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. From 10 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 2018 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 châlren could qualify for a smaller credit. You and any qualifying châldren must have valid social security numbers (SSNs). You can that 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 intante at a penal institution. For 2018 in come lamits and more information, vist w www. sp. you'EITC.

Also see Pub. 596, Earnel 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. 396, trained informe cream, my face and the 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-2: from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct tout 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 caling 800-772-1213. You may also wist the SSA at www.SSA.gov.
Cost of employer-sponsored beath 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 TFr 1 rational 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 rational employer and more than \$4,047.60 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 Wathholding and Estimated Tax. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

#### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. Tourn any be required to report this amount on Form 8959. Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 3, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown

\$200,000.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount onless 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. If you are e-filing and if there is a code in this box, enter if when prompted by your software. The only valid characters are the letters AF and numerals 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 includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plani). 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 for (b) included in box 3 and/or 5 if it is a prior year deferred unount. This box should the two 457(b) plan the 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 should fit be true diff you had a deferral amount for Shot 131, we should fit be year, your employer should fits Form SSA-131, 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. Blective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EL) 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. \$71). Deferrals under code G are limited to \$18,500. Deferrals under code H are limited to \$18,500.

have SIMPLE plans; \$21,500 for section 40(50) plans if you quality for the 15-year rue explanates at pub. \$71). Deferals under code dare limited to \$18,500. Deferrals under code dare limited to \$18,500. Deferrals under code are limited to \$1,000.

However, if you were at kast age 50 in 2018, 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 and in so tablejet to the overall limit on decite deferrals may be higher for the last 3 years before you reach retrement age. Contact your plan administrator for more information. Amounts in sexcess of the overall elective deferral limit must be included in income. See the instructions for Form 1040.

\*\*Mat. Mat. Asset Contact Contact Your Blanch H. S. Y. A. Bla. or E. E. you made a make-up pension

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 yearfs) when you were in military service. To figure whether you made exc deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the tributions are for the current ye

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

 $\begin{array}{l} \textbf{B--} Uncollected \ Medic are \ tax \ on \ tips. \ Include \ this \ tax \ on \ Form \ 1040. \ See \ the \ Form \ 1040 \ instruction \\ \textbf{C--} Taxable \ cost \ of \ group-term \ life \ insurance \ over \ $50,000 \ (included \ in \ boxes \ 1, \ 3 \ (up \ to \ social \ tax) \ description \$ 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

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 ski pay (information only, not included in boxes 1, 3, or 5)

K—20% exc is ct tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated emplybyee usiniess expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former emplyees only). See the Form 1040 instructions.

N—the collected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former Payment).

pubyoes only). See the Form 1040 instructions.

—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces of included in boxes 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 ong-Tern Care Insurance Contracts.

—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 impute any taxable and nontaxable amounts. 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—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).

(HSAs).
Y—Deternals 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.

A—Designated Roth contributions under a section 401(k) plan.

1040 instructions.

A—Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) 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.

BE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-except or organization 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 contribution from qualified equity grants under section 83(i) election as of the close of the calendar year HB—Aggregate deferrals under a cettor 83(i) elections as of the close of the calendar year HB—Aggregate deferrals under a cettor 83(i) elections as of the close of the calendar year HB—Aggregate deferrals under a cettor 83(i) elections as of the close of the calendar year HB—Aggregate (RRA).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance permiting deducted, notinxable income, educational assistance payments, or a member of the clergy's parsonage allow ance and utilities. Ratificad employers use this box to report airdion arteriment (RRTA) compensation, Tier 1 tax, Tie-clude tips reported by the employee to the employer in airdional reference (RRTA) compensation.

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

return. However, to help protect your social security benefits, keep Copy C until you begin receiving

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

social security benefits, just in case there is a question about your work record and/or earnings in a

deferred comencusation blan

return. However, to help protect your social security benefits, just in case there is a question about your work record and/or earnings in a

