CAMELOT INTEGRATED SOLUTIONS INC 2000 S DAIRY ASHFORD RD, STE 265

HOUSTON TX 77077

IMPORTANT TAX DOCUMENT ENCLOSED

APPALA SESHAGIRI PRAGADA 9360 WESTERN AVE APT#105

OMAHA NE 68114

REV 12/20/21 OSP

Notice to Employee

Do you have to file? Refer to the Instructions for Form 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 immate at a penal institution. For 2021 in 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.

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 Form 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 shown in box 5.

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 Form 1040 and 1040-SR.

and 1040-SH. 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 compute 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 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 \$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 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.

Employees 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 a ren't the

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 Forms 1040 and 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 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)

 $\mathbf{K}\!-\!20\%$ 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)

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 compute any taxable and nontaxable amounts.

Track your pay and tax info in one place

Join the millions of employees on Workforce, your free hub to get tax docs, review your pay stubs, and more.



Scan to get started, or go to workforce.intuit.com/activate

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 Form 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

- V— Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to 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 also is 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.

b Employer's Identification number	100 1001550		12a See instructions for Box 12	14.141 (* 1)	0 F- d1 :-		
c Employer's name, address, and ZIP code	20-4384559		\$	1 Wages, tips, other compensation 65867.20	2 rederal II		17.55
CAMELOT INTEGRATED	SOLUTIONS IN	IC	12b	3 Social security wages	4 Social se		
			\$ 12c	65867.20 5 Medicare wages and tips	6 Medicare		33.77
2000 S DAIRY ASHFOR	D RD,STE 265	i	\$	65867.20			55.07
HOUSTON TX 77077			12d	7 Social security tips	8 Allocated	tips	
e Employee's first name and initial	Last name			9	10 Depender	nt care ben	efits
	1120824		This information is being furnished to the Internal Revenue Service	22.51			
APPALA SESHAGIRI PR			Copy B To Be Filed with	11 Nonqualified plans	13 Statutory employee	Retirement plan	Third-party sick pay
9360 WESTERN AVE AF	T#105		Employee's FEDERAL	14 Other			
0.0			Tax Return				
OMAHA NE 68114			a Employee's soc. sec. no				
f Employee's address and ZIP code	Ct-t	47.04-4	103-96-5492	40.1!	20 Lecelity	2000	
15 State Employer's state I.D. No. 16 NE 13846604	65867.20	17 State income tax 3035.54	18 Local wages, tips, etc.	19 Local income tax	20 Locality	laine	
Form W-2 Wage and Tax Statement 202	Department of the Treasu	ry-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Vith Employee	's FEDERAL	L Tax Retur
202	1	.,	J				
b Employer's Identification number c Employer's name, address, and ZIP code	20-4384559		12a See instructions for Box 12	1 Wages, tips, other compensation 65867.20	2 Federal in		withheld L7.55
CAMELOT INTEGRATED	SOLUTIONS IN	IC	12b	3 Social security wages	4 Social se		
	5020110115 11		\$ 12c	65867.20	6 Madiagra		33.77
2000 S DAIRY ASHFOR	D RD,STE 265		\$	5 Medicare wages and tips 65867.20	6 Medicare		55.07
TIOTICE ON ENGINEE			12d	7 Social security tips	8 Allocated		,3,0,
HOUSTON TX 77077 e Employee's first name and initial	Last name		I\$	9	10 Depender	nt care ben	efits
<u> </u>	1120824				то воронио.	11 0410 2011	onto .
APPALA SESHAGIRI PR			Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory employee	Retirement plan	Third-party sick pay
9360 WESTERN AVE AF			Local Tax Departments	4.4 Othor	<u> </u>	<u> </u>	
JOO WESTERN TIVE TH	Ι π Ι Ο Ο			14 Other			
OMAHA NE 68114			a Employee's soc. sec. no				
f Employee's address and ZIP code			103-96-5492				
15 State Employer's state I.D. No. 16 NE 13846604	State wages, tips, etc. 65867.20	17 State income tax 3035.54	18 Local wages, tips, etc.	19 Local income tax	20 Locality I	name	
Form W-2 Wage and Tax Statement 202	1 Department of the Treasu	ry-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or L	OCAL Tax D)epartment
REV 12/20/21 OSP b Employer's Identification number	100 4004550		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal in	ncome tax	withheld
b Employer's Identification number c Employer's name, address, and ZIP code	20-4384559		\$	65867.20		421	L7.55
CAMELOT INTEGRATED	SOLUTIONS IN	IC	12b	3 Social security wages	4 Social se		
0000 G DATEM AGMEDIE	D DD CEE 065		\$ 12c	65867.20 5 Medicare wages and tips	6 Medicare		33.77 eld
2000 S DAIRY ASHFOR	ID RD,STE 265)	\$	65867.20	0.411		55.07
HOUSTON TX 77077			12d \$	7 Social security tips	8 Allocated	tips	
e Employee's first name and initial	Last name			9	10 Depender	nt care ben	efits
	1120824			11 Nongualified plans	13 Statutory	Retirement	Third-party
APPALA SESHAGIRI PR			Copy 2 for State, City, or		13 Statutory employee	plan	sick pay
9360 WESTERN AVE AF	T#105		Local Tax Departments	14 Other			
OMBITA NE CO114							
OMAHA NE 68114			a Employee's soc. sec. no				
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16	State wares tine etc	17 State income tax	103-96-5492 18 Local wages, tips, etc.	19 Local income tax	20 Locality i	name	
NE 13846604	65867.20	3035.54	10 Local wages, tips, etc.				
Form W-2 Wage and Tax Statement 202	Department of the Treasu	ry-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST/	ATE. CITY. or I	OCAL Tax C	Department
202	Τ	•			, - , -		
b Employer's Identification number	00 4204550		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal in	ncome tax i	withheld
c Employer's name, address, and ZIP code	20-4384559		\$	65867.20	2 i caciai ii		L7.55
CAMELOT INTEGRATED	SOLUTIONS IN	IC	12b	3 Social security wages	4 Social se		
			12c	65867.20 5 Medicare wages and tips	6 Medicare		33.77 old
2000 S DAIRY ASHFOR	D RD,STE 265		\$	65867.20			55.07
HOUSTON TX 77077			12d	7 Social security tips	8 Allocated	tips	
e Employee's first name and initial	Last name		This information is being furnished to the	9	10 Depender	nt care ben	efits
	1120824		Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed	11 Nonqualified plans	12	D-C	Tra 1 1
APPALA SESHAGIRI PR			on you if this income is taxable and you fail to report it.	i i idonquaimeu pians	13 Statutory employee	Retirement plan	Third-party sick pay
9360 WESTERN AVE AF	T#105		Copy C for Employee's	14 Other			
ONANTIN NT CO114			Records (see notice to Employee on back.)				
OMAHA NE 68114			a Employee's soc. sec. no				
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16	State wages tine oto	17 State income tax	103-96-5492 18 Local wages, tips, etc.	19 Local income tax	20 Locality i	name	
NE 13846604	65867.20	3035.54					
Form W-2 Wage and Tax Statement 202	1 Department of the Treasu	ry-Internal Revenue Service	OMB # 1545-0008		Copy C F	or Employee	e's Record
202	Τ				, - 1		