2019 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Control number Corp. Employer use only 7307929327 WGK US0000 9961 Employer's name, address, and ZIP code

PWC ADVISORY SERVICES LLC PO BOX 30004 TAMPA, FL 33630-3004

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

MOUNIKA GADDE 509 KEVIN CT

CAMP HILL, PA 17011-2450 Employer's FED ID number 46-4958214 a Employee's SSA number 273-23-9079 ages, tips, other comp Federal income tax withheld 100481.83 17283.23 Social security tax withheld Social security wages 100481.83 6229.87 Medicare wages and tips 6 Medicare tax withheld 100481.83 1456.99 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 W | 2599.92 11 Nonqualified plans 12b DD 12438.00 61.83 PA UI 14 Other 12d 13 Stat emp Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. R009149884 19745.44 17 State income tax 608.55 19787.94 19 Local income tax 20 Locality name

1	Wages, tips, other 1004	comp. 81.83	2 Federal income tax withheld 17283.23			
3	Social security was 1004	_{jes} 81.83	4 Social security tax withheld 6229.87			
5	Medicare wages an 1004	d tips 81.83	6 Medica	are tax withheld 1456.99		
d 73	Control number 07929327 WGK	Dept. US0000	Corp.	Employer use only 9961		

BIRMINGHAM

Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC PO BOX 30004 TAMPA, FL 33630-3004

197.89

b Employer's FED ID number 46-4958214	a Employee's SSA number 273-23-9079				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12 W 2599.92				
14 Other 61.83 PA UI	^{12b} DD 12438.00				
	12c				
	12d				
	13 Stat emp. Ret. plan X 3rd party sick pay				
of Employog's name address a	nd ZIP code				

MOUNIKA GADDE 509 KEVIN CT CAMP HILL, PA 17011-2450

15	State AL	Employer's R0091498	state ID no. 84	16 State wages, tips, etc. 19745.44		
17	State	income tax	608.55	18 Local wages, tips, etc. 19787.94		
19	Local	income tax	197.89	20 Locality name BIRMINGHAM		
		Federal	Filing	Сору		

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

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

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

	Wages, Tips, Other Compensation	Social Security Wages	Medicare Wages
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
GROSS PAY	104,173.84	104,173.84	104,173.84
EmpRecogn	300.00	300.00	300.00
NPAAdjust	-230.01	-230.01	-230.01
Dental	-276.00	-276.00	-276.00
Vision	-60.00	-60.00	-60.00
HSAEECont	-1,200.00	-1,200.00	-1,200.00
Uhc Hdp	-2,226.00	-2,226.00	-2,226.00
W-2 WAGES	100,481.83	100,481.83	100,481.83

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

MOUNIKA GADDE 509 KEVIN CT CAMP HILL, PA 17011-2450 Social Security Number: 273-23-9079 Taxable Marital Status:

2 Federal income tax withheld

17283.23

Single/Married Filing Separate Exemptions/Allowances:

Federal: 0 State: Local:

Wages, tips, other comp

100481.83

© 2016 ADP, LLC

17 State income tax

19 Local income tax

608.55

197.89

State Reference

Wage and Tax

PAGE 01 OF 04

1	Wages, tips, other of 1004	comp. 181.83	2 Federal income tax withheld 17283.23				
3	Social security was	4 Social	security	tax withheld 6229.87			
5		Medicare wages and tips 100481.83			ithheld 1456.99		
d 73	Control number Dept. US0000		Corp.	Emplo	yer use only 9961		
С	PWC ADVISOR PO BOX 3000 TAMPA, FL	RY SER 4	VICES				
b	Employer's FED ID number 46-4958214 a Employee's SSA number 273-23-9079						
7	Social security tips	i	8 Alloca	tea tips			
9	Social security tips				e benefits		
_	Nonqualified plans		10 Depen		2599.92		
11			10 Depen 12a W 12b DD 12c 12d	dent card			
9 111 14	Nonqualified plans	address al DDE PA 170	10 Depen 12a W 12b DD 12c 12d 13 Stat emp	Ret. plan	2599.92 12438.00 3rd party sick pay		

