# 2019 W-2 and EARNINGS SUMMARY

**Employee** Reference Copy Wage and Tax Statement Copy C for employee's records Control number Corp. Employer use onl 230715 393

MPHASIS CORPORATION 460 PARK AVE SOUTH STE

**NEW YORK NY 10016** 

Batch #02545

e/f Employee's name, address, and ZIP code

PRATHAP D **APT 803** 5431 N E RIVER ROAD CHICAGO IL 60656

Employer's FED ID number a Employee's SSA number 95-4759720 Wages, tips, other comp. 868-25-4523 Federal income tax withheld 63895.98 5956.27 Social security wages Social security tax withheld 63895.98 3961.55 Medicare wages and tips 6 Medicare tax withheld 63895.98 926.49 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 C 12b DD 60.50 2662.82 14 Other 12d 13 Stat emp Ret. plan 3rd party sick party 15 State Employer's state ID no. 16 State wages, tips, etc. TOTAL STATE 18 Local wages, tips, etc. 2237.98 19 Local income tax 20 Locality name

CLIF/XJ9 Employer's name, address, and ZIP code

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

reverse side includes instructions and other general information.

This blue section is your Earnings Summary which provides more detailed

information on the generation of your W-2 statement and W-4 profile. The

	Wages, Tips, other	Social Security	Medicare	AZ. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay	64,547.98	64,547.98	64,547.98	39,303.71
Plus GTL (C-Box 12)	60.50	60.50	60.50	0.00
Less Other Cafe 125	712.50	712.50	712.50	450.00
Reported W-2 Wages	<b>63,895.98</b>	<b>63,895.98</b>	<b>63,895.98</b>	<b>38,853.71</b>

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

5956.27

393

2 Federal income tax withheld

Social security tax withheld 3961.55 Medicare tax withheld 926.49

a Employee's SSA number 868-25-4523

Employer use only

**PRATHAP** D APT 803 5431 N E RIVER ROAD CHICAGO IL 60656

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Wages, tips, other comp

Social security wages 63895.98

Medicare wages and tips 63895.98

Employer's FED ID number 95-4759720

d Control number

230715 CLIF/XJ9

63895.98

c Employer's name, address, and ZIP code

MPHASIS CORPORATION 460 PARK AVE SOUTH STE NEW YORK NY 10016

Social Security Number: 868-25-4523 Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0 STATE:

Tax is 2.7 %

1 Wages, tips, other comp. 63895.98			2 Federa	al income ta	x withheld <b>5956.27</b>
3 Social security wages 63895.98			4 Social	security ta	x withheld 3961.55
5 Medicare wages and tips 63895.98			6 Medica	are tax with	held <b>926.49</b>
d Control number Dept.			Corp.	Employe	r use only
230715 CLIF/XJ9				Α	393
С	c. Employer's name address and ZIP code				

MPHASIS CORPORATION 460 PARK AVE SOUTH STE NEW YORK NY 10016

b	Employer's FED ID number 95-4759720	a Employee's SSA number 868-25-4523				
7	Social security tips	8 Alloc	ated tips			
9		10 Deper	ndent care	benefits		
11	Nonqualified plans	12a See C	instructio	ns for box 12 <b>60.50</b>		
14	Other	<sup>12b</sup> DD		2662.82		
		12c				
		12d				
		13 Stat em	p. Ret. plan	3rd party sick pay		
e/f	e/f Employee's name, address and ZIP code					

PRATHAP D **APT 803** 5431 N E RIVER ROAD CHICAGO IL 60656

15	TOTAL STATE	16 State wages, tips, etc.
17	State income tax	18 Local wages, tips, etc.
	2237.98	
19	Local income tax	20 Locality name
	Federal Fili	na Copy

Allocated tips Social security tips 10 Dependent care benefits 11 Nonqualified plans **12**a 12h 14 Other 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay e/f Employee's name, address and ZIP code PRATHAP D **APT 803** 5431 N E RIVER ROAD CHICAGO IL 60656 15 State AZ Employer's state ID no. 16 State wages, tips, etc. 38853.71 17 State income tax 18 Local wages, tips, etc. 1049.03 19 Local income tax 20 Locality name

AZ.State

Wage

Reference

vvage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

Copy

1 Wages, tips, other comp. <b>63895.98</b>			2	Federa	al income tax	withheld 5956.27	
3	Socia	l security wag 6389	es 95.98	4	Social	security tax	withheld 3961.55
5 Medicare wages and tips 63895.98		6	Medica	are tax withl	neld <b>926.49</b>		
d	Contr	ol number	Dept.		Corp.	Employe	r use only
230	0715	CLIF/XJ9				Α	393
С	c Employer's name, address, a			nd :	ZIP cod	le	

MPHASIS CORPORATION 460 PARK AVE SOUTH STE NEW YORK NY 10016

b	Employer's FED ID number 95-4759720	a Employee's SSA number 868-25-4523				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick par				
e/f	Employee's name, address a	nd ZIP code				

