Year To Date Earnings

Regular Pay	134076.96
Floating/Discretionary Holiday	923.04
Commissions	235988.00
Circle of Excellence	3258.38
Sales Bonus	8163.83
Cash Award	500.00
HSA Employer Contribution	2500.00
Ltd Imputed Income	453.72
Group Term Life > \$50000	288.00

Year To Date Deductions

·	
Pretax Medical (EE)	1760.16
Pretax Dental Plan	252.48
HSA employee contribution	4399.97
Aflac Accident Insurance	194.64
HSA Employer Cont Offset	2500.00
401k Savings Plan 2	18500.00
VOL HDSDI NJ	360.00
VOL HDSDI	559.74
Ltd Imputed Income Offset	453.72
COE Offset	3258.38
Group Term Life>\$50000 Offset	288.00

Social Security No.: 356–29–1727 Marital Status: Married

Englewood, CO 80012

005-I03275-HDQ-95123-HDS-1 of 2 Hitachi Vantara Corporation 9800 Pyramid Court Suite 200

Exemptions/Allowances:
Federal: 2/0
State: 2/0

a Employee's social security numb	per d Control number		7 Social secu	rity tips	1 Wages	s, tips, other compensation	2 Federa	Il income tax withheld
356-29-1727	008734 WY/0TK					358739.32		66290.75
c Employer's name, address, and	ZIP code		8 Allocated tip	ps	3 Social	security wages	4 Social	security tax withheld
Hitachi Vantara Corpo	ration					128400.00		7960.80
9800 Pyramid Court Su			9 Verification	code	5 Medica	are wages and tips	6 Medica	are tax withheld
Englewood, CO 80012						377239.32		7065.12
b Employer identification number (EIN) 94–2603663		10 Dependen	t care benefits	୍ଟି 12a Se ଟ C	e instructions for box 12 288.00	© 12b d D	18500.00
e Employee's first name and initial MAYUR SETHI	Last name	Suff.	11 Nonqualifi	ed plans	© 12c d DD	12473.04	^C 12d d W	6899.97
5827 CHARLOTTE DR				Retirement Third-part	14 Othe	r		
APT 274			employee	plan sick pay	CA	VPDI 266.59		
SAN JOSE, CA 95123				x				
f Employee's address and ZIP cod	e							
15 State Employer's State ID No 1	9	17 State income		18 Local wages,	tips, etc.	19 Local income tax	20 I	Locality name
CA 280-8909-2	33372.19	1	920.22					

2018

Form W-2 Wage and Tax Statement

Employee's Copy

Employee's Copy C - For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)

Department of the Treasury-Internal Revenue Service. 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.

2018
OMB No. 1545-0008 Form W-2 Wage and Tax Statement
State
Filing Copy
Department of the T

Filing Copy

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury-Internal Revenue Service.

ONID NO. 1343-0006 1 OTHER	L Wage and Tax Otate	iioiit	g	P Department	or the rre	asury-internai Revenue Se	rvice.	
a Employee's social security num	ber d Control number		7 Social secu	rity tips	1 Wages	tips, other compensation	2 Federal income tax with	neld
356-29-1727	008734 WY/OTK					358739.32	66290).75
c Employer's name, address, and	ZIP code		8 Allocated tip	os	3 Social s	security wages	4 Social security tax withh	eld
Hitachi Vantara Corpo	oration					128400.00	7960	0.80
9800 Pyramid Court St	uite 200		9 Verification	code	5 Medica	re wages and tips	6 Medicare tax withheld	
Englewood, CO 80012						377239.32	7065	.12
b Employer identification number	(EIN) 94-2603663		10 Dependen	t care benefits	C 12a See	instructions for box 12 288.00	18500 B	.00
e Employee's first name and initia	l Last name	Suff.	11 Nonqualifie	ed plans	C 12c	12473.04	[©] 12d ₩ 6899	.97
5827 CHARLOTTE DR APT 274 SAN JOSE, CA 95123			employee	Retirement Third-party plan sick pay	14 Other CAV	PDI 266.59		
f Employee's address and ZIP coo		•						
15 State Employer's State ID No	3	17 State income		18 Local wages, tip	os, etc.	19 Local income tax	20 Locality name	
CA 280-8909-2	33372.19	1	920.22					

Pederal Copy B - To Be Filed With Employee's FEDERAL Tax Return.

