## Attention:

- By January 31, 2023, the Employer is responsible for providing the W-2 forms to the Employee and/or notifying the Employee they are available online through Employee Self-Service.
- The forms must be printed by the Employer or Employee online through Employee Self-Service.
- Using a standard printer, you can print the forms on plain white paper. No special paper or envelopes are required. However, the forms must be legible.
- W-2 forms will NOT be mailed by the payroll service provider.

### General Instructions for W-2 Distribution and Filing

- Copy 1 is for the Employee and is provided for informational purposes only. The Employee should keep this for their records as it is a copy of what has been submitted to the state, city, and local tax agencies (if required).
- Copy B is for the Employee and should be filed by the Employee with the IRS.
- Copy C is for the Employee and is their copy to keep on file.
- Copy 2 is for the Employee and should be filed by the Employee with the state, city or local income tax agencies.

Please note, if the Employee worked in multiple states, a W-2 form will be available for each state and the same instructions apply. For any questions or corrections regarding the form, the Employee must reach out to the Employer.

#### W-2 Form Instructions

#### Notice to Employee

**Do you have to file**? Refer to the Form 1040 instructions 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 2022 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 2022 or if income is earned for services provided while you were an imate at a penal institution. For 2022 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 the Social Security Administration (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 get your copies of Form W-2c, Corrected Wage and Tax Statement, with the 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 returm. If your name and SSN are correct that earn'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. gov. **Cost of employer** 

#### 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 Form 1040 instructions 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 Form 1040 instructions. 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 your employer's plan limit is also included in box 1. See Form 2441. Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy. Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2022, 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 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 Form 1040 instructions. B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5) **D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement. **E**—Elective deferrals under a section 403(b) salary reduction agreement **F**—Elective deferrals under a section 408(k)(6) salary reduction SEP **G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan **H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions 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 Form 1040 instructions. 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 Form 1040 instructions. N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. 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 Form 1040 instructions for details on reporting this amount. R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts. S-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1) T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts. V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements. W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs). Y— Deferrals under a section 409A nonqualified deferred compensation plan Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions. 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 taxexempt 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 Rear 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.

| 22222   | <b>a</b> Employee's social security number 699-18-6645 | OMB No. 154 | 545-0008  |   |   |  |  |  |  |
|---|--|-------------|---|---|---|--|--|--|--|
| b Employer identification number (EIN)<br>27-1832037        |  |             |   | ges, tips, other compensation<br>66224.01                             | 2 Federal income tax withheld 8716.14     |  |  |  |  |
| c Employer's name, address, and ZIP code<br>S2 IT GROUP LLC |  |             |   | cial security wages<br>66224.01                                       | 4 Social security tax withheld<br>4105.89 |  |  |  |  |
| 1111 ALDERMAN DR  |  |             |   | Medicare wages and tips   6   Medicare tax withheld     66224.01   96 |   |  |  |  |  |
| SUITE # 400<br>ALPHARETTA GA 30005                          |  |             |   | Social security tips 8 Allocated tips                                 |   |  |  |  |  |
| d Control number  |  |             |   |   | <b>10</b> Dependent care benefits         |  |  |  |  |
| e Employee's first name and initial Last name Suff          |  |             | 11 No   | 11 Nonqualified plans 12a   |   |  |  |  |  |
| AKSHAY KUMAR   BASAVARAJA     795 WILLOW BEND DRIVE         |  |             | 13   Statutory employee   Retirement plan   Third-party sick pay   12b     14   Other   12c |   |   |  |  |  |  |
| SANDY SPRINGS GA 30328<br>f Employee's address and ZIP code |  |             |   |   | C d e e e e e e e e e e e e e e e e e e   |  |  |  |  |
| 15 State Employer's state ID numb<br>GA 3058480-NQ          | ber 16 State wages, tips, etc.<br>66224.01             |             | 997.31  | 18 Local wages, tips, etc.  | 19 Local income tax 20 Locality name      |  |  |  |  |
| Form <b>W-2</b> Wage an                                     | d Tax Statement  | 202         | 22  | Department c  | f the Treasury—Internal Revenue Service   |  |  |  |  |

