	bloyee's social security number 2-6457	OMB No. 154	5-0008				
b Employer identification number (EIN) 72-0542904				ges, tips, other compensation	2 Federal i 15105.17	income ta	x withheld
c Employer's name, address, and ZIP code	2			ial security wages	4 Social se	ecurity tax	withheld
				, ,			
ACCENTURE, LLP			102011		6324.69		
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6415 BABCOCK ROAD			102011.05 1479.16				
SAN ANTONIO, TX 78249			7 Social security tips 8 Allocated			d tips	
d Control number			9 10 Depen			ependent care benefits	
e Employee's first name and initial	Last name	Suff.	<b>11</b> Nor	ngualified plans	12a See inst	tructions f	for box 12
1 of 3							
			13 Statutory Retirement Third-party employee plan sick pay		12b	10.95	
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CLEARWATER, FL 33761			CHRTY	30.00		4898.64	
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					C e		
f Employee's address and ZIP code					e		
<b>15</b> State Employer's state ID number	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local incom	ne tax	20 Locality name
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NJ 720542904000		+					
Form <b>W-2</b> Wage and Tax	Statement	201	21	Department c	f the Treasury-	-Internal F	Revenue Service

## Form **VV-Z** Wage and Tax Statement

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

		a Employee	e's social security number							
		737-22-64	57	OMB No. 154	5-0008					
<b>b</b> Emp	loyer identification number (	(EIN)			1 Wa	ges, tips, other compensation	2 Feder	al income ta	ax withheld	
72-054	2904				95967	.51	15105.17	7		
c Emp	loyer's name, address, and	ZIP code			3 Soc	cial security wages	4 Socia	4 Social security tax withheld		
ACCENT	URE, LLP				10201	1.05	6324.69			
					5 Me	dicare wages and tips	6 Medicare tax withheld			
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	BCOCK ROAD					cial security tips	8 Alloca	ted tins		
SAN AN	TONIO, TX 78249					Sur scounty lips				
d Cont	trol number				9		10 Dependent care benefits			
e Emp	loyee's first name and initial	Last r	name	Suff.	11 No	nqualified plans	12a			
		1 of 3	3				d C	40.95		
					13 State	utory Retirement Third-party loyee plan sick pay	12b			
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CLEARV	WATER, FL 33761						12d			
							C d			
f Empl	oyee's address and ZIP coc	le								
15 State	Employer's state ID numb	er	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
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Form W-2 Wage and Tax Statement

2021

Department of the Treasury-Internal Revenue Service

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

		s social security number								
	737-22-6457	7	OMB No. 154							
<b>b</b> Employer identification number	(EIN)			<b>1</b> Wa	ges, tips, other con	pensation	2 Fede	ral income ta	ax withheld	
72-0542904				95967	.51		15105.1	7		
c Employer's name, address, and	ZIP code			3 So	cial security wage	S	4 Social security tax withheld			
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				5 Me	dicare wages and	l tips	6 Medicare tax withheld			
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6415 BABCOCK ROAD				7 Social security tips 8			8 Alloc	ated tips		
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d Control number				9			10 Depe	10 Dependent care benefits		
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2794 COUNTRYSIDE BLVD UNIT 1				14 Oth	er		12c			
CLEARWATER, FL 33761				CHRTY	30.00			4898.64		
							<b>12d</b> C o d e			
f Employee's address and ZIP cod			I		1				I	
15 State Employer's state ID numb	per 1	<b>16</b> State wages, tips, etc.	17 State incor	ne tax	18 Local wages	s, tips, etc.	19 Local ind	come tax	20 Locality name	
NJ 720542904000	5	50761.75			L					
Form W-2 Wage an	d Tax Stat	ement	202	21	L De	epartment o	of the Treasur	y—Internal	Revenue Service	

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

a Employe	e's social security number						
737-22-6457 OMB No. 1			E 0000	This information is being furnish are required to file a tax return,	ned to the Inter a negligence p	rnal Revenue penalty or otl	e Service. If you her sanction
737-22-64	57	OIVIB NO. 154	5-0008	may be imposed on you if this in	ncome is taxa	ble and you	fail to report it.
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ddress, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld		
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			5 Me	dicare wages and tips	6 Medicare tax withheld		
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Form **W-2** Wage and Tax Statement

2021

Department of the Treasury-Internal Revenue Service

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

		e's social security number	OMB No. 154	5-0008					
<b>b</b> Employer identification number (	737-22-64	07	01010 100. 134		ges, tips, other compensation	2 Federal ir		withhald	
	EIN)			1 vvag			icome tax	withneid	
72-0542904									
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				5 Me	dicare wages and tips	6 Medicare	6 Medicare tax withheld		
SUITE 100				******	****	******			
6415 BABCOCK ROAD				7 Soc	cial security tips	8 Allocated	tips		
SAN ANTONIO, TX 78249				******	, ,	*****			
d Control number				9		10 Depende	ependent care benefits		
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e Employee's first name and initial	Last r	name	Suff.	11 Nor	nqualified plans	12a See instr	ructions fo	or box 12	
2 of 3				******	**************************************				
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CLEARWATER, FL 33761				NYWAG	E 51084.55	ode			
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f Employee's address and ZIP coc	le					e			
15 State Employer's state ID numb	er	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local incom	e tax 2	20 Locality name	
Form <b>W-2</b> Wage and Tax Statement				21	Department of the Treasury—Internal Rever				

