PAGE 1

Number Dept. Corp. Employer use only 7159 BOST/2NU 000100 Corp. Employer use only A 194 194 Employer's name, address, and ZIP code CYMA SYSTEMS INC 360 TOLLAND TURNPIKE #2D MANCHESTER CT 06042 Batch #01151 Employee's name, address, and ZIP code ARTHIK K RANGINENI 000 MOBILE DR 739-71-7397 Wages, tips, other comp. 2 Federal income tax withheld 98750.15 17562.55 17562.55 Social security wages 4 Social security tax withheld 98750.15 6 Medicare tax withheld 98750.15 10 1431.88 Social security tips 8 Allocated tips Verification Code 10 Dependent care benefits 631-e61a-c6a0-65c0 10 Party and Party sick party Nonqualified plans 12a 1 13 State mode tax 18 Local wages, tips, etc. 20 120 11875.02 120		erence Copy nd Tax 2017 ent OMB No. 1545-0008
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12d 13 State mployer's state ID no. 16 State wages, tips, etc. 3H 52-7264428 98750.15 State income tax 18 Local wages, tips, etc. 3300.16 18 Local wages, tips, etc. Local income tax 18 Local wages, tips, etc. 20 Local income tax 20 296.88 01-COLUM Wages, tips, other comp. 2 Federal income tax withheld 98750.15 17562.55 Social security wages 4 Social security tax withheld 98750.15 6 Medicare tax withheld 1431.88 Control number Dept. Corp. Fmployer's name, address, and ZIP code CYMA SYSTEMS INC 360 360 TOLLAND TURNPIKE #2D MANCHESTER CT 06042 Employer's FED ID number 10 Employee's SSA number	Other	
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98750.15 17562.55 Social security wages 98750.15 4 Social security tax withheld 6122.51 Medicare wages and tips 98750.15 6 Medicare tax withheld 1431.88 Control number 159 Dept. Corp. Employer use only A T159 BOST/2NU 000100 A 194 Employer's name, address, and ZIP code CYMA SYSTEMS INC 360 TOLLAND TURNPIKE #2D MANCHESTER CT 06042 Employer's FED ID number 20-4233469 a Employee's SSA number 739-71-7397 Social security tips 8 Allocated tips Verification Code e531-e61a-c6a0-65e0 10 Dependent care benefits Nonqualified plans 12a See instructions for box 12 Other 12b 12c	296.88	U1-COLUM
Social security wages 98750.15 4 Social security tax withheld 6122.51 Medicare wages and tips 98750.15 6 Medicare tax withheld 1431.88 Control number Dept. Corp. Employer use only A 7159 BOST/2NU 000100 A 194 Employer's name, address, and ZIP code CYMA SYSTEMS INC 360 TOLLAND TURNPIKE #2D MANCHESTER CT 06042 CYMA SYSTEMS INC 399.71-7397 Employer's FED ID number 20-4233469 a Employee's SSA number 739-71-7397 Social security tips 8 Allocated tips Verification Code e531-e61a-c6a0-65e0 10 Dependent care benefits Nonqualified plans 12a See instructions for box 12 Other 12b 12c		
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Control number Dept. Corp. Employer use only 7159 BOST/2NU 000100 A 194 Employer's name, address, and ZIP code CYMA SYSTEMS INC 360 TOLLAND TURNPIKE #2D MANCHESTER TURNPIKE #2D MANCHESTER CT 06042 Employer's FED ID number a 20-4233469 739-71-7397 Social security tips 8 Verification Code 10 e531-e61a-c6a0-65e0 12a See instructions for box 12 Other 12b	Medicare wages and tips	6 Medicare tax withheld
Employer's name, address, and ZIP code CYMA SYSTEMS INC 360 TOLLAND TURNPIKE #2D MANCHESTER CT 06042 Employer's FED ID number 20-4233469 739-71-7397 Social security tips 8 Allocated tips Verification Code e531-e61a-c6a0-65e0 Nonqualified plans 12b Other	Control number Dept.	
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20-4233469 739-71-7397 Social security tips 8 Allocated tips Verification Code e531-e61a-c6a0-65e0 10 Dependent care benefits Nonqualified plans 12a See instructions for box 12 Other 12b 12c 12c	CYMA SYSTEM 360 TOLLAND	S INC TURNPIKE #2D
Social security tips 8 Allocated tips Verification Code e531-e61a-c6a0-65e0 10 Dependent care benefits Nonqualified plans 12a See instructions for box 12 Other 12b 12c 12c		
e531-e61a-c6a0-65e0 12a See instructions for box 12 Nonqualified plans 12a See instructions for box 12 Other 12b 12c 12c		
Nonqualified plans 12a See instructions for box 12 Other 12b 12c	Verification Code e531-e61a-c6a0-65e0	10 Dependent care benefits
12c	Nonqualified plans	12a See instructions for box 12
	Other	12b
12d		
		13 Stat emp. Ret. plan 3rd party sick pay
Employee's name, address and ZIP code ARTHIK K RANGINENI		and 71D and a

