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.
- <u>Using a standard printer, you can print the forms on plain white paper</u>. 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 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 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 callin

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 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. 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 Real relinibulsement arrangement GG—income from quanted equity grants under section 3(1) in — Aggregate delerals under section 3(1) elections as or the close of the cateric 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.

| | a Employee's social security number | | | | | |
|---|-------------------------------------|----------------|---------------|---|--------------------------|------------------|
| 22222 | 773-93-0936 | OMB No. 154 | 5-0008 | | | |
| b Employer identification number (| EIN) | | 1 Wag | ges, tips, other compensation | 2 Federal income | tax withheld |
| 85-2345525 | | | | 47134.00 | | 6150.79 |
| c Employer's name, address, and | ZIP code | | 3 Soc | cial security wages | 4 Social security t | ax withheld |
| THOUGHT CIRCUITS SERV | ICES LLC | | | | | |
| 1300 W WALNUT HILL LANE | <u> </u> | | 5 Me | dicare wages and tips | 6 Medicare tax wi | thheld |
| STE 148 | | | 7 500 | cial security tips | 8 Allocated tips | |
| IRVING TX 75038 | | | 7 300 | dai security tips | 6 Allocated tips | |
| d Control number | | | 9 | | 10 Dependent care | benefits |
| | | | 44 11 | 117 | | |
| e Employee's first name and initial | Last name | Suff. | 11 No | nqualified plans | 12a | |
| ISHWARYA | ARADHALAPUDI | | 13 Stati | utory Retirement Third-party loyee plan sick pay | 12b | |
| 1306 S SESSION CT | | | emp | loyee plan sick pay | C od | |
| | | | 14 Oth | - | 12c | |
| ROXBURY APARTMENT | | | CTPFL | 136.95 | d e | |
| MEMPHIS TN 38119 | | | | | 12d | |
| | | | | | o d e | |
| f Employee's address and ZIP cod | | | | | | |
| 15 State Employer's state ID numb | er 16 State wages, tips, etc. | 17 State incon | ne tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| CT 085337764-000 | 47134.00 | 23 | 91.54 | | | |
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| W 2 | | ЭΟ. | 7 | Department o | of the Treasury—Internal | Revenue Service |

 $\mathbf{W-2}$ Wage and Tax Statement

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

| | a Employee's social security number 773-93-0936 | OMB No. 154 | | Safe, accurate, FAST! Use | Visit the IRS website at www.irs.gov/efile |
|---|---|-------------|------------------|---|--|
| b Employer identification number 85-2345525 | (EIN) | | 1 Waq | ges, tips, other compensation 47134.00 | 2 Federal income tax withheld 6150.79 |
| c Employer's name, address, and | ZIP code | | 3 Soc | cial security wages | 4 Social security tax withheld |
| THOUGHT CIRCUITS SERV | ICES LLC | | L | | |
| 1300 W WALNUT HILL LANE | <u> </u> | | 5 Me | dicare wages and tips | 6 Medicare tax withheld |
| STE 148 | | | 7 Soc | cial security tips | 8 Allocated tips |
| IRVING TX 75038 | | | | | |
| d Control number | | | 9 | | 10 Dependent care benefits |
| e Employee's first name and initial | | Suff. | 11 No | nqualified plans | 12a See instructions for box 12 |
| ISHWARYA | ARADHALAPUDI | | 13 Statu | utory Retirement Third-party loyee plan sick pay | 12b |
| 1306 S SESSION CT | | | | | d e |
| ROXBURY APARTMENT | | | 14 Oth | er 136.95 | 12c |
| MEMPHIS TN 38119 | | | | | 12d |
| f Employee's address and ZIP coo | de | | | | e e |
| 15 State Employer's state ID numb CT 085337764-000 | 16 State wages, tips, etc. 47134.00 | | ne tax 391.54 | 18 Local wages, tips, etc. | 19 Local income tax 20 Locality name |
| | | | | | |

