# gusto

# Your 2021 forms W-2 are enclosed

Happy new year! Gusto's here to make sure you have what you need for the upcoming tax season. Attached are your 2021 W-2 forms.

### What you should do with Forms W-2

This package includes three copies of the W-2. Here's how to use each of them:

- **Copy B:** File this copy with your federal tax return by April 15th, 2022.
- **Copy 2:** File this copy with your state tax return by April 15th, 2022.
- **Copy C:** Keep this copy safe for your personal records.

#### How to read Form W-2

The W-2 can be a bit confusing. Here's some information to help clarify:

Box a:	Please ensure that your employee's SSN is accurate.
Box 1:	Shows total wages that are subject to federal income tax. This amount does not include
	contributions to Medical, Dental, and Vision insurance under Section 125 plans, or
	contributions to retirement plans such as 401(k).
Box 3:	Shows total wages subject to Social Security. It has a maximum of
	\$142,800 in 2021. This amount does not include contributions to Medical, Dental, and
	Vision insurance under Section 125 plans.
Box 5:	Shows total wages subject to Medicare. This amount does not include contributions to
	Medical, Dental, and Vision insurance under Section 125 plans.

Thanks for being a Gusto customer. We hope this helps make tax season easier! If you have any questions, we are happy to help — contact our team at support@gusto.com.

	byee's social security number $88 - 4280$	OMB No. 154	5-0008	Safe, accurate, FAST! Use		e IRS website at s.gov/efile	
<b>b</b> Employer identification number (EIN) $84 - 3009065$				ges, tips, other compensatior $87.54$	2 Federal income 2715.47	<b>2</b> Federal income tax withheld 2715.47	
c Employer's name, address, and ZIP code Lottery Now Inc			1728	cial security wages 87.54 edicare wages and tips	4 Social security tax withheld 1071.83 6 Medicare tax withheld		
2 Hot Springs Loop,		408	1728	87.54 cial security tips	250.67 8 Allocated tips		
MCAllister d Control number	MT 59740		9		10 Dependent care	benefits	
e Employee's first name and initial La	ist name	Suff.	<b>11</b> No	onqualified plans	12a See instructions		
Hemanth Gun 3408 shiraz loop	ntaka		13 Stat emp	tutory Retirement Third-par Joyee plan sick pay	DD 1583	. 1	
78727					12d		
round rock f Employee's address and ZIP code	TX 78665				C d e		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc	. 19 Local income tax	20 Locality name	
Form <b>W-2</b> Wage and Tax S	Statement	202	5 J	Departmen	t of the Treasury-Internal	Revenue Service	

### Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

#### 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 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 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.)

	a Employee's social security number						
	812-88-4280	OMB No. 154	5-0008				
b Employer identification number (EIN)				ges, tips, other compensation		2 Federal income tax withheld	
84-3009065				37.54	2715.47		
c Employer's name, address, and	ZIP code		3 So	cial security wages	4 Social security tax withheld		
Lottery Now Inc			1728	37.54	1071.83		
			5 Me	dicare wages and tips	6 Medicare tax withheld		
2 Hot Springs Loop, Ste 105, Box 408			17287.54		250.67		
			7 So	cial security tips	8 Allocated tips		
McAllister	MT 59740						
d Control number			9		10 Dependent care	benefits	
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a		
Hemanth	Guntaka				DD 1583.	. 7	
			13 State	utory Retirement Third-party loyee plan sick pay	12b		
3408 shiraz loop					d e		
			14 Oth	er	12c		
78727					o d e		
					12d		
round rock	TX 78665				d e		
f Employee's address and ZIP cod						1	
15 State Employer's state ID numb	<b>16</b> State wages, tips, etc.	. 17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
						L	
W_2 Waga and	d Tax Statement	202	רכ	Department of	of the Treasury-Internal	Revenue Service	
Form <b>VV</b> = <b>Z</b> wage and			Ц _		-		

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

## **Instructions for Employee** (continued from back of Copy C)

Box 12 (continued)

F-Elective deferrals under a section 408(k)(6) salary reduction SEP

 ${\bf G-}$  Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

 $\rm H-Elective$  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 groupterm 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)

 ${\bf Q-}$  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.

**E**É – 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.

Included in Box 14, if applicable, are amounts paid to you as qualified sick leave wages or qualified family leave wages under the Families First Coronavirus Response Act and/or sections 3131 and 3132 of the Internal Revenue Code. Specifically, up to six types of paid qualified sick leave wages or qualified family leave wages may be reported in Box 14:

• Sick leave wages subject to the \$511 per day limit paid for leave taken after December 31, 2020, and before April 1, 2021, because of care you required.

• Sick leave wages subject to the \$200 per day limit paid for leave taken after December 31, 2020, and before April 1, 2021, because of care you provided to another.

• Emergency family leave wages paid for leave taken after December 31, 2020, and before April 1, 2021.

• Sick leave wages subject to the \$511 per day limit paid for leave taken after March 31, 2021, and before October 1, 2021, because of care you required.

• Sick leave wages subject to the \$200 per day limit paid for leave taken after March 31, 2021, and before October 1, 2021, because of care you provided to another.

• Emergency family leave wages paid for leave taken after March 31, 2021, and before October 1, 2021.

If you have self-employment income in addition to wages paid by your employer, and you intend to claim any qualified sick leave or qualified family leave equivalent credits, you must report the qualified sick leave or qualified family leave wages on Form 7202, Credits for Sick Leave and Family Leave for Certain Self-Employed Individuals, included with your income tax return, and may have to reduce (but not below zero) any qualified sick leave or qualified family leave wages. If you have selfemployment income, you should refer to the instructions for your individual income tax return for more information.

**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.

	a Employee's social security number $812 - 88 - 4280$	OMB No. 154	5-0008	are required to file a tax return	hed to the Internal Revenue Service. If you , a negligence penalty or other sanction income is taxable and you fail to report it.	
<b>b</b> Employer identification number (	EIN)		1 Wag	ges, tips, other compensation	2 Federal income tax withheld	
84-3009065				37.54	2715.47	
c Employer's name, address, and	ZIP code		3 Social security wages		4 Social security tax withheld	
Lottery Now Inc			17287.54		1071.83	
HOULELY NOW THE			5 Medicare wages and tips		6 Medicare tax withheld	
2 Hot Springs Lo	oop, Ste 105, Box 4	408	17287.54		250.67	
			7 So	Social security tips 8 Allocated tips		
McAllister	MT 59740					
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans 12a See instructions for bo		<b>12a</b> See instructions for box 12	
Hemanth	Guntaka		DD 1583.7			
includiteri			13 Stati emp	utory Retirement Third-party loyee plan sick pay	12b	
3408 shiraz loop					O d e	
-			<b>14</b> Other <b>12c</b>			
78727					o e	
					12d	
round rock	TX 78665				o d e	
f Employee's address and ZIP code						
15 State Employer's state ID numb	16 State wages, tips, etc.	17 State incon	ne tax	<b>18</b> Local wages, tips, etc.	19 Local income tax 20 Locality name	
Form <b>W-2</b> Wage and Copy C-For EMPLOYEE'S RE	d Tax Statement	202	<u>]</u> ]	Sa	f the Treasury—Internal Revenue Service fe, accurate, ST! Use	

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

#### 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 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 \$5,000 is also included in box 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 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.

**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 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 (continued on back of Copy 2)