PRATHAP D **APT 803** 5431 N E RIVER ROAD CHICAGO IL 60656

	Employer's state ID no. <b>95-4759720</b>	16 State wages, tips, etc. 38853.71
17 State	income tax	18 Local wages, tips, etc.
	1049.03	
19 Local	income tax	20 Locality name

Filing AZ.State Copy Wage and

Statement Copy 2 to be filed with employee's State Income Tax

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

IL.State Reference Copy
Wage and Tax
Statement
Copy 2 to be filed with employee's State Income Tax
d Control number
Dept. Corp. Employer use only
A 394

c Employer's name, address, and ZIP code

MPHASIS CORPORATION 460 PARK AVE SOUTH STE NEW YORK NY 10016

#### Batch #02545

e/f Employee's name, address, and ZIP code

PRATHAP D APT 803 5431 N E RIVER ROAD CHICAGO IL 60656

_			~~							
b	Emplo		ED ID nu		а	Empl			A number	
		95-4	759720				8	<u>68-25-</u>	<u> 4523</u>	
1	Wage	s, tips,	other co	mp.	2	Feder	al	income	tax withhel	d
			6389	5.98					5956.2	7
3	Socia	l securi	ity wages	;	4	Socia	ıls	security	tax withhel	d
			6389	5.98					3961.5	5
5	Medic	are wa	ges and t		6	Medic	a	re tax wi	thheld	
			6389	5.98					926.4	9
7 Social security tips			8 Allocated tips							
9					10	Depe	nd	ent care	benefits	
11	Nonqu	ualified	plans		12a See instructions for box 12					
						<u> </u>			60.50	
11	Other					DD •	_		<u> 2662.82</u>	
	Other				120	;				
					120	k				
					13	Stat er	np	Ret. plan	3rd party sick	pay
15	State	Emplo	ver's sta	te ID no.	16	State	w	ages, tip	s, etc.	
I	L	95-47	59720	000 4	ŀ			• , ,	25042.2	7
17	State	income			18	Local	W	ages, tip	s, etc.	
			1188	3.95						
19	Local	incom	e tax		20	Local	ity	name		
					+		_			

1	Wages, tips, other of 638	omp. 95.98	2 Federa	al income tax withheld 5956.27
3	Social security wag 638	es 95.98	4 Social	security tax withheld 3961.55
5	Medicare wages and 638	d tips 95.98	6 Medic	are tax withheld 926.49
d	Control number	Dept.	Corp.	Employer use only
23	0715 CLIF/XJ9			A 394

c Employer's name, address, and ZIP code

MPHASIS CORPORATION 460 PARK AVE SOUTH STE NEW YORK NY 10016

b	Employer's FED ID number 95-4759720	a Employee's SSA number 868-25-4523			
7	Social security tips	8 Alloc	ated tips		
9		10 Depe	ndent care	e benefits	
11	Nonqualified plans	12a See C	instructio	ns for box 12 <b>60.50</b>	
14	Other	<sup>12b</sup> DD		2662.82	
		12c			
		12d			
		13 Stat em	p. Ret. plan	3rd party sick pay	
<del></del>				1	

e/f Employee's name, address and ZIP code

PRATHAP D APT 803 5431 N E RIVER ROAD CHICAGO IL 60656

15 State Employer's state ID no. 95-4759720 000 4	16 State wages, tips, etc. 25042.27
17 State income tax 1188.95	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
IL.State Filin	д Сору
W-2 Wage are Statemen Copy 2 to be filed with employee's State	nt <b>2019</b>

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

IL. State Wages, Tips, Etc. Box 16 of W-2

 Gross Pay
 25,244.27

 Plus GTL (C-Box 12)
 60.50

 Less Other Cafe 125
 262.50

 Reported W-2
 Wages
 25,042.27

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

PRATHAP D APT 803 5431 N E RIVER ROAD CHICAGO IL 60656 Social Security Number:868-25-4523
Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0 STATE: 0

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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 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 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 the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing 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 \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

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 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 \$19,000 (\$13,000 if you only have SIMPLE plans; \$22,000

for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to \$7.000.

However, if you were at least age 50 in 2019, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 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 instructions for Form 1040.

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. See the Form 1040 instructions.

**B**—Uncollected Medicare 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 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

 ${\bf G-}Elective$  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.

 $\ensuremath{\text{\textbf{L}}}\xspace-\ensuremath{\text{\textbf{S}}}\xspace$  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 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—Nortaxable combat pay. See the instructions for Form 1040 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 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 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 also is 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 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.

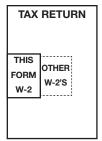
Department of the Treasury - Internal Revenue Service

## NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency 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 2019 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 2019 or if income is earned for services provided while you were an inmate at a penal institution. For 2019 income limits and more information, visit www.irs.gov/EITC. 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.

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 your name, 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 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-2c 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 name at any SSA office or by calling 800-772-1213. You also may 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 \$8,239.80 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 \$4,836.30 in Tier 2 RRTA 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.