## Form **VV-Z** Wage and Tax Statement

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

	a Employee's social security number							
	737-22-6457	OMB No. 154	5-0008					
b Employer identification number	EIN)		1 Wag	jes, tips, other compensation	2 Federal income	e tax withheld		
72-0542904			95967	.51	15105.17			
c Employer's name, address, and	ZIP code		3 Soc	cial security wages	4 Social security	4 Social security tax withheld		
ACCENTURE, LLP			10201	1.05	6324.69			
			5 Me	dicare wages and tips	6 Medicare tax v	vithheld		
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6415 BABCOCK ROAD				cial security tips	8 Allocated tips			
SAN ANTONIO, TX 78249			1 000					
d Control number			9		10 Dependent car	e benefits		
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a			
	2 of 3				o d e			
			13 Statu	itory Retirement Third-party oyee plan sick pay	12b			
Bhabatosh Biswal					o d e			
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f Employee's address and ZIP cod	le				-			
15 State Employer's state ID numb	er <b>16</b> State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement

2021

Department of the Treasury-Internal Revenue Service

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

	a Employee's soci	al security number							
	737-22-6457		OMB No. 154	5-0008					
<b>b</b> Employer identification number (	EIN)			1 Wa	ages, tips, other compensation	2 Feder	al income ta	ax withheld	
72-0542904				95967	.51	15105.17	7		
c Employer's name, address, and	ZIP code			<b>3</b> So	cial security wages	4 Socia	4 Social security tax withheld		
ACCENTURE, LLP				10201	1.05	6324.69			
				5 Me	edicare wages and tips	6 Medic	6 Medicare tax withheld		
SUITE 100				102011.05 1479.16					
6415 BABCOCK ROAD				7 Social security tips 8 Allocated ti			ted tips		
SAN ANTONIO, TX 78249									
d Control number				9		10 Deper	ndent care l	penefits	
e Employee's first name and initial	Last name		Suff.	<b>11</b> No	onqualified plans	<b>12a</b>			
2 of 3						o d e			
Bhabatosh Biswal				13 Sta em	tutory Retirement Third-part ployee plan sick pay				
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2794 COUNTRYSIDE BLVD UNIT 1				14 Oth	ner	12c			
CLEARWATER, FL 33761				NYWA	GE 51084.55	o d e			
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f Employee's address and ZIP coc	le								
15 State Employer's state ID numb	er 16 St	ate wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc	. 19 Local inc	ome tax	20 Locality name	
Form W-2 Wage and	d Tay Chatam	<b>t</b>	י ח ר	٦ 1	Department	of the Treasur	/-Internal I	Revenue Service	
Form WW= wage and	u Tax Statem	ent	201		·				

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

	a Employee's social security number			This information is being furnis are required to file a tax return	shed to the Inte	rnal Revenue Service. If you penalty or other sanction		
	737-22-6457	OMB No. 154	5-0008	may be imposed on you if this	income is taxa	ble and you fail to report it.		
<b>b</b> Employer identification number	(EIN)		1 Waç	ges, tips, other compensation	2 Federa	al income tax withheld		
72-0542904			******	****	*******	****		
c Employer's name, address, and	ZIP code		3 Soc	cial security wages	4 Social	security tax withheld		
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			5 Me	dicare wages and tips	6 Medica	6 Medicare tax withheld		
SUITE 100			******	****	********	**		
6415 BABCOCK ROAD			7 500	cial security tips	9 Allocat	tod tipo		
SAN ANTONIO, TX 78249			*******	, ,		8 Allocated tips		
d Control number			9		10 Dependent care benefits			
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e Employee's first name and initia	Last name	Suff.	11 Nor	nqualified plans	12a See in	nstructions for box 12		
	2 of 3		******	****	o d e			
Bhabatosh Biswal			13 Statu empl	utory Retirement Third-party loyee plan sick pay	12b			
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f Employee's address and ZIP cod	le							
15 State Employer's state ID numb	ber <b>16</b> State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inco	ome tax 20 Locality name		

