OMB No. 1545-0008		
d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
	66618.20	5237.05
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
59-3264661	66618.20	4130.33
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
161-83-2140	66618.20	965.96

c Employer's name, address and ZIP code
KFORCE INC & SUBSIDIARIES
1001 EAST PALM AVENUE
TAMPA FL 33605

7 Social security tips			8 Allocated tips	9	
10 Dependent care benefits			11 Nonqualified plans	12a g W	See instructions for box 12
B DD	610	04.98	12c 9 0	12d 90 0	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other		

e Employee's name, address and ZIP code
BALA VINEETH NE THATIPAMULA
APT B
5447 DUNMERE LN

DUBLIN OH 43017

OMB No. 1545-0008

5057			yer's state I.D. no.		16 State wages, tips, etc.				
$\Box$ $\Box$ $\Box$ $\Box$	OH	524	1375813		66618.20				
ౖ <b> W-2</b>	ОН								
Wage and Tax Statement			17 State income tax	18 L	ocal wages, tips, etc.				
Copy C - For EMPLOYEE'S			2038.55		4000.00				
RECORDS (See No	tice to	)		<b></b>					
Employee on back					62618.20				
This information is being fu					*				
Internal Revenue Service. I to file a tax return, a neglige			19 Local income tax		ocality name				
other sanction may be imposed on you if this			74.00	DE	ELAWARE				
income is taxable and you fail to report it.									
Department of the Treasury – Internal Revenue Service			1252.45	DUBLIN					
				_					

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld	
	66618.20	5237.05	
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161-83-2140	66618.20	965.96	

c Employer's name, address and ZIP code KFORCE INC & SUBSIDIARIES 1001 EAST PALM AVENUE TAMPA FL 33605

7 Social security tips			8 Alloc	ated tips	9		
10 Dependent care benefits			11 Non	qualified plans	12a 9 W	391.69	
DD	610	04.98	12c 90 00		12d 8 0	 	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Oth	er			

e Employee's name, address and ZIP code BALA VINEETH NE THATIPAMULA APT B

5447 DUNMERE LN DUBLIN OH 43017

וכחכ	15 State Employ		16 State wages, tips, etc.
	OH 5243	375813	66618.20
<sup>ૄ</sup> W-2	ОН		

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

Department of the Treasury – Internal Revenue Service

17 State income tax	18 Local wages, tips, etc.
2038.55	4000.00
	62618.20
19 Local income tax	20 Locality name
74.00	DELAWARE
1252.45	DUBLIN

OMB No. 1545-0008		
d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
	66618.20	5237.05
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
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c Employer's name, address and ZIP code KFORCE INC & SUBSIDIARIES 1001 EAST PALM AVENUE TAMPA FL 33605

7 Social security tips			8 Allocated tips		9		
10 Dependent care benefits			11 Nonqualified plans		12a 9 W	See instructions for box 12 391.69	
g DD	610	14.98	12c		12d 90		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other				

e Employee's name, address and ZIP code
BALA VINEETH NE THATIPAMULA
APT B
5447 DUNMERE LN

DUBLIN OH 43017 2021 | 15 State Employer's state I.D. no. OH | 524375813

도미도파	OH	524	375813			66618.20		
<sup>E</sup> W-2	ОН							
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Copy B - To Be Fil Employee's FEDE Return.						62618.20		
This information is being functional Revenue Service.	urnished t	o the	19 Local income tax	74.00		ocality name CLAWARE		
Department of the Treasur Internal Revenue Service	y –		12	252.45	DU	JBLIN		

16 State wages, tips, etc.

OMB No. 1545-0008		
d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
	66618.20	5237.05
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
59-3264661	66618.20	4130.33
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c Employer's name, address and ZIP code KFORCE INC & SUBSIDIARIES 1001 EAST PALM AVENUE TAMPA FL 33605

7 Social security tips			8 Alloca	ated tips	9		
10 Dependent	care benefits		11 Non	qualified plans	12a 90 W	391.69	
DD	610	04.98	12c 90 0		12d 90 O		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Othe	er			

Employee's name, address and ZIP Code
BALA VINEETH NE THATIPAMULA
APT B
5447 DUNMERE LN DUBLIN OH 43017

ורחר	15 State Employer's state I.D. no.		16 State wages, tips, etc.
CDCT	OH	524375813	66618.20
ૄૄ W-2	ОН		

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

Department of the Treasury – Internal Revenue Service

17 State income tax	18 Lo	cal wages, tips, etc.
2038.55		4000.00
		62618.20
19 Local income tax		cality name
74.00	DEI	AWARE
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## 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 2021 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 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 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.

Employee's social security number (SSN). For your

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.

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 acrd that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA methods and the second security card you should ask for a new acrd that displays your correct name at any SSA office

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 2021 and more than \$8.853.60 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 \$5,203.80 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.

## 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 3. 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 tigs shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tigs shows 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. Les 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 filling Form 4137, your social security in swill be credited to your social security record (used to figure your benefits). Box 10. This amount is cludes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cateleria) plan). Any amount over your employer splan limit is also included in box 1. See Form 4137 this amount is often expendent care benefits that your employer splan limit is also included in box 3 and/or box 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 shouldfuer a texe this year because the

## Instructions for Employee (Continued)

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 t—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—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) C—Nontaxable conbate pay. See the Instructions for Form 5100 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.

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 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 hox 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

EE—Designation won't 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 380) HH— Aggregate deferrals under section 380 (He 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 dergy'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.