deferred comencusation blan

## Form W-2 Wage and Tax Statement

#### 2018

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   | Vo                         | id c Employer's name, address, and ZIP code |                            | Department of the Treasury - Internal Revenu                    | ue Service                                  |  |
| 0472-D214 0000   | )552639-001700             | TECH MAHINDRA AMER                          | ICAS INC                   | OMB No. 1545-0008   |   |  |
| b Employer's identification number a Employee's social security number |                            | 4965 PRESTON PARK BLV                       | D SUITE 5                  | 1 Wages, tips, other compensation 2 Federal Income tax withheld |   |  |
| 22-3282696   | 516-83-8372                | -PLANO TX 75093                             |                            | 1 Wages, tips, other compensation 83357.10                      | 2 Federal Income tax withheld 6155.40       |  |
| 13 Statutory Retirem   |                            | FLANO 1X /3093                              |                            |   | 4 Social Security tax withheld              |  |
| Employee plan  | sick pay                   |   |                            | 3 Social Security wages 83357.10                                | 5168.11                                     |  |
| 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                     |  |
| C 74.70  |                            |   |                            | 83357.10  | 1208.69                                     |  |
| W 1999.98  |                            | ANIL BABU BELLAPU                           |                            | 7 Social Security tips  | 8 Allocated Tips                            |  |
| DD 9958.30   |                            | 15451 NE 13TH PL APT # 6                    | 07                         |   |   |  |
|  | BELLEVUE WA 98007          |   |                            | 10 Dependent care benefits                                      | 11 Nonqualified plans                       |  |
|  |                            |   |                            | Verification Code   |   |  |
|  |                            |   |                            | 457c-3e65-ae74-b4af   |   |  |
| 15 State Employer's state I.D.   | . No. 16 State wages, tips | , etc. 17 State income tax                  | 18 Local wages, tips, etc. | 19 Local income tax   | 20 Locality name                            |  |
|  |                            |   |                            |   |   |  |
|  |                            |   |                            |   |   |  |
|  |                            |   |                            |   |   |  |

# Form W-2 Wage and Tax Statement

## 2018

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

| 0472-D   | ol number 0214 00 over's identification num | 000552639-<br>ber a Employee's | 001700   | Void       | TECH I   | Employer's name, address, and ZIP code ECH MAHINDRA AMERICAS |                            | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 |  |  |
|----------|---|--------------------------------|--|------------|--|--|----------------------------|---|--|--|
|          | 516-83-8372                                 |                                | 4965 PRESTON PARK BLVD SUITE 5<br>PLANO TX 75093 |            | 1 Wages, tips, other compensation 83357.10                           | <sup>2</sup> Federal Income tax withheld 6155.40             |                            |   |  |  |
|          | itutory Re<br>ployee pla                    | tirement<br>n                  | Third-party<br>sick pay                          |            |  |  |                            | 3 Social Security wages 83357.10  | 4 Social Security tax withheld 5168.11 |  |
| C<br>W   | 1999.98                                     |                                |  |            |  | o's name, address, and ZIP code                              |                            | 5 Medicare wages and tips 83357.10 7 Social Security tips               | 6 Medicare tax withheld 1208.69        |  |
| DD       |   |                                |  |            | ANIL BABU BELLAPU<br>15451 NE 13TH PL APT # 607<br>BELLEVUE WA 98007 |  |                            | 10 Dependent care benefits  | 11 Nonqualified plans                  |  |
|          |   |                                |  |            |  |  |                            | Verification Code   | 1<br>5-ae74-b4af                       |  |
| 15 State | Employer's stat                             | e I.D. No.                     | 16 State wages,                                  | tips, etc. |  | 17 State income tax  | 18 Local wages, tips, etc. | 19 Local income tax   | 20 Locality name                       |  |
|          |   |                                |  |            |  |  |                            |   |  |  |

#### Form W-2 Wage and Tax Statement 2018

| d Control number Void X  |                  |                | 1              | c Employer's name, address, and ZIP code |                       | Department of the Treasury - Internal Revenue Service<br>OMB No. 1545-0008 |                     |                                   |                                |
|--|------------------|----------------|----------------|--|-----------------------|--|---------------------|-----------------------------------|--------------------------------|
| b Employer's identification number a Employee's social security number |                  |                | umber          | 1  |                       |  |                     |                                   |                                |
|  |                  |                |                |  |                       |  |                     | 1 Wages, tips, other compensation | 2 Federal Income tax withheld  |
| 13 Statu<br>Emplo  | itory            | Retire<br>plan | ment           | Third-party<br>sick pay                  |                       |  |                     | 3 Social Security wages           | 4 Social Security tax withheld |
| 12 See Ins   | strs. for Box 12 | 2              | 4 Other        |  |                       | e Employee's name, address, and ZIP code                                   |                     | 5 Medicare wages and tips         | 6 Medicare tax withheld        |
|  |                  |                |                |  |                       |  |                     | 7 Social Security tips            | 8 Allocated Tips               |
|  |                  |                |                |  |                       |  |                     | 10 Dependent care benefits        | 11 Nonqualified plans          |
|  |                  |                |                |  |                       |  |                     | Verification Code                 |                                |
| 15 State Employer's state I.D. I                                       |                  | D. No.         | 16 State wage: | s, tips, etc.                            | . 17 State income tax | 18 Local wages, tips, etc.   | 19 Local income tax | 20 Locality name                  |                                |
|  |                  |                |                |  |                       |  |                     |                                   |                                |