Form W-2 Wage and Tax Statement

2021

Department of the Treasury-Internal Revenue Service

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

a Employ 737-22-6	ee's social security number 457	OMB No. 154	5-0008					
<b>b</b> Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income	e tax withheld		
72-0542904			******	****	****			
c Employer's name, address, and ZIP code			<b>3</b> Soc	cial security wages	4 Social security	tax withheld		
ACCENTURE, LLP			******	****	*****			
SUITE 100			5 Me	dicare wages and tips	6 Medicare tax withheld			
6415 BABCOCK ROAD			7 Soc	cial security tips	8 Allocated tips			
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d Control number			9		10 Dependent car	10 Dependent care benefits		
e Employee's first name and initial Last	name	Suff.	11 No	nqualified plans	12a See instruction	ns for box 12		
3 of 3			******	****	o d			
Bhabatosh Biswal			13 Statutory employee plan Third-party C C C					
2794 COUNTRYSIDE BLVD UNIT 1			14 Oth	er	12c			
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			NYSDI	10.48	C od			
f Employee's address and ZIP code			NYPFL	334.14				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
NY 7205429049	95967.51	2743.75						
Form <b>W-2</b> Wage and Tax St	atement	201	21	Department c	of the Treasury-Interna	al Revenue Service		

## Form W-Z Wage and Tax Statement

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

		a Employee	e's social security number							
		737-22-64	57	OMB No. 154	5-0008					
<b>b</b> Emp	loyer identification number (	EIN)			1 Wa	ges, tips, other compens	sation	2 Federa	al income ta	ax withheld
72-054	12904				95967	.51		15105.17		
c Emp	loyer's name, address, and	ZIP code			3 Soc	cial security wages		4 Social	security ta:	x withheld
ACCENT	TURE, LLP				10201	1.05		6324.69		
					5 Me	dicare wages and tips		6 Medicare tax withheld		
SUITE 1	00				10201	1.05		1479.16		
6415 BA	BCOCK ROAD				7 Social security tips				ted tipe	
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e Emp	loyee's first name and initial	Last r	name	Suff.	11 No	nqualified plans		12a		
		3 of 3	}		O d d e					
Bhabatos	sh Biswal				13 State emp	loyee Plan sic	ird-party k pay	12b		
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15 State	Employer's state ID numb	er	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tip:	s, etc.	19 Local inco	ome tax	20 Locality name
NY	7205429049		95967.51	2743.75						
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				1						

Form **W-2** Wage and Tax Statement

2021

Department of the Treasury-Internal Revenue Service

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

a	Employee's social security number						
73	37-22-6457	OMB No. 154	5-0008				
<b>b</b> Employer identification number (EIN)	1)		1 Wag	ges, tips, other compensation	2 Federal income	tax withheld	
72-0542904			95967.	51	15105.17		
c Employer's name, address, and ZIP	code		<b>3</b> Soc	cial security wages	4 Social security	tax withheld	
ACCENTURE, LLP			10201	1.05	6324.69		
			5 Me	dicare wages and tips	6 Medicare tax withheld		
SUITE 100			10201	1.05	1479.16		
6415 BABCOCK ROAD			7 Soc	cial security tips	8 Allocated tips		
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CLEARWATER, FL 33761					o d e		
					12d		
			NYSDI	10.48	o d e		
f Employee's address and ZIP code			NYPFL	334.14			
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	
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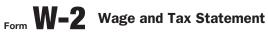
# Form W-2 Wage and Tax Statement

2021

Department of the Treasury—Internal Revenue Service

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

		a Employee	e's social security number			This information is being furnis are required to file a tax return	shed to the Into 1. a nealigence	ernal Revenu penalty or of	e Service. If you ther sanction	
		737-22-64	57	OMB No. 154	5-0008	may be imposed on you if this	income is tax	able and you	fail to report it.	
<b>b</b> Emp	loyer identification number (	(EIN)			<b>1</b> Wag	ges, tips, other compensation	2 Feder	ral income ta	ax withheld	
72-054	2904				*******	****	*******	****		
c Emp	loyer's name, address, and	ZIP code			<b>3</b> Soc	cial security wages	4 Socia	4 Social security tax withheld		
ACCENT	TURE, LLP				******	****	*****			
					5 Me	dicare wages and tips	6 Media	6 Medicare tax withheld		
SUITE 1	00				******	*****	*******	**		
6415 BA	BCOCK ROAD				7 500	cial security tips	<b>9</b> Allocr	atod tipe		
SAN AN	TONIO, TX 78249				*******	<b>,</b>		8 Allocated tips		
d Cont	trol number				9		10 Dependent care benefits			
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e Emp	loyee's first name and initial			Suff.		<b>11</b> Nonqualified plans			for box 12	
		3 of 3	3		**************************************					
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					NYSDI	10.48	C o d			
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15 State	Employer's state ID numb	ber	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
NY	7205429049		95967.51	2743.75					5	
				2, 40.70		+				



2021

Department of the Treasury-Internal Revenue Service

Copy C-For EMPLOYEE'S RECORDS

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

### 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.

### 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 cidn'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.

#### Instructions for Employee

Box 12 (continued)

E-Elective deferrals under a section 403(b) salary reduction agreement

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

 ${\bf G}-{\rm Elective}$  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.

-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 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)

 ${\bf Q}-{\rm Nontaxable}$  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.

 ${\rm S-Employee}$  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

 $\ensuremath{\text{DD}}-\ensuremath{\text{Cost}}$  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.