### 2021 W-2 and Earnings Summary

Form W-2 W	laç	ge and Ta	ах :	Statement
Copy C - For EMPLOY	/EE	'S RECORI	DS	5057
This information is being furnished to the l to file a tax return, a negligence penalty or imposed on you if this income is taxable a	othe	er sanction may be	Der	OMB No. 1545-0008 partment of Treasury - ernal Revenue Service
Control number 0RO40 E071	N	00190	)	
Employer's name, address, and ZIP code				
EFICENS SYSTEMS LLC (VERIDIC HOLDI:				
VERIDIC HOLDINGS LLC				
5400 LAUREL SPR	IN	GS PKWY		
SUWANEE GA 3002	4			
Employee's name, address, and ZIP code	Λ.	3755 7 TZ	7. 7.	77.7
PAVAN CHANDRA	_	YELAK.	ΑY	ALA
19 FETZER CT	,	APT 4	1	
BLOOMINGTON :	LЬ	6170	4	
	_		_	000 00
75852.6	•	9978.72		
1 Wages, tips, other comp.		2 Federal in	ncor	
15333.6	/	950.69		
3 Social security wages		4 Social security tax withheld 2.2.2.34		
15333.67 5 Medicare wages and tips		6 Medicare tax withheld		
7 Social security tips		8 Allocated tips		
7 Social security tips		Allocated tips		
9		10 Dependent care benefits		
11 Nonqualified plans		12a		
		12b		
13 Statutory Retirement Third-party sick pay		12c		
		12d		
Employee's social security no	٥.	14		
651-81-5917				
Employer ID number (EIN)				
84-3443670				
15 St. Employer's state ID number			17 State income tax	
OH 54-131286			1763.71	
IL 84-3443670		15333.6	57	759.02
18 Local wages, tips, etc.	19	Local income tax	19 Local income tax 20 Locality nar	

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Less: Excess Wages Total Reported Wages	\$75,852.67 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A \$75,852.67	\$75,852.67 (\$60,519.00) N/A \$0.00 \$0.00 \$0.00 \$15,333.67	\$75,852.67 (\$60,519.00) N/A \$0.00 \$0.00 N/A \$15,333.67
Total Reported Wages	\$13,032.01	ψ13,333.01	ψ10,333.01
	Fed Income	Social Security	Medicare
	Box 2 of W-2	Box 4 of W-2	Box 6 of W-2
Tax Withheld	\$9,978.72	\$950.69	\$222.34
	OH State Wages, Tips, etc.	IL State Wages, Tips, etc.	
	Box 16 of W-2	Box 16 of W-2	
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Total Penotted Wages	\$60,519.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$15,333.67 \$0.00 \$0.00 \$0.00 \$0.00 \$15 333.67	

# PAVAN CHANDRA YELAKAYALA 19 FETZER CT, APT 4 BLOOMINGTON, IL 61704

**Total Reported Wages** 

Tax Withheld

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

\$60,519.00

\$1,763.71

Box 17 of W-2

**OH State Income Tax** 

\$15,333.67

Box 17 of W-2

\$759.02

IL State Income Tax

Form W-2

Copy 2 — To Be Filed With

Employee's State, City, or Local Income Tax Return. Control number 0RO40

E07N

Copy B — To Be Filed With			5057		
Employee's FEDERAL Tax	Re	turn.	Do	OMB No. 1545-0008 partment of Treasury -	
This information is being furnished to the IRS.				ernal Revenue Service	
Control number 0RO40 E07	N	00190	)		
Employer's name, address, and ZIP code					
EFICENS SYSTEMS	L	LC (VER	lID	IC HOLDI	
VERIDIC HOLDING	S :	LLC			
5400 LAUREL SPR	IN	GS PKWY			
SUWANEE GA 3002	4				
Employee's name, address, and ZIP code					
PAVAN CHANDR	A	YELAK	ΑY	TALA	
19 FETZER CT	,	APT 4			
BLOOMINGTON	İΙ	6170	4		
75852.67			- 0	978.72	
1 Wages, tips, other comp.		2 Federal i	ncor	ne tax withheld	
15333.6	7			950.69	
3 Social security wages		4 Social security tax withheld			
15333.67		222.34			
5 Medicare wages and tips		6 Medicare tax withheld			
7 Social security tips		8 Allocated tips			
9		10 Dependent care benefits			
11 Nonqualified plans		12a			
		12b			
13 Statutory Retirement Third-party sick pay		12c			
		12d			
Employee's social security n	0.	14			
651-81-5917					
Employer ID number (EIN)					
84-3443670					
		State wages, tips	, etc.	17 State income tax	
		60519.00 1763.7			
				759.02	
01 0110070		Local income tax		20 Locality name	
				/ "	

