**Employee** Reference Copy Wage and Tax Statement Copy C for employee's record Control number Dept. Employer use only Corp. CLI2/CTS SH0290

Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Batch #02445

e/f Employee's name, address, and ZIP code

**SRIDHAR NARRA** 486 APPLE DR **EXTON PA 19341-2170** 

b	Emplo	yer's FED ID numbe 13-3924155	r a	Е		/ee's SS/ <b>(XX-X)</b>		
1	Wage	s, tips, other comp.	2	F	ederal	income	tax wit	hheld
		121158.48	3				1314	0.88
3	Socia	security wages	4	S	ocial	security	tax wit	hheld
		128063.14	1				793	9.91
5	Medic	are wages and tips	6	M	edica	re tax wi	thheld	
		128063.14	1				185	6.92
7	Social	security tips	8	Α	llocat	ed tips		
9			10	De	epend	ent care	benefi	ts
11	Nonqu	ualified plans	12	a S	ee instr	ructions fo	r box 12 <b>61.</b>	
11	Other		12		ĎΙ	(	6904.	
	Other	32.97 SUI	12	_	DD	1	<u>6069</u>	<u>.08</u>
		21779.73 TXREL	12					
			13	3 St	at emp	Ret. plan	3rd part	y sick pay
15		Employer's state ID	no. 16	6 <b>S</b>	tate w	ages, tip	s, etc.	
17	State	income tax		8 L	ocai w	ages, tip	s, etc.	
40	1 1	7062.59						
19	Local	income tax 525.75		0 L	ocality	name		
		J2J.1	'			ICIAL	-	

Federal income tax withheld 121158.48 13140.88 Social security wages 128063.14 Social security tax withheld 7939.91 Medicare wages and tips 128063.14 Medicare tax withheld 1856.92 d Control number Employer use only 561297 CLI2/CTS SH0290

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7704				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12 C 61.35				
14	Other	<sup>12b</sup> D 6904.66				
	32.97 SUI	12c DD 16069.08				
	21779.73 TXREL	12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
e/f	e/f Employee's name, address and ZIP code					

SRIDHAR NARRA 486 APPLE DR **EXTON PA 19341-2170** 

15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17 State income tax <b>7062.59</b>	18 Local wages, tips, etc.
19 Local income tax 525.75	20 Locality name TOTAL
Federal Fili	ng Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Retur This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	136,857.63	136,857.63	136,857.63	78,762.19
Plus GTL (C-Box 12)	61.35	61.35	61.35	43.35
Less 401(k) (D-Box 12)	6,904.66	N/A	N/A	4,725.73
Less Other Cafe 125	8,855.84	8,855.84	8,855.84	6,474.79
Reported W-2 Wages	121,158.48	128,063.14	128,063.14	67,605.02

2. Employee Name and Address.

SRIDHAR NARRA 486 APPLE DR EXTON PA 19341-2170

¤© 2020 ADP, Inc.

1 Wages, tips, other comp. 121158.48				2 Federal income tax withheld 13140.88		
3	Socia	l security wag 1280	<sub>jes</sub> 63.14	4 Social security tax withheld 7939.91		
5 Medicare wages and tips 128063.14			d tips 63.14	6 Medio	care tax withheld 1856.92	
d	Contr	ol number	Dept.	Corp.	Employer use only	
56	1297	CLI2/CTS	SH0290		Α	

c Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7704			
7	Social security tips	8 Allocated tips			
9		10 Dep	enc	lent care	benefits
11	Nonqualified plans	12a			43.35
14	Other	<sup>12b</sup> [	)		4725.73
	21779.73 TXREL	12c	Ť		
		12d	Ť		
		13 Stat	emp.	Ret. plan	3rd party sick pay

