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 eligible for a refund if hox 2 shows an amount or if you are eligible for any credit. Emmed income credit (BC), You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and family size. Workers without children could quality for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for your avissment income is more than the specified amount for 2020 or if income is carned for services provided while you were an immate at a penal institution. For 2020 in come hims and more information, vist www srs. gov/ETIC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax lability 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

A set of the set of

a what is the 30x 40x 4 what is the 30x 4 w

figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5) K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. For form family and Medicare tax set his year because there is no longer a substantial risk of forfeiture of year. How included in box 1, 3, or 5) (and included in box 1), complete For

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 decrinary, contract mack alternation on the year assoring nor the current year. It in year is shown, the contributions are for the current year. A.—Uncollected social security or RRT A 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.

 $C{\rm --Taxable}$ 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

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—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 Ferra Care Insurance Contracts: S—Employee sharp reductive contributions under a section 408(p) SIMPLE plan (not included in box S—Employee sharp reductive contributions

1) T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to

securary wage base), and 3), see rub. 525, I axable and Nontaxable Income, for reporting 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 (HSAc)

(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.

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

withhekl, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments or a member of the creary's parsonage allowance and utilities. Raihzada emphysers use this box to report raiload retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the emphyser in raiload retirement (RRTA) compensation.

| a received, report that amount even if it is more or less than the allocated ti Form W-2 Wage and Tax State | ips. Use Form 4157 to | ns 1040 and 1040-SR for how to deduct. | C, for employe | ee's records | s being furnished to the Internal Revenue Servi d to file a tax return, a negligence penalty or oth on you if this income is taxable and you fail to r | | |
|---|----------------------------------|--|----------------------------|--|--|--|--|
| d Control number 0942-P6034934 0000102860-0SAL b Employer's identification number a Employee's social sec | ES SPLAY | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
| 45-4542840 064-11-559 | | ARALLON DRIVE EANDRO CA 94577 | [| 1 Wages, tips, other compensation 118167.92 | 2 Federal Income tax withheld 19722.73 | | |
| Employee plan sick | | | | 3 Social Security wages 118167.92 | 4 Social Security tax withheld 7326.41 | | |
| 12 See Instrs. for Box 12 DD 9452.88 CASDI | 1181.78 MOHA | 's name, address, and ZIP code | - | 5 Medicare wages and tips 118167.92 7 Social Security tips | 6 Medicare tax withheld 1713.43 8 Allocated Tips | | |
| | | EUCALYPTUS TERRACE ONT CA 94555 | 3 | 10 Dependent care benefits | 11 Nonqualified plans | | |
| | | | | Verification Code | | | |
| 15 State Employer's state LD. No. 16 State CA 301-8585-4 1 | e wages, tips, etc. 118167.92 | 17 State income tax 8208.36 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

Form W-2 Wage and Tax Statement

| Form | n W-2 Wag | je ar | nd Tax | Statemen | it | 2020 | | Сору | B, to be filed | l with | employee's FEDER | AL tax return | |
|--|---|-------------|---|-----------------|--|---------|--|---------|---------------------------|-----------------------------|--|------------------------------|------|
| d Control number Void 0942-P6034934 0000102860-0SALES b Emolover's identification number a Emolover's social security number | | | c Employer's name, address, and ZIP code SPLAY INC | | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | | | | |
| 45-4542840 064-11-5590 | | | 2116 FARALLON DRIVE SAN LEANDRO CA 94577 | | | 1 Wage | 1 Wages, tips, other compensation 2 Federal Income tax withheld 118167.92 19722. | | | | | | |
| | 13 Statutory Retirement Third-party Employee plan sick pay | | | | | | | | 3 Socia | al Security wages 118167.92 | 4 Social Security tax withheld 7326.41 | | |
| 12 See In DD | nstrs. for Box 12 9452.88 | | Other ASDI | 1! | 181.78 | | s' name, address, and ZIP code | | | 5 Medi | icare wages and tips 118167.92 | 6 Medicare tax withheld 1713 | 3.43 |
| | | | | l | MOHAMMAD SHAIK 34377 EUCALYPTUS TERRACE | | | 7 Socia | al Security tips | 8 Allocated Tips | | | |
| | | | | | I | FREMC | ONT CA 94555 | | | 10 Dep | pendent care benefits | 11 Nonqualified plans | |
| | | | | | | | | | | Veri | ification Code | | |
| 15 State | Employer's st | tate I.D. ! | No. | 16 State wages, | , tips, etc. | | 17 State income tax | 18 | 8 Local wages, tips, etc. | | 19 Local income tax | 20 Locality name | |
| CA | 301-8585-4 | ł | l | | 118 | 8167.92 | 820 | 08.36 | | | | | |

Form W-2 Wage and Tax Statement 2020

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

| d Control number Void | | | | Void | c Employer's name, address, and ZIP code | | | | | Department of the Treasury - Internal Revenue Service | | | | |
|--|------------------|-----------------|----------------------|--------------------------|--|--|-------------------------|---|--|---|---------------------|-------------------------|---------|--|
| | | | | SPLAY INC | | | | OMB No. 1545-0008 | | | | | | |
| b Employer's identification number a Employee's social security number | | | 2116 FARALLON DRIVE | | | | 4.14/10.17 | 1 Wages, tips, other compensation 2 Federal Income tax withheld | | | | | | |
| 45-4542840 064-11-5590 | | | SAN LEANDRO CA 94577 | | | | 1 wag | 118167.92 | | 19722.73 | | | | |
| 13 Statutory Retirement Third-party Employee plan sick pay | | | | | | | | 3 Soci | 3 Social Security wages 4 Social Security tax withheld | | | | | |
| X | | | | | | | | | 118167.92 | | 7326.41 | | | |
| | strs. for Box 12 | | Other | | | | s name, address, and ZI | P code | | 5 Medi | care wages and tips | 6 Medicare tax withheld | | |
| DD | 945 | 52.88 CA | ASDI | 11 | 81.78 | | | | | | 118167.92 | | 1713.43 | |
| | | | | MOHAMMAD SHAIK | | | | 7 Soci | al Security tips | 8 Allocated Tips | | | | |
| | | | | 34377 EUCALYPTUS TERRACE | | | | | | | | | | |
| | | | FREMONT CA 94555 | | | | 10 Dep | pendent care benefits | 11 Nonqualified plans | | | | | |
| | | | | | | | | | | Ver | ification Code | • | | |
| | | | | | | | | | | | | | | |
| 15 State | Employ | er's state I.D. | No. | 16 State wages, | tips, etc. | | 17 State income tax | | 18 Local wages, tips, etc. | | 19 Local income tax | 20 Locality name | | |
| CA 301-8585-4 11 | | 8167.92 | | 8208.36 | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |