NAD TECHNOLOGY LLC 500 STAPLES DRIVE FRAMINGHAM MA 01702

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SRIMADHUKIRAN MOKHAMATAM 1100 HARTFORD TURNPIKE #558 VERNON CT 01702-

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 am ount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2020 if you Earned income credit (EIC). You may be able to take the EIC for 2020 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 secur-ity numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an immate at a penal institution. For 2020 income limits and more information, visit *www.is.gov/EIIC*. 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 at ar even. file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medi care laxes, 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, Corrections: in your name, Solv, or adures is incorrea, correct Copies B, C, and 2 and ask your employer to correct your employement 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 amount error reported to the SSA on Form W-2. be surfeto get your copies of Form W-2.6 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 hame at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA gov.

However, if you were at least age 50 in 2020, your employer may have al-lowed an additional deferral of up to \$6,500 (\$3,000 for section 401 (k)(11) and 408(p) SIMPLE plans). This additional deferral am ount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be high-er for the last 3 years before you reach retirement age. Contact your plan admin-istrator for more inform ation. Am ounts in excess of the overall elective deferral limit nust be included in income. See the Instructions for Forms 1040 and 1040-co SR

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up persion contribution for a priory ear(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

A control deed values security of ACA A day of types, include this tax on Foilin 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 social security w age base), and 5) D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also in-cludes deferrals under a SIMPLE retirement account that is part of a section

401(k) arrangem ent. E—Elective deferrals under a section 403(b) salary reduction agreem ent F—Elective deferrals under a section 408(k)(δ) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

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 spon-sored 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 2020 and more than \$8,537.40 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 \$5,012.70 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 Withhelds, and Pub. holding and Estim ated Tax

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return Box 2. Enter this amount on the federal incom e tax withheld line of your tax retum

Box 5. You may be required to report this amount on Form 8959, Addtional Med-icare 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 tps shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

any of those Medicare wages and tps above \$200,000. Box 8. This amount is not included in box 1, 3, 5, or 7. For inform ation 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 alocated tip amount unless you can prove with adequate records that your 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

 $\textbf{H}\mbox{--Elective}$ deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Form s 1040 and 1040-SR 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 Instructions for Forms 1040 and 1040-SR.

L—Substantiated employee business expense reim bursements (nontaxable) M—Uncollected social security or RRTA tax on taxable cost of group term life insurance over \$50,000 (form er em ployees only). See the Instructions for Form s 1040 and 1040-SR.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (form er em ployees only). See the Instructions for Forms 1040 and 1040-

P—Excludable moving expense reim bursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) Q—Nontaxable com bat 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.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

(not included in box 1) T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts. V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to 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 contrib-ute using a section 125 (cafeteria) plan) to y our health savings account. Report on Form 8889, Health Savings Accounts (HSAs)

plan, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonquali-fied or section 457(b) plan that becam e taxable for social security and M edicare 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

the social security and Medicare tax owed on tips you didn't report to your

to figure your benefits).

nontaxable amounts.

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

Box 10. This am ount 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 compute any taxable and

from a nonqualified deferred compensation or nongovernmental section 457(b)

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you

a distribution in the same calendary ear. If you made a deferal and received a distribution in the same calendary ear, and you are or will be age 62 by the end of the calendary ear, 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 inform ation 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.

Y-Deferrals under a section 409A nongualified deferred compensation plan 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 401(k) 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 arran gem ent

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 calen-

daryear Box 13. If the "Retirement plan" box is checked, special limits may apply to the

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, Contri-butions to Individual Retirem ent Arrangem ents (IRAs). Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, heath insurance premi-ums deducted, nontaxable income, educational assistance payments, or a mem-ber of the clergy's parsonage allow ance and utilities. Railroad employers use this box to report railroad retirem ent (IRRTA) compensation, Tier 1 tax, Tier 2 tax, Modisore two, and Additional Medisores Tex. Isoludo ting remended by the omplayers

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

b Employer identification number (EIN)	82-3426464		12a Seei	nstructions for box 12	1 Wages, tips, other comper	nsation	2 Federal income tax w	rithheld
c Employer's name, address, and ZIP code	1		C	I\$ 13.50	25438.28		2526.	75
NAD TECHNOLOGY LLC			12b	12	3 Social security wages		4 Social security tax wi	thheld
500 STAPLES DRIVE			W	\$ 1730.77	25438.28	.	1577.	17
FRAMINGHAM MA 01702			12c		5 Medicare wages and tips		6 Medicare tax withhel	d
			2	\$	25438.28		368.	86
e Employee's first name and initial	Last name	Suff.	12d	\$	7 Social security tips		8 Allocated tips	
SRIMADHUKIRAN MOKHAMATA		Sui.	12e	\$	9		10 Dependent care be	nefits
1100 HARTFORD TURNPIKE #			Internal Re	nation is being furnished to the evenue Service.	11 Nonqualified plans		13 Statutory Retiren employee plan	nent Third-party sick pay
VERNON CT 01702-			Employ	To Be Filed With ee's FEDERAL	MAPFML		107.50	
			TaxRe					
f Employee's address and ZIP code				ee's social security number XXX-XX-6016				
15 State Employer's state ID number MA WTH-18720405-002	16 State wages, tips, etc. 25438.28	17 State in come t 1253.01	ax	18 Local wages, tips, etc.	19 Local in come tax	20 Locality	name	