3 Social security was 1004	ges 81.83	4 Social security tax withheld 6229.87							
5 Medicare wages ar 1004	nd tips 81.83	6 Medica	6 Medicare tax withheld 1456.99						
d Control number	Dept.	Corp.	Employ	er use only					
7307929327 WGK	US0000			9961					
c Employer's name,	address, a	nd ZIP cod	e						
	PO BOX 30004 TAMPA, FL 33630-3004								
b Employer's FED ID 46-495821	number 14	a Employee's SSA number 273-23-9079							
7 Social security tips	3	8 Allocated tips							
9		10 Depen	dent care	benefits					
11 Nonqualified plans		12a W		2599.92					
14 Other		12b DD		12438.00					
14 Other		12c		12430.00					
		1							
		12d							
		13 Stat emp	o. Ret. plan	3rd party sick pay					
e/f Employee's name,	address ar	nd ZIP code	9						
MOUNIKA GAI 509 KEVIN CT									

CAMP HILL. PA 17011-2450

- 1											
	15	5 State Employer's state ID no. R009149884				16 State wages, tips, etc.					
ı							19745.44				
	17 State income tax					18	Local wages, tips, etc.				
	608.55					19787.94					
	19	Local	incom			20	Locality name				
	197.89					BIRMINGHAM					
- [ΔΙ	State	Filing		Conv				

Wage and Tax

Statement Statement employee's State Income employee's State Income Tax R

Copy

19787.94

18 Local wages, tips, etc

BIRMINGHAM

20 Locality name

2019 W-2 and EARNINGS SUMMARY

City or Local Reference Copy Wage and Tax Statement Control number Corp. Employer use only 7307929327 WGK US0000 9962 Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC PO BOX 30004 TAMPA, FL 33630-3004

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

		KEVIN C										
	CAM	P HILL,	PA 17	011	1-2	45	0					
b	Emplo	yer's FED ID 46-49582	number 14	а	Er	npl	оу			A nui 3 -9 (mber 079	
1	Wage	s, tips, other		2	Fe	der	al				vithhe	ld
		1004	81.83						1	728	3.23	
3	Social	security was	ges	4	Sc	ocia	ıls	secui	rity	tax v	vithhe	ld
			81.83								9.87	
5	Medic	are wages ar	•	6	Me	edic	aı	re tax	k wi	thhe	ld	
			81.83							<u> 145</u>	6.99	
7	Social	security tips	•	8	ΑI	loca	ate	ed tip	s			
9				10	De	epe	nd	ent c	are	ben	efits	
11	Nonqu	alified plans		12	a Se	e in	str	uction	s fo		¹² 99.9	 2
14	Other					DD				124	38.0	0
	01			12	-		<u>_</u>					
				12				D.,	-1	h I		L
				13	Sta	at en	np.	Ret.	plan (3ra pa	arty sic	кр
15	State	Employer's	state ID n	o. 16	St	ate	w	ages	, tip	s, et	с.	
	AL	R00914988	34						1	974	5.44	
17	State i	ncome tax		18	Lo	cal	w	ages				
			08.55						1	978	7.94	
19	Local	income tax		20				nan				
		1	97.89		В	IR	М	ING	HA	M.		

1	Wages, tips, other of 1004		2 Federal income tax withheld 17283.23				
3	Social security wag 1004		4 Social security tax withheld 6229.87				
5	Medicare wages and 1004	d tips 81.83	6	Medica	are tax withheld 1456.99		
d 73	Control number 07929327 WGK	Dept. US0000	(Corp.	Employer use only 9962		

Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC PO BOX 30004

TAMPA, FL 33630-3004

		_					
b	Employer's FED ID number 46-4958214	a Employee's SSA number 273-23-9079					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a See instructions for box 12 W 2599.92					
14	Other	^{12b} DD		12438.00			
		12c					
		12d					
		13 Stat em	p. Ret. plan	3rd party sick pay			
Δ/f	Employee's name address ar	d ZIP co	10				

MOUNIKA GADDE 509 KEVIN CT CAMP HILL, PA 17011-2450

15	State AL	Employ R009	er's : 14988	state ID i 34			wages, tips, etc. 19745.44		
17	17 State income tax 608.55					18 Local wages, tips, etc. 19787.94			
19	19 Local income tax 197.89					20 Locali BIRN	ty name MINGHAM		
		City	٥r	Local		Filing	Conv		

Wage and Tax

Statement employee's City or Local Incor This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

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

	Wages, Tips, Other Compensation	Social Security Wages	Medicare Wages
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
GROSS PAY	104,173.84	104,173.84	104,173.84
EmpRecogn	300.00	300.00	300.00
NPAAdjust	-230.01	-230.01	-230.01
Dental	-276.00	-276.00	-276.00
Vision	-60.00	-60.00	-60.00
HSAEECont	-1,200.00	-1,200.00	-1,200.00
Uhc Hdp	-2,226.00	-2,226.00	-2,226.00
W-2 WAGES	100,481.83	100,481.83	100,481.83

