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 \$8,239.80 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 \$4,836.0 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 Withholding and Estimated 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 income tax withheld line of your tax return.

Box 5. Tourn any 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 3, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown

\$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, syour social security in well be credited to by your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security in the solid possible transmitted dependent care benefits that you can be so your social security or RATA tax on tratable cost of group-term life insurance over \$50,000 also is included in hox 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any tratable and nontaxable amounts.

Box 11. 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 are or will be soon to your are or will be age 62 by the end of the calcular year, your employer should if the Form \$8.34, 21. The Allong of the proper should for the year, your employer should if the Form \$8.34, 21. The Allong of the propers of the year of year of the year of the year of year year your employer should if the Form \$8.34, 21. The year of year year your employer should its form year, your employer should its form year, your 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

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

have Shart Expans, Sacon on section plants of the plants o ncluded in income. See the instructions for Form 1040.

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 1040 instructions

B-Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instruction

B—discouraction sent, and an an ups. include usis law of 1990. See the Form Fow six unclusion.

C—Taxable cost of group-term life insurance over \$\$0.000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deferrads to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retrement account that is part of a section 401(k) arrangement.

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

-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to mute any taxable and nontaxable amounts.

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,
Raifoud employers use this box to report information such as state disability insurance taxes
withheld union Macken article to the control of the properties of the control of the prop

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 suble and you fail to report it.

| | | | | | | | | may be imposed | on you if this income is taxable and you fail | |
|--|---|--|-------------------------|--|--|--|--|--|---|--|
| | d Control number Void 0472-D214 0000650068-001000 | | | | 's name, address, and ZIP code MAHINDRA AMERICA | S INC | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
| 22-3282696 67 | | | 4-36-8683 | | 4965 PRESTON PARK BLVD SUITE 500 | | | 1 Wages, tips, other compensation 28825.33 | 2 Federal Income tax withheld | |
| 13 Statutory Retirement Employee plan | | | Third-party sick pay | | PLANC | TX 75093 | , | 3 Social Security wages 28825.33 | 4 Social Security tax withheld 1787.15 | |
| 12 See Instrs. for Box 12 48.44 W 1000.02 DD 3590.16 | | | | | JAGAE 171734 | o's name, address, and ZIP code DISH PETLURI PITON WAY VILLE KY 40245 | | 5 Medicare wages and tips 28825.33 7 Social Security tips 10 Dependent care benefits | 6 Medicare tax withheld 417.98 8 Allocated Tips 11 Nonqualified plans | |
| | | | | | | | | | | |
| 15 State GA | 1 I | | 16 State wages, | | 3825.33 | 17 State income tax 337.45 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form W-2 Wage and Tax Statement

2019

2019

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

| d Control number Void 0472-D214 0000650068-001000 | | | c Employer's name, address, and ZIP code TECH MAHINDRA AMERICAS INC | | | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | | | |
|--|--|---|---|----------------|--|--------------|---------------------|--|----------------------------|----------------------------|---------------------------|------------------------------|--|
| | | | 4965 PRESTON PARK BLVD | | | | | 1 Wages, tips, other compensation 2 Federal Income tax withheld | | | | | |
| 22-3282696 674-36-868 | | | | | | SUITE 500 | | | | 28825.33 | 2 rederal income tax with | Treatin modific tax withhold | |
| 13 Statutory Retirement Third-party Employee plan sick pay | | | | PLANO TX 75093 | | | | | al Security wages 28825.33 | 4 Social Security tax with | 1787.15 | | |
| 12 See Instrs. for Box 12 C 48,44 | | | | | e Employee's name, address, and ZIP code | | | | | care wages and tips | 6 Medicare tax withheld | 417.00 | |
| w | 1000.02 | | | | | DISH PETLURI | | | 7 Socia | 28825.33 | 8 Allocated Tips | 417.98 | |
| DD | 3590.16 | 5 | | I | 171734 PITON WAY | | | | | | | | |
| | | | | | LOUISVILLE KY 40245 | | | 10 Dependent care benefits | | 11 Nonqualified plans | | | |
| | | | | | | | | | | | | | |
| 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 | | | | | |
| GA | GA 2008018-LU | | | 28 | 3825.33 | | 337.45 | | | | | | |
| | | | | | | | | | | | | | |

Form W-2 Wage and Tax Statement

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

| d Control number Void | | | c Employer's name, address, and ZIP code | | | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | | | |
|-------------------------|----------------------------|-------------|---|----------------|--------------------------------------|---------------------------|--------|---|--|---------------------|----------|----------------------------|--------|
| | | | TECH MAHINDRA AMERICAS INC | | | | | OMB NO. 1343-0006 | | | | | |
| | | | a Employee's social security number 674-36-8683 | | | 4965 PRESTON PARK BLVD | | | | | nsation | 2 Federal Income tax withh | ield |
| 13 Statutory Retirement | | Third-party | | SUITE 500 | | | | 28825.33 | | | | | |
| Employee plan | | sick pay | | PLANO TX 75093 | | | | | 3 Social Security wages 28825.33 4 Social Security tax v | | | 1787.15 | |
| C See Ir | nstrs. for Box 12 48.44 | 14 Other | | | e Employee | 's name, address, and ZIP | code | | 5 Medica | are wages and tips | 28825.33 | 6 Medicare tax withheld | 417.98 |
| W 1000.02 DD 3590.16 | | | | | JAGADISH PETLURI 171734 PITON WAY | | | | 7 Social | Security tips | 20020.00 | 8 Allocated Tips | |
| LOUISVILLI | | | | | | ISVILLE KY 40245 | | | | ndent care benefits | s | 11 Nonqualified plans | |
| | | | | | | | | | | | | | |
| 15 State | Employer's stat | I.D. No. | 16 State wages | , tips, etc. | | 17 State income tax | | 18 Local wages, tips, etc. | 1 | 19 Local income | tax | 20 Locality name | |
| GA 2008018-LU | | | | 28 | 3825.33 | | 337.45 | | | | | | |
| | | | | | | | | | | | | | |