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return.

b Employer identification number (EIN)	82-342	26464		12a			1 Wages, tips, other compe		2 Federal incor	ne tax withhe	bld
c Employer's name, address, and ZIP co	de			с	\$	13.50	25438.28	3		2526.75	
NAD TECHNOLOGY LLC				12b			3 Social security wages		4 Social securit	y tax withhel	d
500 STAPLES DRIVE				W	\$	1730.77	25438.28	3		1577.17	
FRAMINGHAM MA 01702				12c			5 Medicare wages and tips		6 M edicare tax	withheld	
					\$		25438.28	3		368.86	
				12d	10		7 Social security tips		8 Allocated tips	;	
e Employee's first name and initial	Last	name	Suff.	12e	\$						
					\$		9		10 Dependent	care benefits	
SRIMADHUKIRAN MOKHAMA 1100 HARTFORD TURNPIKE							11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
VERNON CT 01702-					To Be Filed vee's State, 0		14 Other MAPFML		107	.50	
				Localli	ncome Tax F	Return.					
					yee's social sec						
f Employee's address and ZIP code					XXX-XX-60	16					
15 State Employer's state ID number MA WTH-18720405-002		16 State wages, tips, etc. 25438.28	17 State income t 1253.01	ax	18 Local wage	s, tips, etc.	19Local income tax	20 Locality	name		
											
Farm W O.Wone and Tay Statemer	+ 2020	Deportment of the Tree	ound Internal Re		onvice OM D	# 4 5 4 5 000			a . a		

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

c Employer's name, address, and ZIP code	26464		12a C	\$	13.50	1 Wages, tips, other comper 25438.28		2 Federal inco	ome tax withhe 2526.75	ld
NAD TECHNOLOGY LLC 500 STAPLES DRIVE			12b	c	3 Social security wages	, , , , , , , , , , , , , , , , , , , ,			d	
FRAMINGHAM MA 01702			W	\$	1730.77	25438.28		1577.17		
			1 2c			5 Medicare wages and tips	ges and tips 6 Medicare tax withheld		x withheld	
			101	\$		25438.28		368.86		
e Employee's first name and initial Last	name	Suff.	1 2d	\$		7 Social security tips		8 Allocated tip	S	
SRIMADHUKIRAN MOKHAMATAM	name	oun.	1 2e	\$		9		10 Dependent	care benefits	
1100 HARTFORD TURNPIKE #558						11 Nonqualified plans		13 Statutory employ ee	Retirement plan	Third-party sick pay
VERNON CT 01702-			Copy 2 To Be Filed With Employee's State, City, or		14 Other MAPFML 107.50		7.50			
			Locall	ncome Tax	Return.					
f Employee's address and ZIP code				ree's social se XXX-XX-6(
15 State Employer's state ID number MA WTH-18720405-002	16 State wages, tips, etc. 25438.28	17 State in come t 1253.01	ax	18Localwag	es, tips, etc.	19 Local income tax	20 Locality n	ame		

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN)	82-3426464		12a See	instructions fo	or box 12	1 Wages, tips, other compen	sation 2 Fe	deral income tax	withheld
c Employer's name, address, and ZIP code			С	\$	13.50	25438.28		2526	6.75
NAD TECHNOLOGY LLC		12b			3 Social security wages	4 So	cial security tax v	withheld	
500 STAPLES DRIVE		W	\$	1730.77	25438.28		1577	7.17	
FRAMINGHAM MA 01702		12c			5 Medicare wages and tips	6 M e	dicare tax with he	eld	
			12d	\$		25438.28		368	3.86
			1∠a	I¢.		7 Social security tips	8 Allo	ocated tips	
e Employee's first name and initial	Last name	Suff.	: 12e	\$					
			120	\$		9		10 Dependent care benefits	
SRIMADHUKIRAN MOKHAMATAM 1100 HARTFORD TURNPIKE #558			This information is being furnished to the Internal Revenue Service, If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and your alto report it.		11 Nonqualified plans		Statutory Retir employee plan	rement Third-party sick pay	
VERNON CT 01702-				CForEMP RDS.(See		14 Other MAPFML	I	107.50	
				ee on back.)					
			a Employ	yee's social s	ecurity number				
f Employee's address and ZIP code				XXX-XX-6	016				
15 State Employer's state ID number MA WTH-18720405-002	16 State wages, tips, etc. 25438.28	17 State income t 1253.01	ax	18Localwa	ges, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement 2020

Department of the Treasury-Internal Revenue Service OMB#1545-0008

Copy C for EMPLOYEE'S RECORDS. (See Notice to Employee on back.)