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

MOUNIKA GADDE 509 KEVIN CT CAMP HILL, PA 17011-2450 Social Security Number: 273-23-9079 Taxable Marital Status:

Single/Married Filing Separate Exemptions/Allowances:

Copy

Federal: 0 State: Local:

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	2 2000 1201, 220	PA	GE 02 O	F 04	
1	Wages, tips, other comp. 100481.83	2 Federal income tax v	withheld 33.23	1 Wages, tips, other comp. 100481.83	2 Federal income tax withheld 17283.23
3	Social security wages 100481.83	4 Social security tax v	vithheld 29.87	3 Social security wages 100481.83	4 Social security tax withheld 6229.87
5	Medicare wages and tips 100481.83	6 Medicare tax withhe 145	id 56.99	5 Medicare wages and tips 100481.83	6 Medicare tax withheld 1456.99
-	Control number Dept. US0000	Corp. Employer u	use only 9962	d Control number Dept 7307929327 WGK US000	
С	Employer's name, address, a	nd ZIP code		c Employer's name, address	, and ZIP code
	PWC ADVISORY SER PO BOX 30004 TAMPA, FL 33630-3			PWC ADVISORY SE PO BOX 30004 TAMPA, FL 33630	
b	Employer's FED ID number 46-4958214	a Employee's SSA nui 273-23-9		b Employer's FED ID numbe 46-4958214	r a Employee's SSA number 273-23-9079
7	Social security tips	8 Allocated tips		7 Social security tips	8 Allocated tips
9		10 Dependent care ben	efits	9	10 Dependent care benefits
	Nonqualified plans		599.92	11 Nonqualified plans	12a W 2599.92
14	Other		138.00	14 Other	^{12b} DD 12438.00
		12c			12c
		13 Stat emp. Ret. plan 3rd pa	arty sick pay		13 Stat emp. Ret. plan 3rd party sick
e/f	Employee's name, address a	nd ZIP code		e/f Employee's name, address	and ZIP code
	MOUNIKA GADDE 509 KEVIN CT CAMP HILL, PA 170	011-2450		MOUNIKA GADDE 509 KEVIN CT CAMP HILL, PA 1	7011-2450
15	State Employer's state ID no 601002087		c. 40.80	15 State Employer's state ID 601002087	no. 16 State wages, tips, etc. 1940.80
17	State income tax 59.00	18 Local wages, tips, e	tc.	17 State income tax 59.00	18 Local wages, tips, etc.
19	Local income tax	20 Locality name		19 Local income tax	20 Locality name

NC. State Reference

Wage and Tax

Statement

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3 Social security wag 10048	es 81.83	4 Social		tax withheld 6229.87
5 Medicare wages and 10048	d tips 81.83	6 Medicare tax withheld 1456.99		
d Control number 7307929327 WGK	Dept. US0000	Corp.	Employ	er use only 9962
c Employer's name, a	ddress, a	nd ZIP cod	e	
PO BOX 30004 TAMPA, FL 3		004		
b Employer's FED ID 46-495821		a Emplo	yee's SSA 273-23	
7 Social security tips		8 Alloca	ted tips	
9		10 Depen	dent care	benefits
11 Nonqualified plans		12a W		2599.92
14 Other		12b DD		12438.00
		12c		
		12d		
		13 Stat em	p. Ret. plan	3rd party sick pay
e/f Employee's name, a	iddress ai	nd ZIP cod	е	
MOUNIKA GAD 509 KEVIN CT CAMP HILL, P		11-2450		

Wage and

Statement

NC. State Filing

Copy 2 to be filed with employee's State Income

2019 W-2 and EARNINGS SUMMARY

PA. State Reference Сору Wage and Tax Statement Control number Corp. Employer use only 7307929327 WGK US0000 9963 Employer's name, address, and ZIP code