OMB No. 1545-0008 FORM W-2	wage and Tax Stater	nent	rilling Co	Py Department	of the Trea	<u>asury-Internal Revenue Se</u>	rvice.	
a Employee's social security number	er d Control number		7 Social secu	ırity tips	1 Wages	tips, other compensation	2 Federal	income tax withheld
356-29-1727	008734 WY/0TK					358739.32		66290.75
c Employer's name, address, and 2	IP code		8 Allocated ti	ps	3 Social s	security wages	4 Social s	security tax withheld
Hitachi Vantara Corpor	ration					128400.00		7960.80
9800 Pyramid Court Su:	ite 200		9 Verification	code	5 Medica	re wages and tips	6 Medica	re tax withheld
Englewood, CO 80012						377239.32		7065.12
b Employer identification number (E	EIN) 94–2603663		10 Dependen	nt care benefits	C12a See	instructions for box 12 288.00	C 12b	18500.00
e Employee's first name and initial MAYUR SETHI	Last name	Suff.	11 Nonqualifi	ed plans	C12c d DD	12473.04	^C 12d ^d W	6899.97
5827 CHARLOTTE DR				Retirement Third-party	14 Other			
APT 274			employee	plan sick pay	CAV	PDI 266.59		
SAN JOSE, CA 95123				x				
f Employee's address and ZIP code	<u> </u>							
15 State Employer's State ID No 16	6 State wages, tips, etc.	17 State income	e tax	18 Local wages, tij	os, etc.	19 Local income tax	20 L	ocality name
CA 280-8909-2	33372.19	1	920.22					