SRIDHAR NARRA 486 APPLE DR **EXTON PA 19341-2170** 

15 State MD	Employer's state II 08408738	O no. 1	6 State	wages, tips, etc. 67605.02
17 State	income tax	1	8 Local	wages, tips, etc.
	5253.83	3		
19 Loca	income tax	2	0 Local	ity name
	MD.State	Refe	erence	Сору
<b>\</b> \/_	<b>9</b> Wage	and	l Tax	2020

Statement Copy 2 to be filed with employee's State Income Tax Retu

1	Wages, tips, other of 1211	omp. 58.48	2	Federa	l income tax withheld 13140.88	
3	3 Social security wages 128063.14			4 Social security tax withheld 7939.91		
5 Medicare wages and tips 128063.14			6	Medica	are tax withheld 1856.92	
d	Control number	Dept.		Corp.	Employer use only	
56	1297 CLI2/CTS	SH0290			Α	

c Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7704					
7	Social security tips	8 4	8 Allocated tips				
9		10 Dependent care benefits					
11	Nonqualified plans	12a	С	ı		43.35	
14	Other	12b	D	İ	4	1725.73	
	21779.73 TXREL	12c		i			
		12d		i			
		13 5	Stat e	mp.	Ret. plan	3rd party sick	pay
e/f	Employee's name, address a	nd 7I	P co	de			

SRIDHAR NARRA 486 APPLE DR **EXTON PA 19341-2170** 

15 State Employer's state ID no. 08408738	16 State wages, tips, etc. 67605.02
17 State income tax	18 Local wages, tips, etc.
5253.83	
19 Local income tax	20 Locality name

MD.State Filing Сору Wage and

Statement Copy 2 to be filed with employee's State Income Tax

# 2020 W-2 and EARNINGS SUMMARY



CA.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Control number Corp. Employer use only CLI2/CTS SH0290

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

### Batch #02445

e/f Employee's name, address, and ZIP code

**SRIDHAR NARRA** 486 APPLE DR **EXTON PA 19341-2170** 

Employer's FED ID number a Employee's SSA number 13-3924155 XXX-XX-7704 ages, tips, other comp Federal income tax withheld 121158.48 13140.88 Social security wages Social security tax withheld 128063.14 7939.91 Medicare wages and tips 6 Medicare tax withheld 1856.92 128063.14 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 D 188.23 14 Other 00 CA SDI 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. CA 433-6247 4 2948.97 18 Local wages, tips, etc. 17 State income tax 194.63 19 Local income tax 20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

CA. State Wages, PA. State Wages, Tips, Etc. Box 16 of W-2 Box 16 of W-2

Gross Pay 3,137.20 50,797.85 Plus GTL (C-Box 12) 0.00 N/A Less 401(k) (D-Box 12) 188.23 N/A Less Other Cafe 125 N/A 2,142.90 Reported W-2 Wages 2,948.97 48,654.95

2. Employee Name and Address.

SRIDHAR NARRA 486 APPLE DR EXTON PA 19341-2170

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1	Wages, tips, other of	omp. 58.48	2 Federal income tax withheld 13140.88		
3	Social security wag 1280	es 63.14	4 Social security tax withheld 7939.91		
5 Medicare wages and tips 128063.14			6 Medica	are tax withheld 1856.92	
d	Control number	Dept.	Corp.	Employer use only	
56	1297 CLI2/CTS	SH0290		Α	

Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7704
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 188.23
14 Other	12b
.00 CA SDI	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address a	ind ZIP code

SRIDHAR NARRA

486 APPLE DR **EXTON PA 19341-2170** 

15 State CA	Employer's state ID no. 433-6247 4	16 State wages, tips, etc. 2948.97
17 State	income tax	18 Local wages, tips, etc.
	194.63	
19 Local	l income tax	20 Locality name
	CA.State Fili	ng Copy

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

1 Wages, tips, other comp. 121158.48				2 Federa	l income tax withheld 13140.88
3 Social security wages 128063.14				4 Social	security tax withheld 7939.91
5 Medicare wages and tips 128063.14			nd tips 063.14	6 Medica	are tax withheld 1856.92
d	Conti	ol number	Dept.	Corp.	Employer use only
561297 CLI2/CTS SH0290			SH0290		Α
c Employer's name, address, and ZIP code					