PWC ADVISORY SERVICES LLC PO BOX 30004 TAMPA FI 33630-3004

MOUN 509 K	ee's name, address, IIKA GADDE EVIN CT HILL, PA 17				•	
b Employe	er's FED ID number	а	Empl	оу		A number 23-9079
1 Wages,	tips, other comp.	2	Feder	al		tax withhele
	100481.83					7283.23
3 Social s	ecurity wages 100481.83	4	Socia	ıl s	ecurity	tax withheld
5 Medicar	e wages and tips 100481.83	6	Medic	ar	e tax w	ithheld 1456.99
7 Social s	ecurity tips	8	Alloca	ate	d tips	
9		10	Depe	nd	ent care	benefits
11 Nonqua	•		W		uctions fo	2599.92
14 Other	61.83 PA UI	12k	DD.	_		12438.00
		120				
				np.	Ret. plan	3rd party sick
15 State E	mployer's state ID no	5. 16	State	wa	ages, tip	os, etc.
PA	20017174				7	78795.59
17 State in	come tax	18	Local	w	ages, tij	ps, etc.
	2418.97					78993.59
19 Local in		20			name	
	1263.88		2204	4U	17	

1	Wages, tips, other 1004	comp. 81.83	2 Federa	al income tax withheld 17283.23
3 Social security wages 100481.83		4 Social	security tax withheld 6229.87	
5	5 Medicare wages and tips 100481.83		6 Medica	are tax withheld 1456.99
d 73	Control number 07929327 WGK	Dept. US0000	Corp.	Employer use only 9963

Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC PO BOX 30004 TAMPA, FL 33630-3004

b	Employer's FED ID number 46-4958214	a Employee's SSA number 273-23-9079			
7	Social security tips	8 Allocated tips			
9		10 Depe	ndent car	e benefits	
11	Nonqualified plans	W	nstructio	ns for box 12 2599.92	
14	Other 61.83 PA UI	^{12b} DD		12438.00	
		12c			
		12d			
		13 Stat em	p. Ret. plan X	3rd party sick pay	
e/f	Employee's name, address ar	nd ZIP cod	le		

MOUNIKA GADDE 509 KEVIN CT CAMP HILL, PA 17011-2450

15		Emplo	yer's stat	e ID no.	. 16 State wages, tips, etc.
	PA	2001	7174		78795.59
17	State	income	tax 2418	.97	18 Local wages, tips, etc. 78993.59
19	Local	incom	e tax 1263	.88	20 Locality name 220401
		DΛ	Stata	Eiling	a Conv

Wage and Tax Statement

employee's State Income

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

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

	Wages, Tips, Other Compensation	Social Security Wages	Medicare Wages
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
GROSS PAY	104,173.84	104,173.84	104,173.84
EmpRecogn	300.00	300.00	300.00
NPAAdjust	-230.01	-230.01	-230.01
Dental	-276.00	-276.00	-276.00
Vision	-60.00	-60.00	-60.00
HSAEECont	-1,200.00	-1,200.00	-1,200.00
Uhc Hdp	-2,226.00	-2,226.00	-2,226.00
W-2 WAGES	100,481.83	100,481.83	100,481.83

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

MOUNIKA GADDE 509 KEVIN CT CAMP HILL, PA 17011-2450 Social Security Number: 273-23-9079 Taxable Marital Status:

2 Federal income tax withheld

17283.23

Single/Married Filing Separate Exemptions/Allowances:

Federal: 0 State: Local:

Wages, tips, other comp

100481.83

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PAGE 03 OF 04

1 Wages, tips, other comp. 100481.83	2 Federal inco	me tax withheld 17283.23	1 Wages, tips, other 1004
3 Social security wages 100481.83	4 Social secur	ity tax withheld 6229.87	3 Social security wa
Medicare wages and tips 100481.83	6 Medicare tax	withheld 1456.99	5 Medicare wages a 1004
d Control number Dept. 7307929327 WGK US0000	Corp. Em	nployer use only 9963	d Control number 7307929327 WGK
c Employer's name, address, PWC ADVISORY SE PO BOX 30004 TAMPA, FL 33630-	RVICES LLC		PWC ADVISOI PO BOX 3000 TAMPA, FL
b Employer's FED ID number 46-4958214	a Employee's	SSA number 3-23-9079	b Employer's FED II 46-49582
7 Social security tips	8 Allocated tip	s	7 Social security tip
9	10 Dependent of	are benefits	9
11 Nonqualified plans	12a W	2599.92	11 Nonqualified plans
14 Other	12b DD 12c 12d	12438.00	14 Other
e/f Employee's name, address MOUNIKA GADDE 509 KEVIN CT CAMP HILL, PA 1	and ZIP code		e/f Employee's name MOUNIKA GA 509 KEVIN CT CAMP HILL,
15 State Employer's state ID n PA 20017174		78795.59	15 State Employer's 20017174
17 State income tax 2418.97	18 Local wages	78993.59	17 State income tax 24
19 Local income tax	20 Locality nan	ne	19 Local income tax

