## Attention:

- By January 31, 2024, the Employer is responsible for providing the W-2 forms to the Employee and/or notifying the Employee they are available in their Employee Portal.
- The forms must be printed by the Employer or Employee through the Employee Portal.
- <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 2023 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 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. 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 you rame, 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 so 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-sponso

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 filling 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 \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 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 **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.

22222	a Employee's social security number 732-51-0950	OMB No. 154	No. 1545-0008						
b Employer identification number (EIN) 45-4925316				jes, tips, other compens 20966		2 Federal income tax withheld 3377.94			
c Employer's name, address, and ZIP code				cial security wages 4 Social security tax withhe					
TECHIE BRAINS INCORPOR	RATED						1299.92		
1713 TULLAMORE AVENUE				5 Medicare wages and tips 20966.40			6 Medicare tax withheld 304.01		
SUIT#2B BLOOMINGTON IL 61704				7 Social security tips			8 Allocated tips		
d Control number			9	10 Depend			ident care l	penefits	
e Employee's first name and initial		Suff.	<b>11</b> Nor	nqualified plans		<b>12a</b>			
VARUN 6033 MERLOT LANE SE	MENDU		13 Statu	ttory Retirement Thi oyee plan sicl	rd-party pay	12b			
			14 Othe	{	34.67	12c			
LACEY WA 98513			WAPML 37.37			12d			
f Employee's address and ZIP cod	de								
15 State Employer's state ID numb	eer 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips	, etc. 19	December 1	ome tax	20 Locality name	
<b>W_2</b> Wage an	ם ב	Department of the Treasury—Internal Revenue Service							

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

	a Employee's social security number 732-51-0950	OMB No. 154	5-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 45-4925316				es, tips, other compensation 20966.40	2 Federal income tax withheld 3377.94		
c Employer's name, address, and ZIP code TECHIE BRAINS INCORPORATED				ial security wages 20966.40	4 Social security tax withheld 1299.92		
1713 TULLAMORE AVENUE				dicare wages and tips 20966.40	6 Medicare tax withheld 304.01		
SUIT#2B BLOOMINGTON IL 61704				ial security tips	8 Allocated tips		
d Control number					10 Dependent care benefits		
e Employee's first name and initial Last name Suff.			<b>11</b> Nor	nqualified plans	12a See instructions for box 12		
VARUN MENDU  6033 MERLOT LANE SE			13 Statu	tory Retirement Third-party oyee plan sick pay	<b>12b</b>		
			14 Othe WAPFL		12c		
LACEY WA 98513			WAPMI	_ 37.37	7   <b>12d</b>		
f Employee's address and ZIP code							
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incom	ne tax	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 732-51-0950	OMB No. 154	5-0008	This information is being furnis are required to file a tax return may be imposed on you if this	hed to the li a negligent income is ta	nternal Reven	nue Service. If you other sanction bu fail to report it.		
b Employer identification number (EIN) 45-4925316				ges, tips, other compensation 20966.40	2 Federal income tax withheld 3377.94				
c Employer's name, address, and ZIP code				cial security wages	4 Social security tax withheld				
TECHIE BRAINS INCORPO			5 Ma	dicare wages and tips	1299.92  6 Medicare tax withheld				
1713 TULLAMORE AVENUE						304.01			
SUIT#2B BLOOMINGTON IL 61704				7 Social security tips 8 A			Allocated tips		
d Control number				10 Dependent care benefit			benefits		
e Employee's first name and initial Last name Suff			11 Nonqualified plans 12a See instructions for box			for box 12			
VARUN MENDU			13 Statutory Retirement Third-party employee plan sick pay						
6033 MERLOT LANE SE					o d e				
			14 Oth WAPF	<del>-</del> :	12c				
LACEY WA 98513			WAPML 37.37   <b>12d</b>						
f Employee's address and ZIP code									
15 State Employer's state ID numb	r's state ID number 16 State wages, tips, etc. 17 State inc		ne tax 18 Local wages, tips, etc.		19 Local income tax 20 Locality nam				
Form <b>W-2</b> Wage and Copy C-For EMPLOYEE'S RE	d Tax Statement	203	3	Sa	f the Treasu fe, accurat ST! Use		Revenue Service		



	a Employee's	social security number							
	732-51-0950	)	OMB No. 1545-0008						
<b>b</b> Employer identification nur	mber (EIN)			1 Wages, tips, other compensation 2 Federal income tax with				x withheld	
45-4925316				20966.40 3377.					3377.94
c Employer's name, address	, and ZIP code			3 Social security wages			4 Social security tax withheld		
TECHIE BRAINS INCO	RPORATED			20966.40 1299				1299.92	
1713 TULLAMORE AVE	ENUE			5 Medicare wages and tips			6 Medicare tax withheld		
SUIT#2B				20966.40			304.01		
	10.4			7 Social security tips			8 Allocated tips		
BLOOMINGTON IL 617	04								
d Control number			9 10 Dependent care benef			penefits			
e Employee's first name and	initial Last nan	ne	Suff.	<b>11</b> No	nqualified plans		12a		
L VADUN			d e						
VARUN MENDU			13 Statutory employee plan Third-party sick pay						
6033 MERLOT LANE SE									
				14 Other			12c		
			84.67			d e			
LACEY WA 98513					37.37	12d			
							o d e		
f Employee's address and ZIP code									
15 State Employer's state ID	number 10	6 State wages, tips, etc.	17 State incon	ne tax	18 Local wages	, tips, etc.	19 Local inc	ome tax	20 Locality name
						1			
					T				

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

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



Department of the Treasury-Internal Revenue Service