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 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 fit them with your tax return. If your name and SSN are correct to that each the sum as a 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 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 (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 \$4,38.50 in TFr 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 Instructions and Pub. 505, Tax Waitholding 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, 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 \$83.4, 214.

Jacobs ceck to an excess golden parachate payments. See the form 1040 instructions.

Leader of your permitties in the surface over \$50,000 (former employers only). See the Form 1040 instructions.

Leader of your permitties in surrance over \$50,000 (former employers only). See the Form 1040 instructions.

Leader of your permitties of your permitties in surrance over \$50,000 (former employers only). See the Form 1040 instructions.

Leader of your permitties of your permitties to your permitties to your permitties of your permitties of your permitties to your permitties to your permitties of yo 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 limited to a total of \$19,000 (\$13,000 if you only limited to a total of \$19,000 (\$13,000 if you only flow EA, 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

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

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). 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 close of the control of the properties of the control of the properties of the properties of the control of the proper

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 fa	
d Control number 0472-D584 b Employer's identification		000165-	000100	Void	VISAM T	me, address, and ZIP code ECHNOLOGIES INC		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
20-8909882		330-85-0633			8950 GARY BURNS DR STE B - FRISCO TX 75034			1 Wages, tips, other compensation 28150.00 2 Federal Income tax withheld 3		
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			e Employee's name, address, and ZIP code			5 Medicare wages and tips	6 Medicare tax withheld	
						NDU MANAM WILLOW TREE LN		7 Social Security tips	8 Allocated Tips	
				# 1	VILLE AR 72713		10 Dependent care benefits	11 Nonqualified plans		
					BENTONVILLE AR 72/13					
15 State Employer's state I.D. No. 16 State wages, tips, e AR 60819276-WHW				8575.00	17 State income tax 1043.30	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 Contro 0472-I	ol number 0584	0	0000000165-000100					s name, address, and ZIP code TECHNOLOGIES INC		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer's identification number 20-8909882 13 Statutory Retirement Plan Employee plan			a Employee's social security number 330-85-0633 Third-party sick pay			8950 GARY BURNS DR STE B FRISCO TX 75034			1 Wages, tips, other compensation 28150.00	2 Federal Income tax withheld 3341.79		
12 See	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		
								BINDU MANAM W WILLOW TREE LN		7 Social Security tips	8 Allocated Tips	
							# 1	ONVILLE AR 72713		10 Dependent care benefits	11 Nonqualified plans	
							BENTONVILLE AR 72/13					
15 State Employer's state I.D. No. 16 State wages, tips, etc.							17 State income tax 18 Local wages, tip			19 Local income tax	20 Locality name	
AR 60819276-W		WHW 18		3575.00	1043.30							

Form W-2 Wage and Tax Statement

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

d Control number Void					Void	c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service				
0472-D	0472-D584 0000000165-000100					<u> </u>	VISAM TECHNOLOGIES INC				OMB No. 1545-0008			
b Employer's identification number a Employee's social security number				ımber	8950 GARY BURNS DR STE B				[
20-89	3909882 330-85-0633		35-0633		FRISCO TX 75034				1 Wag	es, tips, other compensation 28150.00	2 Federal Income tax withheld 3341.79			
	13 Statutory Retiren Employee plan			ement Third-party sick pay			- 1 KISCO 1X 75054			3 Soci	al Security wages	4 Social Security tax withheld		
						1								
12 See Ins	12 See Instrs. for Box 12 14 C			ner			e Employee's name, address, and ZIP code HIMA BINDU MANAM 2809 SW WILLOW TREE LN				5 Medicare wages and tips		6 Medicare tax withheld	
											7 Social Security tips		8 Allocated Tips	
							# 1 BENTONVILLE AR 72713				10 Dep	endent care benefits	11 Nonqualified plans	
							DENIONVILLE AR 72/15							
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		
AR 60819276-WH		VHW		18	8575.00		1043.30							