back of Copy B.)

	a Employee's so 744-86-3819	ocial security number	OMB No. 1545-0008					
b Employer identification number (EIN) 68-0535594				1 Wag	ges, tips, other compensation 51420.00	2 Federal income tax withheld 8262.62		
c Employer's name, address, and ZIP code PVK CORPORATION			<b>3</b> Soc	cial security wages	4 Social security tax withheld			
44081 PIPELINE PLAZA			5 Me	dicare wages and tips	6 Medicare tax withheld			
SUITE 105-5 ASHBURN VA 20147				7 Soc	cial security tips	8 Allocated tips		
d Control number				9		10 Dep	pendent care	benefits
e Employee's first name and initial Last name		Suff.	11 No	11 Nonqualified plans   1     G   G		12a		
BHAGIRADH ELISHETTY 3154 SOUTHFIELD DR			13 Statutory Retirement Third-party sick pay					
				14 Oth	er	<b>12c</b>		
HERNDON VA 20171						12d		
f Employee's address and ZIP cod								-
15         State         Employer's state ID number           VA         30680535594F001	ber <b>16</b> \$	State wages, tips, etc. 51420.00		ne tax 616.48	18 Local wages, tips, etc.	19 Local ii	ncome tax	20 Locality name
Form <b>W-2</b> Wage and Tax Statement			201	57	Department of the Treasury-Internal Revenue Servi			Revenue Service

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return