| Copy B-To Be Filed Wit<br>Federal Tax Return.   | tn ⊨mpioyee's  | 41-0852411<br>OMB No. 1545-0008  |
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| a Employee's soc. sec. no.  | 1 Wages, tips, other comp.<br>94788.96   | 2 Federal income tax withheld<br>13078.20  |
| XXX-XX-7962   | 3 Social security wages  | 4 Social security tax withheld   |
| b Employer ID number (EIN)  | 94788.96<br>5 Medicare wages and tips  | 6 Medicare tax withheld  |
| 82-2245503  | 94788.96   | 1374.44  |
| c Employer's name, address,   |  |  |
| PIONEER CONSU   | LTING LLC<br>HIGHTSTOWN RD_BLI   |  |
|   | HIGHTSTOWN RD, BLI<br>E A  |  |
| CRANBURY  | NJ   | 08512  |
| d Control number<br>174   |  |  |
| e Employee's name, address,   | , and ZIP code   | Suf  |
| VINOD KUMAR RE  |  |  |
| 4113 N'O CONNO  | R RD   |  |
| IRVING  | TX   | 75062  |
| 7 Social security tips  | 8 Allocated tips   | 9 Verification code  |
| 0 Dependent care benefits   | 11 Nonqualified plans  | 12a Code   |
| 3 Statutory employee 14 Otl   | her  | 12b Code   |
| Retirement plan   |  | 12c Code   |
| Third parts side parts  |  | -  |
| Third-party sick pay  |  | 12d Code   |
|   |  |  |
| 5 State Employer's state ID n   | number 16 State wages, tips, etc.  | 17 State income tax  |
|   | 19 Local income tax  | 20 Locality name   |
| 8 Local wages, tips, etc.   |  |  |
| Form W-2 Wage and Tax Sta   | tement 2021<br>shed to the Internal Revenue Servi  | Dept. of the Treasury IRS  |
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| AA<br>Copy C-For EMPLOYEE<br>Indice to Employee on<br>a Employee's soc. sec. no.<br>XXX-XX-7962<br>b Employer ID number (EIN)<br>32-2245503<br>c Employer's name, address,<br>PIONEER CONSU<br>379 PRINCETON H<br>2ND FLOOR SUITI<br>CRANBURY<br>d Control number<br>174<br>a Employee's name, address,<br>VINOD KUMAR RE<br>4113 N'O CONNOI<br>IRVING<br>7 Social security tips<br>0 Dependent care benefits   | shed to the Internal Revenue Servi<br>Sector 2015 (See<br>the back of Copy B.)<br>1 Wages, tips, other comp.<br>94788.96<br>3 Social security wages<br>94788.96<br>5 Medicare wages and tips<br>94788.96<br>5 Medicare wages and tips<br>94788.96<br>and ZIP code<br>LTING LLC<br>HIGHTSTOWN RD, BLI<br>E A<br>NJ<br>and ZIP code<br>EDD PALAKONDU<br>R RD<br>TX<br>8 Allocated tips<br>11 Nonqualified plans  | cce.<br>41-0852411<br>OMB No. 1545-0008<br>2 Federal income tax withheld<br>13078.20<br>4 Social security tax withheld<br>5876.92<br>6 Medicare tax withheld<br>1374.44<br>OG 1<br>08512<br>Suf<br>75062<br>9 Verification code<br>12a Code                                    |
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Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury -- IRS This information is being furnished to the IRS. 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.

| Copy 2-To Be Filed V<br>City, or Local Incom  | With Employee's State,<br>e Tax Return.   | 41-0852411<br>OMB No. 1545-0008        |  |  |
|---|---|--|--|--|
| a Employee's soc. sec. no   | 0. 1 Wages, tips, other comp.             | 2 Federal income tax withheld          |  |  |
| XXX-XX-7962   | 94788.96                                  | 13078.20                               |  |  |
| L Fuelen ID multis (F   | 3 Social security wages                   | 4 Social security tax withheld 5876.92 |  |  |
| b Employer ID number (E   | IN) 94788.96<br>5 Medicare wages and tips | 6 Medicare tax withheld                |  |  |
| 82-2245503  | 94788.96                                  | 1374.44                                |  |  |
| c Employer's name, addre  |   |  |  |  |
| PIONEER CONSULTING LLC<br>379 PRINCETON HIGHTSTOWN RD, BLDG 1<br>2ND FLOOR SUITE A<br>CRANBURY NJ 08512 |   |  |  |  |
| d Control number<br>17  | 4   |  |  |  |
| e Employee's name, addr   | ess, and ZIP code                         | Suff.                                  |  |  |
| VINOD KUMAR<br>4113 N'O CONN  | REDD PALAKONDU<br>NOR RD                  |  |  |  |
| IRVING  | T>  | K 75062                                |  |  |
| 7 Social security tips  | 8 Allocated tips                          | 9 Verification code                    |  |  |
| 10 Dependent care benefit   | ts 11 Nonqualified plans                  | 12a Code                               |  |  |
| 13 Statutory employee 14  | 1 Other                                   | 12b Code                               |  |  |
| Retirement plan   |   | 12c Code                               |  |  |
| Third-party sick pay  |   | 12d 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                       |  |  |
| Form W-2 Wage and Tax   | Statement 2021                            | Dept. of the Treasury IRS              |  |  |
| DAA   |   |  |  |  |

