OMB No. 1545-0008			OMB No. 1545-0008						
d Control number 1	1 Wages, tips, other compensation 88525.42	2 Federal income tax withheld 16542.47	d Control number		1	Wages, tips, other compensation 88525.4		come tax withheld 16542.47	
Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld	b Employer identification number (EIN)		(EIN) 3	Social security wages		urity tax withheld	
39-1929719 Employee's social security number 5	88525.42 5 Medicare wages and tips	5488.58 6 Medicare tax withheld	39-1929719 a Employee's social security number			88525.4 Medicare wages and tips	2 6 Medicare t	5488.58	
170-47-6927	88525.42	1283.62	170-47-6927 c Employer's name, address and ZIP co			88525.4		1283.62	
Employer's name, address and ZIP code EXPERIS US, INC. 100 MANPOWER PLACE MILWAUKEE WI 53212			C Employer's name, ad EXPERIS US 100 MANPOW MILWAUKEE	, INC ER PL	ACE				
7 Social security tips 8	8 Allocated tips	9	7 Social security tips		8	Allocated tips	9		
10 Dependent care benefits 1	11 Nonqualified plans	12a See instructions for box 12   8 0 13854.60	10 Dependent care benefits		1	1 Nonqualified plans	12a g O DD	See instructions for box 13854.60	
12b	12c	12d 8	12b 9 0		1 epo	12c 12d			
	14 Other		O 13 Statutory employee plan		d-party 1 k pay	4 Other	jõ j		
e Employee's first name, initial, last name a BHANUCHANDAR CHALLA 1128 LANGSTONSHIRE LANE MORRISVILLE NC 27560	nd suff.		e Employee's first nam BHANUCHANDAR 1128 LANGSTO MORRISVILLE	CHALL NSHIRE	A LANE	id suff.			
Employee's address and zip code			f Employee's address a						
2019 <sup>15 State Employer</sup> OH 5252		16 State wages, tips, etc. 76392.58			Employer's state ID number 52525441		16 State wages, tips, etc. 76392.58		
§ W-2			<b>≝ W-2</b>					12132.8	
	50115 ' State income tax 18	12132.84 3 Local wages, tips, etc.	Wage and Tax Sta			50115 State income tax	18 Local wages, t		
Copy C - For EMPLOYEE'S RECORDS (See Notice to	2454.16	76392.58	Copy B - To Be Fil Employee's FEDE			2454.16		76392.5	
Employee on back of Copy B.) This information is being furnished to the termal Revenue Service. If you are required file a tax return, a negligence penalty or file a tax return, a negligence penalty or			Return.			560.00	.00		
		D Locality name	This information is being furnished to the Internal Revenue Service.		ne 19	19 Local income tax 20 Locality name			
ther sanction may be imposed on you if this noome is taxable and you fail to report it.	1909.87 (	COLUMBUS				1909.87	COLUMBU	3	
Department of the Treasury – nternal Revenue Service			Department of the Treasur Internal Revenue Service	y —	L				
OMB No. 1545-0008	1 Wages, tips, other compensation	2 Federal income tax withheld	OMB No. 1545-0008 d Control number			Wages, tips, other compensation		ome tax withheld	
88525.42		16542.47			. 	88525.4		16542.4	
	ployer identification number (EIN) 3 Social security wages 39–1929719 88525.4		b Employer identification number (EIN) 39-1929719		EIN) 3	Social security wages 88525.4	4 Social security tax withheld 5488.58		
Employee's social security number 5 Medicare wages and tips		5488.58 6 Medicare tax withheld	a Employee's social security number		ber 5	Medicare wages and tips	6 Medicare tax withheld		
170-47-6927 c Employer's name, address and ZIP code	88525.42	1283.62	c Employer's name, ad		ZIP code	88525.4	2	1283.6	
EXPERIS US, INC. 100 MANPOWER PLACE MILWAUKEE WI 53212 7 Social security tips	8 Allocated tips	9	EXPERIS US 100 MANPOW MILWAUKEE 7 Social security tips	ER PLA	ACE 3212	Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a	10 Dependent care ben	efits	1	1 Nonqualified plans	12a		
12b	12c	<sup>w</sup> DD 13854.60	12b			2c	g DD	13854.6	
			12b B O		Code	20			
	14 Other		13 Statutory Retirem plan		d-party 14 k pay	4 Other			
employee plan sick pay									
employée plan sick pay a Employée's first name, initial, last name a BHANUCHANDAR CHALLA 1128 LANGSTONSHIRE LANE MORRISVILLE NC 27560			e Employee's first name BHANUCHANDAR 1128 LANGSTC MORRISVILLE f Employee's address at	CHALI NSHIRE NC 27	A LANE 560	d suff.			
e Employee's first name, initial, last name a BHANUCHANDAR CHALLA 1128 LANGSTONSHIRE LANE MORRISVILLE NC 27560 Employee's address and zip code 15 State Employee	er's state ID number	16 State wages, tips, etc. 76392 58	BHANUCHANDAR 1128 LANGSTC	CHALL NSHIRE NC 27 nd zip code 15 State	LA LANE 560 Employer	s state ID number	16 State wa	iges, tips, etc. 763925	
employee's first name, initial, last name a BHANUCHANDAR CHALLA 1128 LANGSTONSHIRE LANE MORRISVILLE NC 27560 Employee's address and zip code COLLS 15 State Employe 0H 5252	er's state ID number 15441	76392.58	BHANUCHANDAR 1128 LANGSTC MORRISVILLE f Employee's address a	CHALL NSHIRE NC 27 nd zip code 15 State OH	A LANE 560 Employer 52525	s state ID number 5441	16 State wa	76392.5	