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7704				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a C   16.17				
14	Other	<sup>12b</sup> D 1790.30				
	32.97 PA SUI	12c DD 16069.08				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
- 10	Formation and the same and the same	and ZID and a				

e/f Employee's name, address and ZIP code

SRIDHAR NARRA 486 APPLE DR **EXTON PA 19341-2170** 

15 State PA	Employer's state 1940 7725	ID no.	16 <b>Sta</b>	te wages,	tips, etc. 48654.95
17 State income tax			18 <b>Lo</b> c	al wages,	tips, etc.
	1493.	72			
19 Local	income tax		20 <b>Lo</b> c	ality nam	е
	PA.State	Ref	erenc	e C	ору
\ <b>\</b> /_	<b>9</b> Wage	e an	d T	ax <b>2</b>	<b>020</b>

Statement Copy 2 to be filed with employee's State Income Tax Return

1	1 Wages, tips, other comp. 121158.48			2 Federal income tax withheld 13140.88		
3	Social security wages 128063.14			4 Social security tax withheld 7939.91		
5	Medicare wages and tips 128063.14			6 Medica	are tax withheld 1856.92	
d	Control number Dept.		Corp.	Employer use only		
56	1297 CLI2/0	CTS	SH0290		Α	
c	C Employer's name address and ZIP code					

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7704			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a C 16.17			
14	Other	<sup>12b</sup> D 1790.30			
	32.97 PA SUI	12c DD 16069.08			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pa			

e/f Employee's name, address and ZIP code

SRIDHAR NARRA 486 APPLE DR **EXTON PA 19341-2170** 

15 State PA	Employer's state ID no. 1940 7725	16 State wages, tips, etc. 48654.95
17 State	income tax	18 Local wages, tips, etc.
	1493.72	
19 Local	income tax	20 Locality name
	DA Stata Eilir	og Conv

State Wage and

Statement Copy 2 to be filed with employee's State Income Tax

PA.State Reference Copy
Wage and Tax
Statement State Income Tax Return.

Copy 2 to be filed with employee's State Income Tax Return.

d Control number Dept. Corp.

561297 CLI2/CTS SH0290 Employer use only

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Batch #02445

e/f Employee's name, address, and ZIP code

SRIDHAR NARRA 486 APPLE DR EXTON PA 19341-2170

Emplo	yer's FED ID number 13-3924155	а	Er			
Wage	s, tips, other comp.	2	Fe	deral	income	tax withheld
	121158.48					13140.88
Social	security wages	4	Sc	ocial	security	tax withheld
	128063.14					7939.91
Medic		6	Me	edica	re tax wi	
	128063.14					1856.92
Social	security tips	8	ΑI	locate	ed tips	
		10	De	pend	lent care	benefits
Nonqu	ualified plans			e instr	uctions fo	r box 12 <b>1.83</b>
Other				D		200.40
•			<u> </u>			
					la	h
		13	Sta	at emp	X Ket. plan	Brd party sick pay
State	Employer's state ID n	<b>o.</b> 16	St	ate w	ages, tip	s, etc.
PA	1940 7725					3922.24
State i	ncome tax	18	Lo	cal w	ages, tip	s, etc.
	120.41					
Local	income tax	20	) Lo	cality	/ name	
	Wage: Social Medic Social Nonqu Other	Wages, tips, other comp.	13-3924155   Wages, tips, other comp.   2   121158.48   Social security wages   128063.14   Medicare wages and tips   128063.14   Social security tips   8   10   Nonqualified plans   12   12   12   12   13   13   14   15   16   16   16   16   16   16   16	13-3924155   Wages, tips, other comp.   2 Fe   121158.48   Social security wages   128063.14   Medicare wages and tips   128063.14   Social security tips   8 Al	13-3924155   2 Federal   121158.48   Social security wages   128063.14   Medicare wages and tips   128063.14   Social security tips   8 Allocate   10 Depending   10 Depending   10 Depending   12a See instruction   12b D   12c   12c   12d   13 Stat emporal   13 State was   1940 7725   State income tax   120.41   18 Local was   120.41   19   19   19   19   19   19   19	13-3924155   XXX-XX

