| OMB No. 1545-0008 | REISSUED STATEMENT | | OMB No. 1545-0008 | REISSUED STATEMENT | |
|---|--|--|---|---|--|
| d Control Number | 1 Wages, tips, other compensation 89842.50 | 2 Federal income tax withheld 12964.03 | d Control Number | 1 Wages, tips, other compensation 89842.50 | 2 Federal income tax withheld 12964.03 |
| Employer identification number (EIN) 59-3264661 | 3 Social security wages 89842.50 | 4 Social security tax withheld 5570.24 | b Employer identification number (EIN) 59-3264661 | 3 Social security wages 89842.50 | 4 Social security tax withheld 5570.24 |
| Employee's social security number $366-73-2751$ | 5 Medicare wages and tips 89842.50 | 6 Medicare tax withheld 1302.72 | a Employee's social security number $366-73-2751$ | 5 Medicare wages and tips 89842.50 | 6 Medicare tax withheld 1302.72 |
| Employer's name, address and ZIP co KFORCE INC & SUBSII 1001 EAST PALM AVE TAMPA FL 33605 | DIARIES | | c Employer's name, address and ZIP co KFORCE INC & SUBSII 1001 EAST PALM AVEI TAMPA FL 33605 | DIARIES | |
| 7 Social security tips | 8 Allocated tips | 9 | 7 Social security tips | 8 Allocated tips | 9 |
| Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box |
| 2b | 12c | 12d 8 | 12b 8 8 | 12c | 12d 8 8 |
| 3 Statutory employee Retirement plan Third-party sick pay | V 14 Other ORSTT W/H | 89.84 | 13 Statutory Retirement Third-party sick pay | y 14 Other ORSTT W/H | 89.84 |
| Employee's name, address and ZIP or MOUNIKA RAMREDDYGAI APT. B205 2405 NE JOHN OLSEN HILLSBORO OR 97006 | RI AVENUE | | e Employee's name, address and ZIP o MOUNIKA RAMREDDYGAI APT. B205 2405 NE JOHN OLSEN HILLSBORO OR 9700 | RI AVENUE | |
| | oyer's state I.D. no. 214593 | 16 State wages, tips, etc. 89842.50 | | oyer's state I.D. no. 214593 | 16 State wages, tips, etc. 89842.50 |
| Nage and Tax Statement Copy C - For EMPLOYEE'S | 17 State income tax 6937.76 | Local wages, tips, etc. | Wage and Tax Statement | 17 State income tax 6937.76 | 8 Local wages, tips, etc. |
| RECORDS (See Notice to imployee on back of Copy B.) his information is being furnished to the | | | Copy B - To Be Filed With Employee's FEDERAL Tax Return. | | |
| nternal Revenue Service. If you are required of file a tax return, a negligence penalty or ther sanction may be imposed on you if this scome is taxable and you fail to report it. | 19 Local income tax 20 | Locality name | This information is being furnished to the Internal Revenue Service. | 19 Local income tax 2 | 0 Locality name |
| Department of the Treasury – nternal Revenue Service | | | Department of the Treasury – Internal Revenue Service | | |
| OMB No. 1545-0008 d Control Number | REISSUED STATEMENT 1 Wages, tips, other compensation 89842.50 | 2 Federal income tax withheld 12964.03 | OMB No. 1545-0008 d Control Number | REISSUED STATEMENT 1 Wages, tips, other compensation 89842.50 | 2 Federal income tax withheld 12964.03 |
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| 7 Social security tips | 8 Allocated tips | 9 | 7 Social security tips | 8 Allocated tips | 9 |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a | 10 Dependent care benefits | 11 Nonqualified plans | 12a ® 0 |
| 12b | 12c | 12d | 12b 8 0 | 12c | 12d 9 |
| 13 Statutory employee Retirement Third-pari sick pay | | 89.84 | 13 Statutory Retirement plan Third-party sick pay | y 14 Other ORSTT W/H | 89.84 |
| e Employee's name, address and ZIP of MOUNIKA RAMREDDYGA APT. B205 2405 NE JOHN OLSEN HILLSBORO OR 9700 | RI AVENUE | | e Employee's name, address and ZIP or MOUNIKA RAMREDDYGA APT. B205 2405 NE JOHN OLSEN HILLSBORO OR 9700 | RI AVENUE | |
| 2021 15 State Employ OR 092 | yer's state I.D. no. 14593 | 16 State wages, tips, etc. 89842.50 | 2021 State Emplo OR 092 | oyer's state I.D. no. 214593 | 16 State wages, tips, etc. 89842.50 |
| Vage and Tax Statement copy 2 - To Be Filed With mployee's State, City, or | 17 State income tax 18 6937.76 | Local wages, tips, etc. | Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or | 17 State income tax 6937.76 | 8 Local wages, tips, etc. |
| Local Íncome Tax Retúrn. | | Locality name | Local Income Tax Return. | 19 Local income tax 2 | to Locality name |
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Department of the Treasury – Internal Revenue Service

Department of the Treasury – 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

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 acrd that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA methods ask SA now.

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 3. 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 tigs shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tigs shows 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. Les 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 filling Form 4137, your social security in swill be credited to your social security record (used to figure your benefits). Box 10. This amount is cludes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cateleria) plan). Any amount over your employer splan limit is also included in box 1. See Form 4137 this amount is often expendent care benefits that your employer splan limit is also 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 shouldfuer a texe this year because the

Instructions for Employee (Continued)

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 G are limited to \$7,900. 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 5 years before you reach retrement 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. If no year is shown, the contributions are for the current year. If no year is shown, the contributions are for 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. C—Taxable cost of group-term life insurance over \$50,000 (included in box 1, 3 or 5 of 4 (k) (s) salary reduction agreement F—Elective deferrals under a section 401(k) cash or deferred arrangement. Also includes deferrals under a section 401(k) arrangement. E—Elective deferrals under a section 401(k) ar

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 t—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. N—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) C—Nontaxable conbat pay. See the Instructions for Form 5100 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.

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 hox 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

EE—Designation won't 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 380) HH— Aggregate deferrals under section 380 (He 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 dergy'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.