

				OMB No. 1545-0008	
c Employer's name, address, and ZIP code MAHA CONSULTING SERVICES INC 11849 CONANT LN FRISCO TX 75035 US Phone: 510-366-4317			1 Wages, tips, other compensation \$ 10000.00	2 Federal income tax withheld \$ 676.68	
			3 Social security wages \$ 10000.00	4 Social Security Tax Withheld \$ 620.00	
d Control number			5 Medicare wages and tips \$ 10000.00	6 Medicare tax withheld \$ 145.00	
e. Employee's first name and initial PRASANNA KUMARI	Last name CHEPPALA	Suff.	7 Social security tips \$ 0.00	8 Allocated tips \$ 0.00	
f Employee's address and ZIP code  1189 CONANT LN FRISCO TX 75035 US			9	10 Dependent care benefits \$ 0.00	
			11 Nonqualified plans \$ 0.00	12a See instructions for box 12 code   0.00	
			13 Statutory Retirement Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b code   0.00	
			14 Other \$ \$ \$	12c code   0.00	
a Employee's social security number XXX-XX-3256	b Employer identification number (EIN) 92-1232911			12d code   0.00	
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
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

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

**Box 12** (continued)

**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 Instructions for Forms 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 reimbursements (nontaxable)

**M**— Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

**N**— Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

**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 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)

**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 Instructions for Forms 1040 and 1040-SR.

**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.

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			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b code   0.00	
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