| Copy 2-To Be Filed<br>City, or Local Inco  | d With<br>me Ta       | Employee's State,<br>x Return.         | 41-0852411<br>OMB No. 1545-0008        |  |
|--|-----------------------|--|--|--|
| a Employee's soc. sec.   |                       | 1 Wages, tips, other comp.<br>94788.96 | 2 Federal income tax withheld 13078.20 |  |
| XXX-XX-7962  |                       | 3 Social security wages                | 4 Social security tax withheld         |  |
| b Employer ID number (EIN)   |                       | 94788.96                               | 5876.92                                |  |
|  | ()                    | 5 Medicare wages and tips              | 6 Medicare tax withheld                |  |
| 82-2245503   |                       | 94788.96                               | 1374.44                                |  |
| c Employer's name, add   | dress, ar             | nd ZIP code                            |  |  |
| PIONEER COI<br>379 PRINCET(<br>2ND FLOOR S<br>CRANBURY                             | NSUL<br>ON H<br>SUITE | TING LLC<br>IGHTSTOWN RD, BLE<br>A NJ  | DG 1<br>08512                          |  |
| d Control number   | 74                    |  |  |  |
| e Employee's name, address, and ZIP code Suff.                                     |                       |  |  |  |
| VINOD KUMAI<br>4113 N'O CON<br>IRVING  |                       | DD PALAKONDU<br>RD<br>TX               | 75062                                  |  |
| 7 Social security tips   |                       | 8 Allocated tips                       | 9 Verification code                    |  |
| 10 Dependent care benefits   |                       | 11 Nonqualified plans                  | 12a Code                               |  |
| 13 Statutory employee  | 14 Other              |  | 12b Code                               |  |
| Retirement plan  |                       |  | 12c Code                               |  |
| Third-party sick pay   |                       |  | 12d Code                               |  |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax |                       |  |  |  |
| 18 Local wages, tips, etc  | o.                    | 19 Local income tax                    | 20 Locality name                       |  |
| Form W-2 Wage and Ta   | x State               | <sup>ment</sup> 2021                   | Dept. of the Treasury IRS              |  |

## 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 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 ... your name and converte current but arent 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 orde DD is act toweble. 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

(See also Instructions for Employee on the back of Copy C.)

## Instructions for Employee

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

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 it 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 50700 0000 above \$200,000. Box 8. This amount is not included in box 1, 3, 5, or 7. For information

Eax 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. Hou 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 dink report to your employer. Enter this amount on the wages line of your tax return. By fing Form 4137, your social security tax fulls 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 b.x 1. Complete Form 2441, Child and Dependent Care Expenses, to figure any taxable and nontaxable amounts.

is also included in bix 1. Complete Form 2441, Child and Dependent Care Expenses, to figure 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 box 5 if it is a prior year deferral under a nonqualified deffield 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 forteiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and received a distribution in the same calendar year, and you are or will be gete 2b y the end of the calendar year, and you are or will be Security Administration and give you a cory. Box 12. The following list explains the codes shown in box 12. You may end effiring the your abox 1. The deferral (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all planar egenerally imited to a total of \$19,500

(Stassa 21:1), and y and y beginned to be incompared to a total of \$19,500 (\$13,500 if you only have SIMPLE plans, \$22,500 if you only have SIMPLE plans, \$22,500 if you only have SIMPLE plans, \$22,500 if you only you find the stass of t

The imited to \$7,000. Unterfails under code H However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$5,500 (\$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 reiferment age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit mus be included in income. See the Instructions for Forms 1040 and 1040-SR.

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. 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 the social security wage base), and 5) D-Elective deferrats to a section 401(k) cash or deferred arrangement. Also includes deferrats under a SIMPLE retirement account that is part of a section d-Ben arrangement. Addres ascillation 400(k) (d) and a vector of the Elective deferrats under a section 400(k) (d) salary reduction SEP E-Elective deferrats and employee contributions (f) includen on Deferred F-Elective deferrats and employee contributions (f) includen on Deferred

F-Elective deferrais under a section 4008(k)(b) salary reduction SEF G-Elective deferrais and employer contributions (including nonelective deferrais) to a section 457(b) deferred compensation plan H-Elective deferrais to a section 501(c)(1810) (b) are exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct. J-Nontaxable site pay (information only), not induced in box 1, 3, or 5) K-20% excises tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR. Compensations and the set of the form to the set of the form of the and 1040-SR.

tor + orms 1040 and 1040-SR. L-Substantiated employee business expense reimbursements (nontaxable) M-Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

Forms 1040 and 1040-SR. N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. P-Excludable moving expense reimbursements paid directly to a member of the

P-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 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 Adortion Expressed to filter actual trachib and potentiable amount for the former for the formation of the fo

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, up to the social security wage base), and 5). See Pub. 2525, Taxable and Nontaxable Income, for reporting requirements. W-Employer contributions (including amounts the employee elected to contribute using a section 125 (caleteria) Jan) to your health savings account. Y-olferrals union a section 400 nonqualified deferred compensation plan Z-Income under a nonqualified deferred compensation plan that fails to satisy section 400A. 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.

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 taxexempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement

FF-Permitted benefits under a qualitied smail employer i research arrangement. GG-income from qualified equity grants under section 83(i) HH-Aggregate defensits 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, Combinutions to Individual Retirement Arrangements (IRAs). Box 14. Employers may use this box to report information such as state disability instances taxes withinked, union duse, uniform payments, health apprents, or a member of the dergy's parsonage allowance and utilities. Raitoad employers use this box to report raitor element (RRTA) compensation. Tier 1 tax. Tier 2 tax, Medicare tax, and Additional Medicare Tax include tips reported by the employee to the employer in raitorad retirement (RRTA) compensation.

Include taps reported by the employee to the employee in Tamoda reterement (RRTA) compensation. Note: Keep Copy C of Torm 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.