	e's social security number X-8614	OMB No. 154	5-000	Safe, accurate, FAST! Use	IRS P	1	Visit th www.i	ne IRS web rs.gov/efile	
<b>b</b> Employer identification number (EIN)			1	Wages, tips, other cor	npensation	2	Federal income	tax withhe	ld
81-2075358			1	52	818.00			6941	.00
c Employer's name, address, and ZIP code			3	Social security wage	es	4	Social security t	ax withheld	d
TECSPIRIT CORP				12	818.00			794	.72
			5	Medicare wages and	d tips	6	Medicare tax wi	thheld	
1460 E WHITESTONE BLVD				12818.00 18			185	.86	
SUITE 270			7	7 Social security tips 8 Allocated tips					
CEDAR PARK TX 78613									
d Control number			9			10	Dependent care	benefits	
e Employee's first name and initial Last name Suff.			11 Nonqualified plans     12a See instructions for b			s for box 1	2		
VYSHNAV KASA						o d e			
621 BERNARD ST APT 4			13	Statutory employee plan	Third-party sick pay	12b			
DENTON TX 76201			14	Other		12c	I		
						o d e			
						12d			
						o d e			
f Employee's address and ZIP code									
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incon	ne ta	x 18 Local wage	s, tips, etc. 1	9 Loo	cal income tax	20 Locali	ity name
ll		<b>.</b>							
Form W-2 Wage and Tax St	atement	202	2	2 •	epartment of	the Tr	easury—Interna	Revenue S	Service

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

## 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 inmate 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 ask the employer to file 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 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 2022 and more than \$9,114 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. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

(See also Instructions for Employee on the back of Copy C.)

	a Employee's social security number XXX-XX-8614	OMB No. 154	5-0008	This information is being furnis are required to file a tax return may be imposed on you if this	a negl	igence penalty or o	ther sanction	
b Employer identification number (EIN)			1 W	ages, tips, other compensation	2	Federal income ta	ax withheld	
81-2075358				52818.00	)		6941.00	
c Employer's name, address, and	ZIP code		<b>3</b> S	ocial security wages	4	Social security ta	x withheld	
TECSPIRIT CORP				12818.00 794			794.72	
			5 M	edicare wages and tips	6	Medicare tax with	held	
1460 E WHITESTONE BLVD				12818.00	)	185.86		
SUITE 270			7 S	Social security tips 8 Allocated tips				
CEDAR PARK TX 78613								
d Control number			9		10	Dependent care	penefits	
e Employee's first name and initial Last name Suff.			<b>11</b> N	onqualified plans	<b>12a</b>	See instructions	for box 12	
VYSHNAV KASA					o d e			
621 BERNARD ST APT 4			13 St en	atutory Retirement Third-party ployee plan sick pay	<b>12b</b>	)		
					o d e			
DENTON TX 76201			14 Ot	her	<b>12c</b>	;		
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					<b>12d</b>	I .		
					o d e			
f Employee's address and ZIP coc	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.	<b>19</b> Lo	cal income tax	20 Locality name	
└								
	d Toy Statement	202	כנ	Department o	f the T	reasury-Internal	Revenue Service	
Form WV= Z wage and	d Tax Statement			Sa		curate,		
Copy C-For EMPLOYEE'S RE	CORDS				ST! U		r IIIe	

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

## 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 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 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 Form 1040 instructions.

**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 Form 1040 instructions.

 ${\bf B-} Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.$ 

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 (continued on back of Copy 2)

	a Employee's social security number						
	XXX-XX-8614	OMB No. 154	5-0008				
<b>b</b> Employer identification number (	EIN)		<b>1</b> V	lages, tips, other compensation	2 Federal income tax withheld		
81-2075358				52818.00	6941.00		
c Employer's name, address, and ZIP code				ocial security wages 4 Social security tax withheld			
TECSPIRIT CORP				12818.00 794			
			5 N	ledicare wages and tips	6 Medicare tax withheld		
1460 E WHITESTONE BLVD				12818.00 185			
SUITE 270				bocial security tips 8 Allocated tips			
CEDAR PARK TX 78	613						
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial	Last name	Suff.	11 1	Ionqualified plans	12a		
VYSHNAV KASA					o d e		
621 BERNARD ST APT 4			13 e	tatutory Retirement Third-party mployee plan sick pay	12b		
					o d e		
DENTON TX 76201			14 C	ther	12c		
					0 d e		
					12d		
					o d e		
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		
	d Tay Statement	201		Department of	the Treasury-Internal Revenue Service		
Form WW=Z wage and	d Tax Statement			- ·	-		

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

## **Instructions for Employee** (continued from back of Copy C)

Box 12 (continued)

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

 ${\bf G-}$  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.

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 nongualified 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 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.