employee's first name, initial, last name a BHANUCHANDAR CHALLA 1128 LANGSTONSHIRE LANE MORRISVILLE NC 27560 Employee's address and zip code COJJS Employee's address and zip code OH 5252 NC 6002	er's state ID number 15441 150115		HANUCHANDAR 1128 LANGSTC MORRISVILLE f Employee's address a COLG W-2	CHALL NSHIRE NC 27 nd zip code 15 State OH NC	A LANE 560 Employer 52525 60025	s state ID number	16 State wa	76392.5 12132.8	
e Employee's first name, initial, last name a BHANUCHANDAR CHALLA 1128 LANGSTONSHIRE LANE MORRISVILLE NC 27560 Employee's address and zip code IS State Employe 0H 5252 NC 6002 Wage and Tax Statement Copy 2 - To Be Filed With	er's state ID number 15441 150115	76392.58 12132.84 8 Local wages, tips, etc. 76392.58	BHANUCHANDAR 1128 LANGSTO MORRISVILLE f Employee's address a Complexity of the second f Employee's address a f Employee	CHALL NSHIRE NC 27 nd zip code 15 State OH NC tement ed With	A LANE 560 Employer 52525 60025	s state ID number 5441 50115	18 Local wages, t	76392.5 12132.8 ips, etc. 76392.5	
employee's first name, initial, last name a BHANUCHANDAR CHALLA 1128 LANGSTONSHIRE LANE MORRISVILLE NC 27560 Employee's address and zip code 0H 5252 NC 6002 Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or	er's state ID number 15441 150115 7 State income tax 1	76392.58 12132.84 8 Local wages, tips, etc.	HANUCHANDAR 1128 LANGSTC MORRISVILLE f Employee's address a DDJ 9 & W-2 Wage and Tax Sta	CHALL NSHIRE NC 27 ad zip code 15 State OH NC tement ed With City, or	A LANE 560 Employer 52525 60025	s state ID number 5441 50115 State income tax	18 Local wages, t	76392.5 12132.8 ips, etc. 76392.5	
e Employee's first name, initial, last name a EHANUCHANDAR CHALLA 1128 LANGSTONSHIRE LANE MORRISVILLE NC 27560 Employee's address and zip code C 0 1 9 Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.	er's state ID number 25441 250115 7 State income tax 1 2454.16 560.00 9 Local income tax 2	76392.58 12132.84 8 Local wages, tips, etc. 76392.58	BHANUCHANDAR 1128 LANGSTC MORRISVILLE f Employee's address a Copy 2 - To Be Fill Employee's State,	CHALL NSHIRE NC 27 ad zip code 15 State OH NC tement ed With City, or	A LANE 560 Employer 52525 60025	s state ID number 5441 50115 State income tax 2454.16 560.00 Local income tax	18 Local wages, t	76392.5 12132.8	
e Employee's first name, initial, last name a EHANUCHANDAR CHALLA 1128 LANGSTONSHIRE LANE MORRISVILLE NC 27560 Employee's address and zip code C 0 1 9 Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.	er's state ID number 25441 250115 7 State income tax 1 2454.16 560.00 9 Local income tax 2	76392.58 12132.84 8 Local wages, tips, etc. 76392.58	BHANUCHANDAR 1128 LANGSTC MORRISVILLE f Employee's address a Copy 2 - To Be Fill Employee's State,	CHALL NSHIRE NC 27 ad zip code 15 State OH NC tement ed With City, or	A LANE 560 Employer 52525 60025	s state ID number 5441 50115 State income tax 2454.16 560.00	18 Local wages, t	76392.5 12132.8 ips, etc. 76392.5	

## 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.its.gov/EITC. Also see Pub. 596, Eamed 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.

and requises 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 Wi-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 Wi-2. Be sure to get your copies of Form Wi-2c from your employer for all corrections made so your 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 800-772-113. 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 rairoad terimemet (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 rairoad 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.

## 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 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 employe 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

(Instructions for Employee continued on the back of copy C.)

## Instructions for Employee (Continued) (Continued from the back of copy B.)

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, it 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, no 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 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. L-Substantiated employee business expense reimbursements (nontaxable) M-Uncollected social security or RRTA tax on taxable cost of groupterm 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 nember of the U.S. Armed Forces (not included in box 1 3, or 5) Q-Nontaxable 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, and voltazable income, for reporting requirements. W-Employer contributions (including amounts the employee elected to contribute using a section 125 (catebrai) 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 cale 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