1263.88

or Local

City

220401

Reference

Wage and Tax

employee's City or Local Incor

Statement

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100-70	1.00		17200.20
3 Social security wage 10048	s 1.83	4 Social	l security tax withheld 6229.87
5 Medicare wages and 10048	l tips 1.83	6 Medic	are tax withheld 1456.99
d Control number 7307929327 WGK	Dept. US0000	Corp.	Employer use only 9963
c Employer's name, ac	ddress, a	nd ZIP cod	de
TAMPA, FL 33			
b Employer's FED ID r 46-4958214		a Emplo	oyee's SSA number 273-23-9079
7 Social security tips		8 Alloca	ted tips
9		10 Deper	ndent care benefits
11 Nonqualified plans		12a W	2599.92
14 Other		12b DD	12438.00
		12c	
		12d	
		13 Stat en	np. Ret. plan 3rd party sick pay
e/f Employee's name, a	ddress ar	d ZIP cod	le
MOUNIKA GAD 509 KEVIN CT CAMP HILL, PA		11-2450)

City or Local Filing Wage and Statement Copy 2 to be filed with employee's City or Local

2418.97

1263.88

State PA Employer's state ID no. 16 State wages, tips, etc. 78795.59

18 Local wages, tips, etc. 78993.59

20 Locality name 220401

City or Local Reference Copy Wage and Tax Statement Control number Corp. Employer use only 7307929327 WGK US0000 9964 Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC PO BOX 30004 TAMPA, FL 33630-3004 e/f Employee's name, address, and ZIP code **MOUNIKA GADDE** 509 KEVIN CT CAMP HILL, PA 17011-2450 Employer's FED ID number 46-4958214 a Employee's SSA number 273-23-9079 Wages, tips, other comp Federal income tax withheld 100481.83 17283.23 Social security wages Social security tax withheld 100481.83 6229.87 Medicare wages and tips 6 Medicare tax withheld 100481.83 1456.99 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 W | 2599.92 12b DD 12438.00 11 Nonqualified plans 14 Other 12d 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. PA 20017174 78795.59

1	Wages, tips, other of 1004	omp. 81.83	2 Federal income tax withheld 17283.23			
3	3 Social security wages 100481.83		4 Social security tax withheld 6229.87			
5 Medicare wages and tips 100481.83		6 Medica	are tax withheld 1456.99			
d 73	Control number 07929327 WGK	Dept. US0000	Corp.	Employer use only 9964		
С	c Employer's name, address, and ZIP code PWC ADVISORY SERVICES LLC					

18 Local wages, tips, etc

20 Locality name

210501

21488.24

PWC ADVISORY SERVICES LLC PO BOX 30004 TAMPA, FL 33630-3004

2418.97

17 State income tax

19 Local income tax

Employer's FED ID number 46-4958214	a Employee's SSA number 273-23-9079			
Social security tips	8 Allocated tips			
	10 Dependent care benefits			
Nonqualified plans	12a See instructions for box 12 W 2599.92			
Other	^{12b} DD 12438.00			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			

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

509 KEVIN CT CAMP HILL, PA 17011-2450

15 State PA	Employ 20017	10133.33	
17 State	income	tax 2418.97 18 Local wages, tips, etc. 21488.24	4
19 Local income tax 343.81		tax 20 Locality name 210501	
	City	or Local Filing Copy	
W-	2	Wage and Tax 2019 Statement	1

Statement
Copy 2 to be filed with employee's City or Local Income Tax R

2019 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

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

	Wages, Tips, Other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
GROSS PAY	104,173.84	104,173.84	104,173.84
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HSAEECont	-1,200.00	-1,200.00	-1,200.00
Uhc Hdp	-2,226.00	-2,226.00	-2,226.00
W-2 WAGES	100,481.83	100,481.83	100,481.83

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

MOUNIKA GADDE 509 KEVIN CT CAMP HILL, PA 17011-2450 Social Security Number: 273-23-9079
Taxable Marital Status:

Single/Married Filing Separate Exemptions/Allowances:

Federal: 0 State: 0 Local: 0

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PAGE 04 OF 04

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 SEF

 ${\bf G-} Elective$ 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.

L-Substantiated employee 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

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-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. **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.

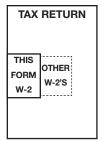
Department of the Treasury - Internal Revenue Service

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.