1	Wages, tips, other of 1211	omp. 58.48	2 Federal income tax withheld 13140.88			
3	Social security wag 1280	es 63.14	4 Social security tax withhel 7939.9			
5	Medicare wages and 1280	d tips 63.14	6 Medica	are tax withheld 1856.92		
d	Control number	Dept.	Corp.	Employer use only		
56	1297 CLI2/CTS	SH0290		Α		

c Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7704					
7	Social security tips	8 Allocated tips					
9		10 I	Deper	ndent car	e benefits		
11	Nonqualified plans	12a	See i	nstructio	ns for box 12 1.83		
14	Other	12b	D		200.40		
		12c	1				
		12d	ĺ				
		<b>13</b> St	at em	Ret. plan	3rd party sick pay		
0/4	Employee's name address at	nd 711	o cod		<u> </u>		

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SRIDHAR NARRA 486 APPLE DR EXTON PA 19341-2170

15 State	Employer's state ID no.	16 State wages, tips, etc.
PA	1940 7725	3922.24
17 State	income tax	18 Local wages, tips, etc.
	120.41	
19 Local	income tax	20 Locality name
	PA.State Filir	ng Copy
		0 17

Wage and Tax 2020
Statement OMB No. 1545-000
Copy 2 to be filed with employee's State Income Tax Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	PA. State Wages, Tips, Etc. Box 16 of W-2	151206 WEST Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	4,160.39	51,618.40
Plus GTL (C-Box 12)	N/A	N/A
Less 401(k) (D-Box 12)	N/A	N/A
Less Other Cafe 125	238.15	2,142.90
Reported W-2 Wages	3,922.24	49,475.50

2. Employee Name and Address.

SRIDHAR NARRA 486 APPLE DR EXTON PA 19341-2170

\* All PA local wages and withholding for Act 32 are reported to © 2020 ADP, Inc. the employee work location PSD code.

1	Wages, tips, other 1211	comp. 58.48	2 Federal income tax withheld 13140.88			
3	Social security wa	ges )63.14	4 Social security tax withheld 7939.91			
5	Medicare wages ar 1280	nd tips 163.14	6 Medica	are tax withheld 1856.92		
d	Control number	Dept.	Corp.	Employer use only		
56	1297 CLI2/CTS	SH0290		Α		

c Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7704					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a C   16.17					
14	Other	<sup>12b</sup> D 1790.30					
	30.97 SUI	12c DD 16069.08					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					

e/f Employee's name, address and ZIP code

SRIDHAR NARRA 486 APPLE DR EXTON PA 19341-2170

15	State	Emplo	yer's	state ID n	<b>o.</b> 16	State wage	es, tips,	etc.
17	State	income	tax		18	Local wag		, etc. 9475.50
19 Local income tax 494.73					20	Locality n	ame 1206	
		City	or	Local	Re	ference	Co	ру

W-2 Statement OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.

1	Wages, tips, other of	omp. 58.48	2 Federal income tax withheld 13140.88			
3	Social security wag 1280	<sub>jes</sub> 63.14	4 Social security tax withheld 7939.91			
5	Medicare wages an 1280	d tips 63.14	6 Medicare tax withheld 1856.92			
d	Control number	Dept.	Co	orp.	Employer use only	
56	1297 CLI2/CTS	SH0290			Α	

c Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7704					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a C   16.17					
14	Other	<sup>12b</sup> D 1790.30					
	30.97 SUI	<sup>12c</sup> DD 16069.08					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pa					

e/f Employee's name, address and ZIP code

SRIDHAR NARRA 486 APPLE DR EXTON PA 19341-2170

15	State	Emplo	yer's	state ID no.	16	State	wages, tips, etc.		
17	State	income	tax		18	Local	wages, tips, etc.		
							49475.50		
						20 Locality name			
19	Local	incom	e tax		20	Local	ity name		
19	Local	incom	e tax	494.73	20	Local	ity name 151206		

W-2 Wage and Tax 2020
Statement OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.