Copy 1-For State, City, or Local Tax Department

|   | a Employee's social security number 699-18-6645 | OMB No. 154 |   | Safe, accurate,<br>FAST! Use   | Visit the IRS website at www.irs.gov/efile |  |  |
|---|---|-------------|---|--|--|--|--|
| b Employer identification number (EIN)<br>27-1832037                      |   |             |   | ges, tips, other compensation<br>66224.01                              | 2 Federal income tax withheld 8716.14      |  |  |
| c Employer's name, address, and ZIP code<br>S2 IT GROUP LLC               |   |             |   | bcial security wages   4   Social security tax with     66224.01   410 |  |  |  |
| 1111 ALDERMAN DR  |   |             |   | dicare wages and tips<br>66224.01                                      | 6 Medicare tax withheld<br>960.25          |  |  |
| SUITE # 400<br>ALPHARETTA GA 30005  |   |             |   | cial security tips   | 8 Allocated tips                           |  |  |
| d Control number  |   |             |   | Y 10 Dependent care benefits   |  |  |  |
| e Employee's first name and initial Last name Suff.                       |   |             | 11 No   | nqualified plans   | <b>12a</b> See instructions for box 12     |  |  |
| AKSHAY KUMAR BASAVARAJA   |   |             | 13 Statutory Retirement Third-party 12b C   |  |  |  |  |
| 795 WILLOW BEND DRIVE   |   |             | 14 Oth  | 3<br><b>12c</b><br><sup>3</sup> / <sub>2</sub>                         |  |  |  |
| SANDY SPRINGS GA 30328  |   |             |   | 12d  |  |  |  |
| f Employee's address and ZIP cod  |   |             |   |  |  |  |  |
| 15       State       Employer's state ID numb         GA       3058480-NQ | ber 16 State wages, tips, etc.<br>66224.01      |             | ome tax   18 Local wages, tips, etc.   19 Local     2997.31   19 Local   19 Local |  | 19 Local income tax 20 Locality name       |  |  |
|   |   |             |   |  |  |  |  |
| Form W-2 Wage and   | d Tax Statement                                 | 202         | 22  | Department c   | f the Treasury-Internal Revenue Service    |  |  |

Copy B-To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

|   | <b>a</b> Employee's social security number 699-18-6645 | are required to file a tax return |  |   |   |                                       | hed to the Internal Revenue Service. If you<br>, a negligence penalty or other sanction<br>income is taxable and you fail to report it. |  |  |  |
|---|--|-----------------------------------|--|---|---|---------------------------------------|---|--|--|--|
| b Employer identification number (EIN)<br>27-1832037        |  |                                   |  | ges, tips, other compensation<br>66224.01 | 2 Fede                                  | 2 Federal income tax withheld 8716.14 |   |  |  |  |
| c Employer's name, address, and ZIP code<br>S2 IT GROUP LLC |  |                                   |  | cial security wages<br>66224.01           | 4 Social security tax withheld 4105.89  |                                       |   |  |  |  |
| 1111 ALDERMAN DR  |  |                                   |  | dicare wages and tips<br>66224.01         | 6 Medi                                  | 6 Medicare tax withheld<br>960.25     |   |  |  |  |
| SUITE # 400<br>ALPHARETTA GA 30005                          |  |                                   |  | cial security tips                        | 8 Allocated tips                        |                                       |   |  |  |  |
| d Control number  |  |                                   |  | 9<br>Y 10 Dependent care benefit          |   |                                       | penefits  |  |  |  |
| e Employee's first name and initial Last name Suff          |  |                                   | 11       Nonqualified plans       12a       See instructions for box 12                              |   |   |                                       | for box 12  |  |  |  |
| AKSHAY KUMAR BASAVARAJA                                     |  |                                   | I3       Statutory<br>employee       Retirement<br>plan       Third-party<br>sick pay       12b<br>c |   |   |                                       |   |  |  |  |
| 795 WILLOW BEND DRIVE                                       |  |                                   |  |   | C O O O O O O O O O O O O O O O O O O O |                                       |   |  |  |  |
|   |  |                                   | 14 Oth   | er  |   |                                       |   |  |  |  |
| SANDY SPRINGS GA 30328                                      |  |                                   |  |   | <b>12d</b>                              |                                       |   |  |  |  |
| f Employee's address and ZIP cod                            | le   |                                   |  |   | 8                                       |                                       |   |  |  |  |
| 15 State Employer's state ID numb<br>GA 3058480-NQ          | er <b>16</b> State wages, tips, etc<br>66224.01        |                                   | ne tax<br>997.31   | 18 Local wages, tips, etc.                | 19 Local in                             | come tax                              | 20 Locality name  |  |  |  |
|   |  |                                   |  |   |   |                                       |   |  |  |  |
| Form <b>W-2</b> Wage and                                    | 2  | •                                 | of the Treasu  |   | Revenue Service                         |                                       |   |  |  |  |

