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 (EIC). 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 correct when the correct was the employer to file Form W-2e. Corrected Wage and Tax 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 error reported to the SSA 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 tout 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 caling 800-772-1213. You may also wist the SSA website at www.SSA.gov.

Cost of employer-sponsored beath 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 S8,239.80 in social security and/or TFr 1 railroad retirement (RSTA) taxes were whithed, 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 \$4,835.0 in TFr 2 RSTA tax was withheld, you also may be able to claim a credit. See your Form 1040 Instructions and Pub. 505, Tax Wathholding and Estimated Tax.

Instructions for Employee

\$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 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. 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 the most life, the standard in box 1.0 miles the most life, the standard in box 1.0 miles the most life in surrance over \$5,000 also is included in box 1.0 miles from 3441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 1.1 This amounts (a) reported in box 1 if it is a distribution made to you from a nonqualified of 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 acro or will be age 62 by the ends of the calendard year, and pour acro or will be age 62 by the end of the calendar year, your employer should if its form 58,4. 31, Employer Report of Special Wage Payments, with the Social Security Administration and give you acroy.

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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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. Vocations to determine if you are required to complete Form 8999.

Box 6. This amount includes the 1.45% Medicare 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 above 1000.

Delective deferrats to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retrement account that is grant of a section 401(k) arrangement.

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

ompute any taxanie and nonaxanie amounts.

—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social scurity 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). V—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.

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

deferrals may be higher for the last 3 years before you reach retriement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Form 1040.

Note. If a year follows code D through H. S., Y. A. 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, consister these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—lincollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

D—Elective deferrals under a section 403(b) salary reduction segreement.

About the contributions were the section 403(b) salary reduction segreement.

About the contributions were the section 403(c) plans and the section 403(d) and the section 403(d

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 immosted on your if this income is subble and you fall to report it.

d Contro	d Control number Void 1063-12066248 0000000243-		c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service				
0063-1				SKILL VOICE INC 294 NE TUDOR RD			OMB No. 1545-0008			
b Employer's identification number a Employee's social 81-1643169 123-99-		social security nu					1 Wages, tips, other compensation	2 Federal Income tax withheld		
13 Stat	0 .0 - 0 /	Retiren		Third-party	-	LEES S	UMMIT MO 64086		36333.34	3535.19
	Employee plan sick pay					3 Social Security wages	4 Social Security tax withheld			
12 See Ir	12 See Instrs. for Box 12 14 Other		Other			e Employee's	s name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld
					- 1		KUMAR GOUD PALLI E INDEPENDENCE AV	=	7 Social Security tips	8 Allocated Tips
						APT 902	2	L	10 Dependent care benefits	11 Nonqualified plans
						LEE S S	SUMMIT MO 64086			
15 State	Employer'	s state I.D	. No.	16 State wages,	tips, etc.		17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CT	CT 72082951-000 2		23	916.68	1045.33					
MO 22988688		12	416.66	425.00						

Form W-2 Wage and Tax Statement

2019

2019

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

_											
d Control number Void 0063-12066248 0000000243-		c Employer's name, address, and ZIP code SKILL VOICE INC			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008						
	b Employer's identification number a Employee's social security number		mber	294 NE	TUDOR RD			1 Wag	es, tips, other compensation	2 Federal Income tax withheld	
	643169		-99-6273		LEES S	UMMIT MO 640	086		`	36333.34	3535.19
13 Statutory Retirement Employee plan		Third-party sick pay						3 Soci	al Security wages	4 Social Security tax withheld	
12 See Ir	12 See Instrs. for Box 12		1		e Employee's	s name, address, and ZIP cod	е		5 Med	icare wages and tips	6 Medicare tax withheld
						KUMAR GOUD E INDEPENDEN			7 Soci	al Security tips	8 Allocated Tips
				- 1	APT 902	2			10 De	pendent care benefits	11 Nonqualified plans
					LEE S S	SUMMIT MO 64	080				
15 State	15 State Employer's state I.D. No. 16 State wages, tips, etc.		tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
CT 72082951-000 MO 22988688		-000 2		23	23916.68 1045.33						
				12	416.66	•	425.00				