Local Wages,

	City	or	Local	Ref	erenc	е Сору
<b>\</b> \/	2	W	/age	and	Tax	2020
VV-	<b>'</b>		Staten	nent		QMR No. 1545-0008
Copy 2 to I	be filed wi	th emp	loyee's Ci	ty or Loc	cal Inco	OMB No. 1545-0008 me Tax Return.
d Conti	rol numl	oer	Dep	t. (	Corp.	Employer use only
561297	CLI2/	CTS	SH029	0		Α

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

### Batch #02445

e/f Employee's name, address, and ZIP code

SRIDHAR NARRA 486 APPLE DR EXTON PA 19341-2170

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7704				
1	Wages, tips, other comp.	2 Federal income tax withheld				
	121158.48	13140.88				
3	Social security wages	4 Social security tax withheld				
	128063.14	7939.91				
5	Medicare wages and tips	6 Medicare tax withheld				
	128063.14	1856.92				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12 C 1.83				
14	Other	12b D 200.40				
	2.00 SUI	12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
15	State Employer's state ID no	. 16 State wages, tips, etc.				
17	State income tax	18 Local wages, tips, etc. 3101.69				
19	Local income tax 31.02	20 Locality name 151206				

1	Wages, tips, other	comp.   58.48	2 Federal income tax withheld 13140.88			
3	3 Social security wages 128063.14			4 Social security tax withheld 7939.91		
5	Medicare wages an	d tips )63.14	6	Medica	are tax withheld 1856.92	
d	Control number	Dept.	(	Corp.	Employer use only	
56	1297 CLI2/CTS	SH0290			Α	

### c Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7704						
7	Social security tips	8 A	8 Allocated tips					
9		10 Dependent care benefits						
11	Nonqualified plans	12a	See i	instructio	ns for box 12 1.83			
14	Other	12b	D		200.40			
	2.00 SUI	12c						
		12d						
		<b>13</b> St	at em	p. Ret. plan	3rd party sick pay			
e/f	e/f Employee's name, address and ZIP code							

SRIDHAR NARRA 486 APPLE DR EXTON PA 19341-2170

1	5	State	Employ	yer's	state ID n	<b>o.</b> 16	State	wages, tips	, etc.
1	7	State	income	tax		18	Local	wages, tips	
_									3101.69
1	9	Local	income	tax		20	Local	ity name	
					31.02			151206	
Г			City	or	Local	Fili	ng	Сору	
١,			_	1/	Maga 1	and	Tax		

W-2 Wage and Tax 2020
Statement OMB No. 1545-000
Copy 2 to be filed with employee's City or Local Income Tax Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Tips, Etc. Box 18 of W-2
Gross Pay 3,339.84
Plus GTL (C-Box 12) N/A
Less 401(k) (D-Box 12) N/A
Less Other Cafe 125 238.15
Reported W-2 Wages 3,101.69

2. Employee Name and Address.

SRIDHAR NARRA 486 APPLE DR EXTON PA 19341-2170

\* All PA local wages and withholding for Act 32 are reported to © 2020 ADP, Inc. the employee work location PSD code.

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### 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 \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable

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

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 2020, 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 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 compute any taxable and nontaxable amounts

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 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.

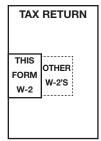
Department of the Treasury - Internal Revenue Service

## NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency 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 2020 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 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 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 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 2020 and more than \$8,537.40 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 \$5,012.70 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