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

Safe, accurate, FAST! Use

Copy C-For EMPLOYEE'S RECORDS

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

|  |           | e's social security number                 |             |  |                                   |                  |           |                  |  |
|--|-----------|--|-------------|--|-----------------------------------|------------------|-----------|------------------|--|
|  | 699-18-66 | 645  | OMB No. 154 | DMB No. 1545-0008  |                                   |                  |           |                  |  |
| b Employer identification number (EIN)             |           |  | 1 Wa        | 1 Wages, tips, other compensation 2 Federal income tax withh |                                   |                  |           |                  |  |
| 27-1832037   |           |  |             | 66224.01 8716  |                                   |                  |           |                  |  |
| c Employer's name, address, and ZIP code           |           |  | <b>3</b> So | 3 Social security wages 4 Social security tax withhel        |                                   |                  |           |                  |  |
| S2 IT GROUP LLC                                    |           |  |             |  | 66224.01                          | 4105.89          |           |                  |  |
| 1111 ALDERMAN DR                                   |           |  |             | 5 Medicare wages and tips 6 Medicare tax withheld            |                                   |                  |           |                  |  |
| SUITE # 400  |           |  |             |  | 66224.01                          | 960.25           |           |                  |  |
| ALPHARETTA GA 30005                                |           |  |             | 7 So   | 7 Social security tips 8 Allocat  |                  |           |                  |  |
|  |           |  |             |  |                                   |                  |           |                  |  |
| d Control number                                   |           |  |             | 9  | 9 10 Dependent care benefits      |                  |           |                  |  |
|  |           |  |             |  |                                   |                  |           |                  |  |
| e Employee's first name and initial Last name Suff |           |  | Suff.       | C .  |                                   |                  |           |                  |  |
| AKSHAY KUMAR                                       | BASA      | AVARAJA                                    |             |  |                                   |                  |           |                  |  |
|  |           |  |             | 13 Statutory Retirement Third-party 12b                      |                                   |                  |           |                  |  |
| 795 WILLOW BEND DRIVE                              |           |  |             |  |                                   | e                | ē         |                  |  |
|  |           |  |             | 14 Oth   | ier                               | 12c<br>♀         |           |                  |  |
|  |           |  |             |  |                                   | o<br>d<br>e      |           |                  |  |
| SANDY SPRINGS GA 30328                             |           |  |             |  |                                   | 12d<br>©         |           |                  |  |
|  |           |  |             |  |                                   | o<br>d<br>e      |           |                  |  |
| f Employee's address and ZIP cod                   |           |  |             |  |                                   |                  |           |                  |  |
| 15 State Employer's state ID numb                  | ber       | <b>16</b> State wages, tips, etc. 66224.01 |             |  | <b>18</b> Local wages, tips, etc. | 19 Local inco    | me tax    | 20 Locality name |  |
| GA 3058480-NQ                                      |           | 66224.01                                   | <u>∠</u>    | 2997.31  |                                   |                  |           |                  |  |
|  |           |  |             |  |                                   |                  |           |                  |  |
|  |           |  |             |  |                                   |                  |           | <u> </u>         |  |
| $\mathbf{W}$ - 2 Wage and Tax Statement 2          |           |  |             | ככ   | Department of                     | of the Treasury- | -Internal | Revenue Service  |  |
| Form <b>W-2</b> Wage an                            | u lan Jla |  |             |  |                                   |                  |           |                  |  |

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

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