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 866-90-1534	OMB No. 154	15-0008				
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld		
46-1406312			1680.00 152.06				
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld		
LONG FINCH TECHNOLOGIES				1680.00	104.16		
924 US HIGHWAY 9			5 Me	dicare wages and tips	6 Medicare tax withheld		
				1680.00	24.36		
STE 105			7 Soc	cial security tips	8 Allocated tips		
SOUTH AMBOY NJ 08879							
d Control number			9		10 Dependent care b	penefits	
e Employee's first name and initial Last name Suff.		11 No	nqualified plans	12a			
THOUGH	B.4.0				o d		
TUSHAR	RAO		13 Statu	utory Retirement Third-party loyee plan sick pay	12b		
168 CARLTON AVE					o d		
100 0/11/21 01/1/12			14 Oth	- :	12c		
			UI/HC/		o d		
JERSEY CITY NJ 07306			DI	7.90	12d		
					o d		
f Employee's address and ZIP code					1		
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NJ 461-406-312/000	1680.00		32.02				
NJ FLI			4.70				

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

5057

Department of the Treasury-Internal Revenue Service

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

	a Employe 866-90-15	e's social security number 34	OMB No. 154		Safe, accurate, FAST! Use	≁ file	Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 46-1406312				1 Waq	ges, tips, other compensation 1680.00	2 Federal income tax withheld 152.06			
c Employer's name, address,	and ZIP code			3 Soc	cial security wages	4 Social security tax withheld			
LONG FINCH TECHNOL	OGIES			1680.00			104.16		
924 US HIGHWAY 9				5 Me	dicare wages and tips 1680.00	6 Medio	6 Medicare tax withheld 24.36		
STE 105				7 Soc	cial security tips	8 Allocated tips			
SOUTH AMBOY NJ 0887	9				7 decida decumy tips				
d Control number				9		10 Depe	ndent care benefits		
e Employee's first name and i	nitial Last	name	Suff.	11 No	nqualified plans	12a See	instructions for box 12		
TUSHAR	RAC)		13 Statu	utory Retirement Third-party	12b			
168 CARLTON AVE			emp	loyée plan sick pay ´	C o d e				
				14 Oth		12c			
JERSEY CITY NJ 07306			DI	7.90	12d				
f Employee's address and ZIP code					e				
15 State Employer's state ID r	ıumber	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inc	come tax 20 Locality name		
NJ 461-406-312/000		1680.00		32.02					
NJ FLI				4.70					

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



Department of the Treasury-Internal Revenue Service

	1								
	a Employee's social security number 866-90-1534 OMB No. 1545				This information are required to may be impos	on is being furni ofile a tax returr ed on you if this	shed to t i, a negli income	to the Internal Revenue Service. If you egligence penalty or other sanction me is taxable and you fail to report it.	
b Employer identification number	(EIN)			1 Wages, tips, other compensation			2	Federal income	
46-1406312						1680.00			152.06
c Employer's name, address, and	ZIP code			3 Social security wages			4 Social security tax withheld		
LONG FINCH TECHNOLOG	SIES			1680.00			104.16		
924 US HIGHWAY 9				5 Medicare wages and tips			6 Medicare tax withheld		
STE 105						1680.00			24.36
SOUTH AMBOY NJ 08879				7 S	ocial security ti	os	8	Allocated tips	
d Control number				9			10	Dependent care	benefits
e Employee's first name and initia	I Last name		Suff.	11 N	lonqualified plai	ns	c	See instructions	s for box 12
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168 CARLTON AVE				L			d e		
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f Employee's address and ZIP cod									
15 State Employer's state ID numb	per 16 State	wages, tips, etc.	17 State incon			iges, tips, etc.	19 Loc	cal income tax	20 Locality name
NJ 461-406-312/000		1680.00		32.02	! 				
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Form **W-2** Wage and Tax Statement

5057

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use



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

		a Employee's social security number						
		866-90-1534	OMB No. 1545-0008					
b Emp	loyer identification number (EIN)		1 Waq	ges, tips, other compensation	2 Federal income tax withheld		
46-	1406312			1680.00 152.06				152.06
c Emp	loyer's name, address, and	ZIP code		3 Soc	cial security wages	4 Social security tax withheld		
LON	LONG FINCH TECHNOLOGIES				1680.00	104.16		
924	US HIGHWAY 9						Medicare tax withheld	
STE	105				1680.00			24.36
	JTH AMBOY NJ 08879			7 Soc	cial security tips	8 Allocated tips		
300	TITAWIDOT NO 00079							
d Con	trol number			9		10 Depe	ndent care b	penefits
e Emp	loyee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a	ı	
TUSH	AR	RAO				e		
				13 Statu	utory Retirement Third-party loyee plan sick pay	12b	ı	
168 CARLTON AVE					d e			
				14 Oth UI/HC		12c	ı	
				DI	7.90	d e		
JERSEY CITY NJ 07306			וט	7.90	12d	ı		
						o d e		
f Empl	oyee's address and ZIP cod	le						
15 State		er 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name
NJ	461-406-312/000	1680.00		32.02				
NJ	 FLI			4.70				
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Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service