**Wage and Tax Statement** 

Form W-2

Form W-2 W	/ag	e and Ta	ax (	Statement	
Copy 2 — To Be Filed V	Vith			5057	
			OMB No. 1545-0008 partment of Treasury -		
Income Tax Return.			Inte	rnal Revenue Service	
Control number 0RO40 E071	N	00190	)		
Employer's name, address, and ZIP code		G (ITED	TD	T.G. 1101 D.T.	
EFICENS SYSTEMS LLC (VERIDIC HOLDI)					
VERIDIC HOLDINGS					
5400 LAUREL SPRINGS PKWY					
SUWANEE GA 30024					
Employee's name, address, and ZIP code PAVAN CHANDRA 19 FETZER CT BLOOMINGTON	Α ·	APT 4		ALA	
75852.6				978.72	
1 Wages, tips, other comp.		2 Federal in	ncor	ne tax withheld	
15333.6	7			950.69	
3 Social security wages		4 Social security tax withheld			
15333.6				222.34	
5 Medicare wages and tips		6 Medicare tax withheld			
7 Social security tips		8 Allocate	d tip	os	
9		10 Depende	ent o	care benefits	
11 Nonqualified plans		12a			
	Ī	12b			
13 Statutory Retirement Third-party	y	12c			
		12d			
Employee's social security no 651-81-5917	0.	14			
Employer ID number (EIN) 84-3443670					
15 St. Employer's state ID number	16	State wages, tips	, etc.	17 State income tax	
OH 54-131286			1763.71		
IL 84-3443670	15333.67		7	759.02	
18 Local wages, tips, etc.	19 :	Local income tax		20 Locality name	

Employer's name, address, and ZIP code					
EFICENS SYSTEMS VERIDIC HOLDINGS			ID	IC HOLDI	
5400 LAUREL SPR					
		35 PKWY			
SUWANEE GA 3002					
Employee's name, address, and ZIP code PAVAN CHANDRA		YELAK.	ΑY	ALA	
19 FETZER CT	,	APT 4			
BLOOMINGTON :	ÍЬ	6170	4		
75852.6				978.72	
1 Wages, tips, other comp	_	2 Federal i	ncor	ne tax withheld	
15333.6	7			950.69	
3 Social security wages		4 Social s	ecur	ity tax withheld	
15333.6	-			222.34	
5 Medicare wages and tips		6 Medicare tax withheld			
7 Social security tips		8 Allocated tips			
9		10 Depend	ent	care benefits	
11 Nonqualified plans		12a			
		12b			
13 Statutory employee Plan Third-party sick pay		12c			
		12d			
Employee's social security n	0.	14	_		
651-81-5917					
Employer ID number (EIN)		1			
84-3443670					
15 St. Employer's state ID number	16	State wages, tips	, etc.	17 State income tax	
OH 54-131286		60519.00   1763.71			
IL 84-3443670		15333.67 759.02			
LL 84-3443670	ш-		9 Local income tax 20 Locality name		
18 Local wages, tips, etc.	_	Local income tax		20 Locality name	
01 01100/0	_	Local income tax		20 Locality name	

Wage and Tax Statement

00190

5057

OMB No. 1545-0008 Department of Treasury -Internal Revenue Service

### Notice to Employee Do you have to file? Refer to

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.

#### 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).

(Instructions for Employee continued on back of Copy 2.)

## **Instructions for Employee** (Continued from back of Copy B.)

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 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

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.

 $\mathbf{J}-$ 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.

(Instructions for Employee continued on back of Copy C.)

### **Instructions for Employee** (Continued from back of Copy 2.)

Box 12. (continued)

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 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.

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