Form W-2 Wage and Tax Statement

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

d Control	l number				Void	c Employer	s name, address, and ZIP code		•	Depart	ment of the Treasury - Internal Reven	ue Service	
0063-12	2066248	00	00000243	-		SKILL VOICE INC			OMB No. 1545-0008				
b Employ	er's identificat	ion numbe	r a Employee'	s social security nu	mber	294 NE TUDOR RD							
81-16	81-1643169 123-99-6273			_,			1 Wag	es, tips, other compensation 36333.34	2 Federal Income tax withheld 3535.19				
13 Stat	tutory	Retir	ement	Third-party		LEES SUMMIT MO 64086							
Empl	loyee	plan		sick pay						3 Social Security wages		4 Social Security tax withheld	
12 See Instrs. for Box 12 14 Other				e Employee	's name, address, and ZIP code			5 Medi	care wages and tips	6 Medicare tax withheld			
						SHIVA	KUMAR GOUD P	PALLE	3	7 Soci	al Security tips	8 Allocated Tips	
						1110 N	E INDEPENDENC	E AVI	Е				
						APT 90	2			10 Dep	endent care benefits	11 Nonqualified plans	
						LEES!	SUMMIT MO 6408	36					
							001/11/11 1/10 0 100	, ,					
15 State	Employ	er's state	.D. No.	. 16 State wages	, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
CT	720829	51-00)		2	3916.68	104	15.33					

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 (EIC). 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 a 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

\$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 thave 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 the most life, the standard in box 1.0 miles the most life, the standard in box 1.0 miles the most life in surrance over \$5,000 also is included in box 1.0 miles from 3441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 1.1 This amounts (a) reported in box 1 if it is a distribution made to you from a nonqualified of 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 acro or will be age 62 by the ends of the calendard year, and pour acro or will be age 62 by the end of the calendar year, your employer should if its form 58,4. 31, Employer Report of Special Wage Payments, with the Social Security Administration and give you acroy.

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

three Short Le pains, 32000 to a section 1990, 1990. Deferrals under code H are limited to \$7,000. Deferrals under code are limited to \$7,000. However, if you were at least age \$0 in 2010, your employer may have allowed an additional However, if you were at least age \$0 in 2010, your employer may have allowed an additional deferral amount is not subject to the overall limit on decivite deferrals. For code G, the limit on electification may be higher for the last 3 years before you reach retriement age. Contact your plan administrant for more information. Amounts in section of the overall decivite deferral limit must be included in income. See the instructions for Form 1040.

Mote. 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. See the Form

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. Vocations to determine if you are required to complete Form 8999.

Box 6. This amount includes the 1.45% Medicare 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 above 1000.

Delective deferrats to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retrement account that is grant of a section 401(k) arrangement.

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

2019

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.

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

DD—Cost of employer-sponsored hearn coverage. In amount specification of \$7(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FE—Permitted benefits under a qualified small employer bealth reinbursement 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 lains may apply to the amount of traditional RRA contributions you may deduct. See Pub. 590-A. Contributions to Individual Retirement Arrangements (IRAs).

IAA-Continuous you may deuced. See 201. 390-3, Continuous on minorial returning Arrangement (IRAs) use this box to report information such as state disability insurance trace which the state of the come, which the state of the state of

Form W-2 Wage and Tax Statement

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

d Control number Void 0063-12066248 0000000243-		Void	c Employer's name, address, and ZIP code SKILL VOICE INC	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer's identification num 81-1643169 13 Statutory Ref Employee pla	123-99-6273 Third-party		294 NE TUDOR RD LEES SUMMIT MO 64086	1 Wages, tips, other compensation 36333.34 2 Federal Income tax withheld 3535 3 Social Security wages 4 Social Security tax withheld		
12 See Instrs. for Box 12 14 Other			e Employee's name, address, and ZIP code	5 Medicare wages and tips	6 Medicare tax withheld	
			SHIVA KUMAR GOUD PALLE 1110 NE INDEPENDENCE AVE	7 Social Security tips	8 Allocated Tips	
			APT 902	10 Dependent care benefits	11 Nonqualified plans	
			LEE S SUMMIT MO 64086			
15 State Employer's state MO 22988688	e I.D. No. 16 State wages		17 State income tax 18 Local wages, tips, etc. 425.00	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2019

	<u> </u>							
d Control number Void X				c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer's identification n	umber a Employee's	s social security number	er			1 Wages, tips, other compensation	2 Federal Income tax withheld	
			_					
	Retirement plan	Third-party sick pay				3 Social Security wages	4 Social Security tax withheld	
12 See Instrs. for Box 12	14 Other			e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld	
						7 Social Security tips	8 Allocated Tips	
						10 Dependent care benefits	11 Nonqualified plans	
15 State Employer's :	state I.D. No.	16 State wages, tip	s, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
				1			[

Form W-2 Wage and Tax Statement 2019

d Control number		Voi X	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer's identification num	ber a Employee's soci	cial security number					
			_		1 Wages, tips, other compensation	2 Federal Income tax withheld	
13 Statutory Re Employee pla	tirement in	Third-party sick pay			3 Social Security wages	4 Social Security tax withheld	
12 See Instrs. for Box 12	14 Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld	
					7 Social Security tips	8 Allocated Tips	
					10 Dependent care benefits	11 Nonqualified plans	
15 State Employer's stat	te I.D. No. 16	6 State wages, tips,	etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
ı	I		ı	1		1	