		Year To	o Date Earni	ngs		Year To Date	Deductions
005-I03275-HDQ-95123	-HDS-2 of 2						
Hitachi Vantara Corp 9800 Pyramid Court S							
Englewood, CO 80012	uice 200						
Social Security No.: 356-29-1727							
Marital Status: Married							
Exemptions/Allowances:							
Federal: 2/0 State: 2/0						l	
a Employee's social security num			7 Social secu	urity tips	1 Wages	, tips, other compensation	2 Federal income tax withheld
356-29-1727 c Employer's name, address, and	008734 WY/0TK ZIP code		8 Allocated ti	ps	3 Social s	security wages	4 Social security tax withheld
Hitachi Vantara Corp			9 Verification	anda	F Madian	ro words and time	6 Medicare tax withheld
9800 Pyramid Court S Englewood, CO 80012	uite 200		9 Verification	code	5 ivieuicai	re wages and tips	6 Medicare tax withheid
b Employer identification number	(EIN) 94–2603663		10 Depender	nt care benefits	C 12a See	instructions for box 12	C 12b
e Employee's first name and initia		Suff.	11 Nonqualif	ied plans	C 12c	1	C 12d
MAYUR SETHI 5827 CHARLOTTE DR			13 Statutory	Retirement Third-party	14 Other		<u>ı~ l</u>
APT 274 SAN JOSE, CA 95123			employee	plan sick pay	PA-	·SUI 209.84	
f Employee's address and ZIP cod		17 Ctota in com	_ LJ	<u> </u>	no oto	10 Local income toy	20 Leaslitu noma
15 State Employer's State ID No PA 18975649	344360 • 49	17 State income 10)571.85	18 Local wages, tip	ps, etc.	19 Local income tax	20 Locality name
OOA O Form W-	2 Wage and Tax State	ment	Employe	e'S Conv.CFo	r FMPI OY	FE'S RECORDS (See No	otice to Employee on back.)
2018 Form W-	- rrago ana rax otato		Сору	Department	of the Trea	asury-Internal Revenue Se	rvice. This information is being furnished
OMB No. 1545-0008			• •				ed to file a tax return, a negligence pen- ncome is taxable and you fail to report
2040			.			, ,	
2018	2 Wago and Tay State	mont	State	Copy 2 - To		With Employee's State, C	ity, or Local Income Tax Return.
OMB No. 1545-0008 Form W-a Employee's social security num	ber d Control number	ment	State Filing Co	Copy 2 - To Department	of the Tre	With Employee's State, Ci asury-internal Revenue Se , tips, other compensation	2 Federal income tax withheld
OMB No. 1545-0008 Form W- a Employee's social security num 356-29-1727	d Control number 008734 WY/0TK	ment	7 Social sect	Copy 2 - To Department urity tips	of the Tre 1 Wages	With Employee's State, C asury-Internal Revenue Se , tips, other compensation 358739.32	rvice. 2 Federal income tax withheld 66290.75
OMB No. 1545-0008 Form War a Employee's social security numed 356-29-1727 c Employer's name, address, and Hitachi Vantara Corpo	ber d Control number 008734 WY/OTK ZIP code oration	ment	7 Social sector 8 Allocated to	Copy 2 - To Department urity tips	1 Wages 3 Social s	With Employee's State, Clasury-Internal Revenue Se, tips, other compensation 358739.32 security wages 128400.00	2 Federal income tax withheld 66290.75 4 Social security tax withheld 7960.80
OMB No. 1545-0008 Form W- a Employee's social security num 356-29-1727 c Employer's name, address, and	ber d Control number 008734 WY/OTK ZIP code oration	ment	7 Social sect	Copy 2 - To Department urity tips	1 Wages 3 Social s	With Employee's State, Ci asury-Internal Revenue Se , tips, other compensation 358739.32 security wages 128400.00 re wages and tips	2 Federal income tax withheld 66290.75 4 Social security tax withheld
OMB No. 1545-0008 Form W- a Employee's social security num 356-29-1727 c Employer's name, address, and Hitachi Vantara Corp 9800 Pyramid Court S Englewood, CO 80012	d Control number 008734 WY/OTK IZIP code oration uite 200	ment	Filing Co 7 Social sector 8 Allocated to 9 Verification	Copy 2 - To Department urity tips	of the Tre 1 Wages 3 Social s 5 Medica	With Employee's State, Clasury-Internal Revenue Se, tips, other compensation 358739.32 security wages 128400.00	2 Federal income tax withheld 66290.75 4 Social security tax withheld 7960.80 6 Medicare tax withheld
OMB No. 1545-0008 Form Ward Employee's social security numer 356-29-1727 c Employer's name, address, and Hitachi Vantara Corp 9800 Pyramid Court S	d Control number 008734 WY/OTK ZIP code oration uite 200 (EIN) 94-2603663	ment Suff.	Filing Co 7 Social sector 8 Allocated to 9 Verification	Copy 2 - To Department unity tips ps code at care benefits	of the Tre 1 Wages 3 Social s 5 Medica	With Employee's State, Ci asury-Internal Revenue Se , tips, other compensation 358739.32 security wages 128400.00 re wages and tips 377239.32	2 Federal income tax withheld 66290.75 4 Social security tax withheld 7960.80 6 Medicare tax withheld 7065.12
