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. Free me if you do not 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 recdit (EC). You may be able to take the EIC for 2019 if your adjusted gross income (AGI) is less than a certain amount. The amount of 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 this take the EIC if your airestement income is more than the specified amount for 2019 or if ancome is earned for services provided while you were an intained at a penal institution. For 2019 in come limits and more information, vist www.sr.goveETIC.

Also see 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.

Also see Pub. 390, named informe cream. Full factors and a finite factor 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 employer to correct your employer to the correct way and the state of the correct way and any statement, with the Social Security Administration (SSA) to correct any Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount crorr reported to the SAs on Form W-2. Be sure to get your copies of Form W-2: from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct to that each give an early 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 2019 and more than 88,239.80 in social security and/or TFr 1 railroad retirement (RSTA) 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 54,830 in 1 TFr 2 RSTA tax was withheld, you also may be able to claim a credit. See your Form 1040 Instructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

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 8999, Additional Medicare Tax. See the Form 1040 instructions. You may be required to report this amount on Form 8999, and the second of the federal income tax withheld on all Medicare wages and tips shown Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown as No. 1000 in the second of the second

\$200,000.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your 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 that you recreded a smaller amount. If you have records that show the actual amount of tips your received, report that amount even if it is more or less than the allocated tips. On Form 4137, you will calculate

must report as income and on other tips you did not report to your employer. By filing Form 4137, so your social security in will be credited to your social security record (used to figure your benefits). So your social security record (used to figure your benefits). E-Substantiated employee business capease reimbursements (nontasable) by so or incurred on your behalf (achding amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles lembed in the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles lembed in the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles lembed in the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles lembed in the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles plantial to the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles plantial to the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles plantial to the section 126 (cafeteria) plantial plantia

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 \$19,000 (\$13,000 if you only more SIMPLE plans, \$22,000 for socion 403(b) plans if you qualify for the \$1-5-year rule explained in Pub. \$71). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to

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included in income: See the assultances for Point 1990.

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

Secretary Constitutions are for the current year.

A—Uncollected social security or RRTA tax on tps. Include this tax on Form 1040. See the Form

E—Elective deferrals under a section 403(b) salary reduction agree 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.

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

impute any taxanie and nontaxanie amounts.

—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social curity wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements.

W—Emphyer 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 plas interest. See the Form 1040 instructions.

1040 instructions.

A.—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

BB—Designated Koth contributions under a section 43(5) plan
DD—Cost of emphyser-sponsored health coverage. The amount reported with Code DD is not
taxable to the contributions under a governmental section 457(b) plan. This amount does not
apply to contributions under a tax-except organization section 457(b) plan. This amount does not
apply to contributions under at sux-except organization section 457(b) plan.
FF—Permitted benefits under a qualified small employer health reinbursement arrangement
GG—Income from qualified equalty grants under section 83(i) elections as of the close of the calendar year
Box 1.3 (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, montacable income,
withheld union dues, uniform payments, health insurance premiums deducted, montacable income,
withheld union dues, uniform payments, health insurance premiums deducted, montacable income,
withheld union dues, uniform payments, health insurance premiums deducted, montacable income,
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Form W-2 Wage and Tax Statement

2019

Copy C, for employee's records

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 you fail to report it.

				may be impeced	on you if this income is taxable and you fall
d Control number 0052-12068676 b Employer's identification	0000000018-	Void ocial security number	c Employer's name, address, and ZIP code MARVELOUS TECHNOLOGIES INC	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
81-2157036 780-01-2943			5445 GRAND AVE STE 206 GURNEE IL 60031	1 Wages, tips, other compensation 95649.96	² Federal Income tax withheld 16278.48
13 Statutory Retirement Third-party Employee plan sick pay				3 Social Security wages	4 Social Security tax withheld
12 See Instrs. for Box 12 14 Other CASDI		956.46		5 Medicare wages and tips	6 Medicare tax withheld
			ASWANI KANCHERLA 1102 S ABLE STREET	7 Social Security tips	8 Allocated Tips
			MILPITAS CA 95035	10 Dependent care benefits	11 Nonqualified plans
15 State Employer's state I.D. No. 16 State wages, tips, etc. CA 094-0119-1 9:			. 17 State income tax 18 Local wages, tips, etc. 6313.56	19 Local income tax	20 Locality name
CA 094-0119-	-1	9	0313.30		

Form W-2 Wage and Tax Statement

2019

2019

Copy B, to be filed with employee's FEDERAL tax return

d Control number				c Employer's name, address, and ZIP code MARVELOUS TECHNOLOGIES INC				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
81-2157036 780-01-2			-		5445 GRAND AVE STE 206 GURNEE IL 60031			1 Wag	es, tips, other compensation 95649.96	2 Federal Income tax withheld 16278.48		
	tutory loyee	Retireme plan	ement Third-party sick pay			GURNEE IL 00031			3 Soci	al Security wages	4 Social Security tax withheld	
		Other ASDI	9	56.46		's name, address, and ZIF	ode code		5 Med	icare wages and tips	6 Medicare tax withheld	
							ASWANI KANCHERLA 1102 S ABLE STREET			7 Soci	al Security tips	8 Allocated Tips
							ILPITAS CA 95035		10 Dej	pendent care benefits	11 Nonqualified plans	
15 State Employer's state I.D. No. 16 S			16 State wages,	tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
CA 094-0119-1		95649.96			6313.56							

Form W-2 Wage and Tax Statement

Copy 2, to be filed with employee's tax return for CA

d Control number 0052-12068676 0000000018- b Employer's identification number a Employer's social security number			MARV	s name, address, and ZIP code ELOUS TECHNOLOGII	ES INC	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
		01-2943 Third-party		5445 GRAND AVE STE 206 GURNEE IL 60031			1 Wages, tips, other compensation 95649.96	2 Federal Income tax withheld 16278.48	
Employee			sick pay					3 Social Security wages	4 Social Security tax withheld
		14 Other CASDI	9:			's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld
						NI KANCHERLA ABLE STREET		7 Social Security tips	8 Allocated Tips
					MILPIT	TAS CA 95035		10 Dependent care benefits	11 Nonqualified plans
15 State Employer's state I.D. CA 094-0119-1		e I.D. No.	16 State wages		5649.96	17 State income tax 6313.56	18 Local wages, tips, etc.	19 Local income tax	20 Locality name