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".
- The forms must be printed by the Employer or Employee through the online payroll employee portal.
- <u>Using a standard printer, you can print the forms on plain white paper</u>. 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

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. Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and 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-

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. 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 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. 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 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 filling 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.

55555	a Employee's social security number 748-73-9703	OMB No. 154	MB No. 1545-0008					
b Employer identification number (EIN) 26-4305460			1 Wag	ages, tips, other compensation 27495.00 2 Federal income tax with			ax withheld 3650.14	
c Employer's name, address, and ZIP code SCIGON SOLUTIONS INC			3 Soc	cial security wages 4 Social security tax withhe 27495.00 1704			x withheld 1704.69	
420 LAKE COOK RD			5 Me	edicare wages and tips 27495.00 6 Medicare tax withheld 398			held 398.68	
SUITE 104 DEERFIELD IL 60015			7 Soc	cial security tips 8 Allocated tips				
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial		Suff.	11 No	nqualified plans	12a			
SAI SUDHA REDDY 36 CLERMONT CROSSING			13 State emp	oloyée plan sick pay	12b			
UNIT J ST LOUIS MO 63146			14 001	ei	12d			
f Employee's address and ZIP coo	de				o d e			
15 State Employer's state ID numb MO 26261821			ne tax 007.00	18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name	
W 0	d Tay Statement			Department of	f the Treasu	rv—Internal F	Revenue Service	

Form **W-Z** Wage and Tax Statement

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

	a Employee's social security number 748-73-9703	OMB No. 154	5-0008	Safe, accurate, FAST! Use	√file	Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 26-4305460			1 Wages, tips, other compensation 27495.00 2 Federal inc			ncome tax withheld 3650.14		
c Employer's name, address, and 2	ZIP code		3 Soc	cial security wages	4 Social security tax withheld			
SCIGON SOLUTIONS INC			27495.00 1704.					
420 LAKE COOK RD			5 Medicare wages and tips 6 Medicare tax withheld					
SUITE 104			27495.00 398.6					
			7 Soc	cial security tips	8 Allocated tips			
DEERFIELD IL 60015								
d Control number			9 10 Dependent care benef			ent care benefits		
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a See instructions for box 12			tructions for box 12		
SAI SUDHA	SALSUDHA REDDY				o d e			
			13 Statutory Retirement Third-party sick pay					
36 CLERMONT CROSSING			d e					
UNIT J			14 Other 12c					
					d e			
ST LOUIS MO 63146					12d			
					d e			
f Employee's address and ZIP code				T				
15 State Employer's state ID number				18 Local wages, tips, etc.	19 Local incon	ne tax 20 Locality name		
MO 26261821	21105.00		907.00					

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

	a Employee's social security number 748-73-9703	OMB No. 1545	5-0008	This information is being furnis are required to file a tax return may be imposed on you if this	shed to the Int , a negligence income is tax	ernal Revenue penalty or cable and you	ue Service. If you other sanction u fail to report it.		
b Employer identification number (EIN)				Wages, tips, other compensation 2 Federal income tax withh					
26-4305460				27495.00 36					
c Employer's name, address, and 2	ZIP code		3 Social security wages 4 Social security tax w			ax withheld			
SCIGON SOLUTIONS INC				27495.00 170			1704.69		
420 LAKE COOK RD				5 Medicare wages and tips 6 Medicare tax withheld 27495.00 39			hheld 398.68		
SUITE 104			7 Soc	cial security tips	8 Alloca	ated tips			
DEERFIELD IL 60015				7 Coolai Scounty ups 6 Allot			Journa ripo		
d Control number			9	10 Dependent care bene			benefits		
e Employee's first name and initial Last name Su			C			for box 12			
SAI SUDHA	REDDY		13 Stati	utory Retirement Third-party	12b				
36 CLERMONT CROSSING			emp	oloyée plan sick pay	C o d e				
UNIT J			14 Oth	er	12c				
ST LOUIS MO 63146					12d				
f Employee's address and ZIP code		T							
15 State Employer's state ID number MO 26261821	er 16 State wages, tips, etc. 21105.00		18 Local wages, tips, etc.		19 Local inc	come tax	20 Locality name		
·									
Form W-2 Wage and	d Tax Statement	ָ אַ רַ	7.	Department o	f the Treasur	y—Internal	Revenue Servic		

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

Safe, accur FAST! Use



·								
	a Employee's social security number							
	748-73-9703	OMB No. 1545-0008						
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income tax with			x withheld		
26-4305460			27495.00			3650.14		
c Employer's name, address, and a	ZIP code		3 Social security wages 4 S			Social security tax withheld		
SCIGON SOLUTIONS INC			27495.00				1704.69	
420 LAKE COOK RD			5 Me	5 Medicare wages and tips 6 Medicare tax withheld			held	
SUITE 104			27495.00			398.68		
			7 Soc	cial security tips	8 Allocated tips			
DEERFIELD IL 60015								
d Control number			9 10 Dependent care benefits			enefits		
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a					
SAI SUDHA	REDDY				o d e			
6/11 66 B/11/1	NESS!		13 Statu	utory Retirement Third-party loyee plan sick pay	12b	1		
36 CLERMONT CROSSING			d e					
UNIT J			14 Other 12c					
ONT 0					d e			
ST LOUIS MO 63146				12d	1			
					de			
f Employee's address and ZIP code								
15 State Employer's state ID numb				18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name	
MO 26261821	21105.00		907.00					

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service