OMB No. 1545-0008 Form W- a Employee's social security num 356-29-1727 c Employer's name, address, and Hitachi Vantara Corp 9800 Pyramid Court S Englewood, CO 80012 b Employer identification number e Employee's first name and initia MAYUR SETHI	d Control number 008734 WY/OTK ZIP code oration uite 200 (EIN) 94-2603663		7 Social sectors 8 Allocated to 9 Verification 10 Dependent	Copy 2 - To Department unity tips ps code at care benefits	of the Tre 1 Wages 3 Social s 5 Medica	With Employee's State, Ci asury-Internal Revenue Se , tips, other compensation 358739.32 security wages 128400.00 re wages and tips 377239.32 instructions for box 12	2 Federal income tax withheld 66290.75 4 Social security tax withheld 7960.80 6 Medicare tax withheld 7065.12
OMB No. 1545-0008 Form W- a Employee's social security num 356-29-1727 c Employer's name, address, and Hitachi Vantara Corp 9800 Pyramid Court S Englewood, CO 80012 b Employer identification number e Employee's first name and initia MAYUR SETHI 5827 CHARLOTTE DR APT 274	d Control number 008734 WY/OTK ZIP code oration uite 200 (EIN) 94-2603663		Filing Co 7 Social sect 8 Allocated t 9 Verification 10 Dependen 11 Nonqualif	Copy 2 - To Department urity tips ips code nt care benefits ied plans Retirement Third-party plan sick pay	of the Tre 1 Wages 3 Social s 5 Medica C 12a See	With Employee's State, Ci asury-Internal Revenue Se , tips, other compensation 358739.32 security wages 128400.00 re wages and tips 377239.32 instructions for box 12	2 Federal income tax withheld 66290.75 4 Social security tax withheld 7960.80 6 Medicare tax withheld 7065.12
OMB No. 1545-0008 Form Ware Employee's social security num 356-29-1727 c Employer's name, address, and Hitachi Vantara Corp 9800 Pyramid Court Senglewood, CO 80012 b Employer identification number e Employee's first name and initial MAYUR SETHI 5827 CHARLOTTE DR	d Control number 008734 WY/OTK ZIP code oration uite 200 (EIN) 94-2603663 al Last name		Filing Co 7 Social sect 8 Allocated t 9 Verification 10 Depender 11 Nonqualif	Copy 2 - To Department urity tips ips i code nt care benefits ied plans Retirement Third-party	of the Tre 1 Wages 3 Social s 5 Medica C 12a See	With Employee's State, Ciasury-Internal Revenue Se, tips, other compensation 358739.32 security wages 128400.00 re wages and tips 377239.32 instructions for box 12	2 Federal income tax withheld 66290.75 4 Social security tax withheld 7960.80 6 Medicare tax withheld 7065.12
OMB No. 1545-0008 Form W- a Employee's social security num 356-29-1727 c Employer's name, address, and Hitachi Vantara Corp 9800 Pyramid Court S Englewood, CO 80012 b Employer identification number e Employee's first name and initia MAYUR SETHI 5827 CHARLOTTE DR APT 274 SAN JOSE, CA 95123 f Employee's address and ZIP co 15 State Employer's State ID No	d Control number 008734 WY/OTK ZIP code oration uite 200 (EIN) 94-2603663 al Last name de 16 State wages, tips, etc.	Suff.	Filing Co 7 Social sect 8 Allocated t 9 Verification 10 Depender 11 Nonqualif 13 Statutory employee	Copy 2 - To Department urity tips ips code nt care benefits ied plans Retirement Third-party plan sick pay	of the Tre 1 Wages 3 Social s 5 Medica c 12a See	With Employee's State, Ciasury-Internal Revenue Se, tips, other compensation 358739.32 security wages 128400.00 re wages and tips 377239.32 instructions for box 12	2 Federal income tax withheld 66290.75 4 Social security tax withheld 7960.80 6 Medicare tax withheld 7065.12
OMB No. 1545-0008 Form W- a Employee's social security num 356-29-1727 c Employer's name, address, and Hitachi Vantara Corp 9800 Pyramid Court S Englewood, CO 80012 b Employer identification number e Employee's first name and initia MAYUR SETHI 5827 CHARLOTTE DR APT 274 SAN JOSE, CA 95123 f Employee's address and ZIP co	d Control number 008734 WY/OTK ZIP code oration uite 200 (EIN) 94-2603663 al Last name	Suff.	Filing Co 7 Social sect 8 Allocated t 9 Verification 10 Depender 11 Nonqualif 13 Statutory employee	Copy 2 - To Department urity tips ips i code nt care benefits ied plans Retirement Third-party plan sick pay	of the Tre 1 Wages 3 Social s 5 Medica c 12a See	With Employee's State, Clasury-Internal Revenue See, tips, other compensation 358739.32 security wages 128400.00 re wages and tips 377239.32 instructions for box 12 security wages 128400.00 re wages and tips 377239.32 security wages 377239.32 restructions for box 12 security wages and tips 377239.32 restructions for box 12 security wages and tips 377239.32 restructions for box 12 security wages and tips 377239.32 restructions for box 12 security wages and tips 377239.32 restructions for box 12 security wages wages wages wages wages was a security wages wages wages was a security wages wages wages wages wages was a security wages wages wages was a security wages wages was a security wages wages was a security wages wages wages was a security wages was a security wages wages was a security wages wages was a security was a security wages was a security was a security was a security wages was a security was a secur	2 Federal income tax withheld 66290.75 4 Social security tax withheld 7960.80 6 Medicare tax withheld 7065.12