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



Department of the Treasury-Internal Revenue Service

| | a Employee's social security number 773-93-0936 | OMB No. 154 | 5-0008 | This information is being furnis are required to file a tax return may be imposed on you if this | shed to the Internal , a negligence pen income is taxable | Revenue Service. If you alty or other sanction and you fail to report it. |
|--|---|-------------|------------------|--|---|---|
| b Employer identification number (85-2345525 | EIN) | | 1 Wag | ges, tips, other compensation 47134.00 | 2 Federal in | come tax withheld 6150.79 |
| c Employer's name, address, and | ZIP code | | 3 Soc | cial security wages | 4 Social sec | curity tax withheld |
| THOUGHT CIRCUITS SERV | /ICES LLC | | | | | |
| 1300 W WALNUT HILL LAN | E | | 5 Me | dicare wages and tips | 6 Medicare | tax withheld |
| STE 148 IRVING TX 75038 | | | 7 Soc | cial security tips | 8 Allocated | tips |
| d Control number | | | 9 | | 10 Depender | nt care benefits |
| e Employee's first name and initial | Last name | Suff. | 11 No | nqualified plans | C | uctions for box 12 |
| ISHWARYA | ARADHALAPUDI | | | | o d e | |
| 1306 S SESSION CT | | | 13 Statu | utory Retirement Third-party loyee plan sick pay | 12b C G G e | |
| ROXBURY APARTMENT | | | 14 Oth | | 12c | |
| MEMPHIS TN 38119 | | | | | 12d | |
| f Employee's address and ZIP cod | | | | | | |
| 15 State Employer's state ID numb CT 085337764-000 | 16 State wages, tips, etc. 47134.00 | | ne tax 391.54 | 18 Local wages, tips, etc. | 19 Local income | e tax 20 Locality name |
| | | | | | | |
| Form W-2 Wage and Copy C-For EMPLOYEE'S RE | d Tax Statement | 202 | 2 | Sa | f the Treasury—Infe, accurate, IST! Use | nternal Revenue Service |



| a Employee's social security number 773-93-0936 b Employer identification number (EIN) 1 Wages, tips, other compensation 47134.00 c Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld THOUGHT CIRCUITS SERVICES LLC 1300 W WALNUT HILL LANE STE 148 IRVING TX 75038 A B Allocated tips Rederal income tax withheld for the following formula in the first of the following formula in the following formul |
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| b Employer identification number (EIN) 85-2345525 c Employer's name, address, and ZIP code THOUGHT CIRCUITS SERVICES LLC 1300 W WALNUT HILL LANE STE 148 1 Wages, tips, other compensation 47134.00 2 Federal income tax withheld 6150.79 2 Federal income tax withheld 6150.79 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips |
| 85-2345525 47134.00 6150.79 c Employer's name, address, and ZIP code THOUGHT CIRCUITS SERVICES LLC 1300 W WALNUT HILL LANE STE 148 7 Social security tips 8 Allocated tips |
| c Employer's name, address, and ZIP code THOUGHT CIRCUITS SERVICES LLC 1300 W WALNUT HILL LANE STE 148 7 Social security wages 4 Social security tax withheld 6 Medicare tax withheld 7 Social security tips 8 Allocated tips |
| THOUGHT CIRCUITS SERVICES LLC 1300 W WALNUT HILL LANE 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips |
| 1300 W WALNUT HILL LANE 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips |
| STE 148 7 Social security tips 8 Allocated tips |
| 7 Social security tips 8 Allocated tips |
| |
| |
| d Control number 9 10 Dependent care benefits |
| |
| e Employee's first name and initial Last name Suff. 11 Nonqualified plans 12a |
| ISHWARYA ARADHALAPUDI 13 Statutory Retirement Third-party 12b |
| 13 Statutory Patriement Third-party plan sick pay 2 12b |
| 14 Other 12c |
| ROXBURY APARTMENT 136.95 |
| MEMPHIS TN 38119 |
| d e |
| f Employee's address and ZIP code |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name |
| CT 085337764-000 47134.00 2391.54 |
| |

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

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



Department of the Treasury-Internal Revenue Service