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OMB No. 1545-0008 Form W- a Employee's social security num 356-29-1727 c Employer's name, address, and Hitachi Vantara Corp 9800 Pyramid Court S Englewood, CO 80012 b Employer identification number e Employee's first name and initia MAYUR SETHI 5827 CHARLOTTE DR APT 274 SAN JOSE, CA 95123 f Employee's address and ZIP co 15 State Employer's State ID No PA 18975649	d Control number 008734 WY/OTK ZIP code oration uite 200 (EIN) 94-2603663 al Last name de 16 State wages, tips, etc.	Suff.	Filing Co 7 Social sect 8 Allocated t 9 Verification 10 Depender 11 Nonqualif 13 Statutory employee e tax 0571.85	Copy 2 - To Department urity tips ips i code nt care benefits ied plans Retirement Third-party plan sick pay	of the Tre 1 Wages 3 Social s 5 Medica c 12a See	With Employee's State, Clasury-Internal Revenue See, tips, other compensation 358739.32 security wages 128400.00 re wages and tips 377239.32 instructions for box 12 security wages 128400.00 re wages and tips 377239.32 security wages 377239.32 restructions for box 12 security wages and tips 377239.32 restructions for box 12 security wages and tips 377239.32 restructions for box 12 security wages and tips 377239.32 restructions for box 12 security wages and tips 377239.32 restructions for box 12 security wages wages wages wages wages was a security wages wages wages was a security wages wages wages wages wages was a security wages wages wages was a security wages wages was a security wages wages was a security wages wages wages was a security wages was a security wages wages was a security wages wages was a security was a security wages was a security was a security was a security wages was a security was a secur	2 Federal income tax withheld 66290.75 4 Social security tax withheld 7960.80 6 Medicare tax withheld 7065.12
OMB No. 1545-0008 Form W- a Employee's social security num 356-29-1727 c Employer's name, address, and Hitachi Vantara Corp 9800 Pyramid Court S Englewood, CO 80012 b Employer identification number e Employee's first name and initia MAYUR SETHI 5827 CHARLOTTE DR APT 274 SAN JOSE, CA 95123 f Employee's address and ZIP co 15 State Employer's State ID No	d Control number 008734 WY/OTK ZIP code oration wite 200 (EIN) 94-2603663 al Last name de 16 State wages, tips, etc. 344360.49	Suff. 17 State income 10	Filing Co 7 Social sect 8 Allocated t 9 Verification 10 Depender 11 Nonqualif 13 Statutory employee	Copy 2 - To Department urity tips ps a code nt care benefits ied plans Retirement Third-party plan sick pay X 18 Local wages, ti	of the Tre 1 Wages 3 Social s 5 Medica 6 12a See 6 12c 12c 7 14 Other PA- ps, etc.	With Employee's State, Ciasury-Internal Revenue Se, tips, other compensation 358739.32 security wages 128400.00 re wages and tips 377239.32 instructions for box 12 security 209.84 security wages and tips 379239.32 instructions for box 12 security 209.84	2 Federal income tax withheld 66290.75 4 Social security tax withheld 7960.80 6 Medicare tax withheld 7065.12 12b 10 12d 20 Locality name
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OMB No. 1545-0008 Form War Employee's social security num 356-29-1727 c Employer's name, address, and Hitachi Vantara Corp 9800 Pyramid Court Senglewood, CO 80012 b Employer identification number e Employee's first name and initia Mayur Setthi 5827 CHARLOTTE DR APT 274 SAN JOSE, CA 95123 f Employee's address and ZIP con 15 State Employer's State ID No PA 18975649 2018 OMB No. 1545-0008 Form Warden State ID No IS STATE I	d Control number 008734 WY/OTK ZIP code oration uite 200 (EIN) 94-2603663 al Last name de 16 State wages, tips, etc. 344360.49 2 Wage and Tax State ber d Control number 008734 WY/OTK	Suff. 17 State income 10	Filing Co 7 Social sect 8 Allocated t 9 Verification 10 Depender 11 Nonqualif 13 Statutory employee e tax 0571.85 Federal Filing Co	Copy 2 - To Department	of the Tre 1 Wages 3 Social s 5 Medica c 12a See d 12c d 12c d 14 Other PA- ps, etc.	With Employee's State, Clasury-Internal Revenue Se, tips, other compensation 358739.32 security wages 128400.00 re wages and tips 377239.32 instructions for box 12 209.84 and 19 Local income tax With Employee's FEDER asury-Internal Revenue Se	2 Federal income tax withheld 66290.75 4 Social security tax withheld 7960.80 6 Medicare tax withheld 7065.12 12b 12d 20 Locality name
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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 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

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 credit (EIC). You may be able to take the EIC for 2018 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 cannot take the EIC if your investment income is more than the specified amount for 2018 or if income is earned for services provided while you were an inmate at a penal institution. For 2018 income limits and more information, visit www.irs.gov/elic. 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 are not 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 address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to address is incorrect, correct Copies B, C, and 2 and sax your employer to 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. Form you employer for all corrections made so you may file them with your tax new card that displays your correct that are not the same as shown on your social security card, you should ask for a new card that displays your correct ame at any SSA office or by calling 1-800-772-1213. You also

may visit the SSA at www.socialsecurity.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 2018 and more than \$7,960.80 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 \$4,674.60 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 Wages line of your tax return.

BOX 3. 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

well as the 0.9% Additional Medicare 1 ax on any or inuse medicare woges and upon a control of this amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your lax 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 9.1 you are e-filing and if there is a code in this box, enter it when prompted by your software. The only valid characters are the letters A-F and the digits 0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns.

Box 10. This amount is from a section 125 (cafeteria) plan). Any amount over \$5,000 is also 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 or (c) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan or (c) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan or (c) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that becam

Should lite FUTH SAR-131, Employer Report of Special Registry 1. Should lite FUTH SAR-131, Employer Report of Special Registry 1. Should lite FUTH SAR-131, Employer Report of Special Registry 1. Should lite formation 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 \$18,500 (\$12,500 if you only have SIMPLE plans; \$21,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,500. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2018. Your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 4010) (\$1 or and 400(b) SIMPLE plans). This additional deferral amount is not subject to the overall list of the last 3 years before you the state of the section of the

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 milliary 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.

Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040

Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instructions. Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage

C—I axable cost of group-term lie insurance over 300,000 (insuscent bases), 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

E—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred

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—Incollected social security or RR174 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.
N—Excludable moving expense reimbursements and directly to a member of the U.S. Armed Forces (not included

the Form 1040 instructions.

Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included x 1, 3, or 5).

Nontaxable combat pay. See the instructions for Form 1040 for details on reporting this amount.

Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care ance Contracts.

Manance 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.

Taxable and nortizable amounts.

—In the form of the state of nonstatulory 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.

—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).

—Deferrats under a section 409A nonpusified deferred compensation plan

—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.

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.

taxable. taxange.

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)

-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 (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.

deferral limit must be included in income. See the instructions for Form 1040,

IF NEEDED, PLEASE MAKE A COPY OF YOUR STATE OR FEDERAL FILING COPY FOR USE WITH YOUR CITY OR LOCAL TAX FILING.