2017 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.

Gross Pay	98750.15	Social Security Tax Withheld Box 4 of W-2	6122.51	OH. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	3300.16
Fed. Income Tax Withheld Box 2 of W-2	17562.55	Medicare Tax Withheld Box 6 of W-2	1431.88		

2. 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	OH. State Wages, Tips, Etc. Box 16 of W-2	
Gross Pay	98,750.15	98,750.15	98,750.15	98,750.15	
ported W-2 Wages	98,750.15	98,750.15	98,750.15	98,750.15	

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

KARTHIK K RANGINENI 4400 MOBILE DR APT 215 COLUMBUS OH 43220

Social Security Number:**739-71-7397** Taxable Marital Status: **SINGLE**

Exemptions/Allowances:

FEDERAL: 2 STATE: 2

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1 Wages, tips, other comp. 98750.15	2 Federal income tax withheld 17562.55	1 Wages, tips, other comp. 98750.15	2 Federal income tax withheld 17562.55	1 Wages, tips, other comp. 98750.15	2 Federal income tax withheld 17562.55	
3 Social security wages 98750.15	4 Social security tax withheld 6122.51	3 Social security wages 98750.15	4 Social security tax withheld 6122.51	3 Social security wages 98750.15	4 Social security tax withheld 6122.51	
5 Medicare wages and tips 98750.15	6 Medicare tax withheld 1431.88	5 Medicare wages and tips 98750.15	6 Medicare tax withheld 1431.88	5 Medicare wages and tips 98750.15	6 Medicare tax withheld 1431.88	
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	
007159 BOST/2NU 000100	A 194	007159 BOST/2NU 000100	A 194	007159 BOST/2NU 000100	A 194	
c Employer's name, address, a	Ind ZIP code	c Employer's name, address, a	nd ZIP code	c Employer's name, address, a	nd ZIP code	
CYMA SYSTEM	S INC	CYMA SYSTEM	S INC	CYMA SYSTEM	S INC	
360 TOLLAND MANCHESTER	TURNPIKE #2D	360 TOLLAND MANCHESTER	TURNPIKE #2D	360 TOLLAND MANCHESTER	TURNPIKE #2D	
b Employer's FED ID number	a Employee's SSA number	b Employer's FED ID number	a Employee's SSA number	b Employer's FED ID number	a Employee's SSA number	
20-4233469	739-71-7397	20-4233469	739-71-7397	20-4233469	739-71-7397	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	
9 Verification Code e531-e61a-c6a0-65e0	10 Dependent care benefits	9 Verification Code	10 Dependent care benefits	9 Verification Code	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a	11 Nonqualified plans	12a	
14 Other	12b	14 Other	12b	14 Other	12b	
	12c		12c		12c	
	12d		12d		12d	
	13 Stat emp.Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address ar	nd ZIP code	e/f Employee's name, address a	nd ZIP code	e/f Employee's name, address a	nd ZIP code	
KARTHIK K RANGINENI 4400 MOBILE DR APT 215 COLUMBUS OH 43220		KARTHIK K RANGINENI 4400 MOBILE DR APT 215 COLUMBUS OH 43220		KARTHIK K RANGINENI 4400 MOBILE DR APT 215 COLUMBUS OH 43220		
15 State Employer's state ID no OH 52-7264428	. 16 State wages, tips, etc. 98750.15	15 State Employer's state ID no OH 52-7264428	.16 State wages, tips, etc. 98750.15	15 State Employer's state ID no OH 52-7264428	. 16 State wages, tips, etc. 98750.15	
17 State income tax 3300.16	18 Local wages, tips, etc. 11875.02	17 State income tax 3300.16	18 Local wages, tips, etc. 11875.02	17 State income tax 3300.16	¹⁸ Local wages, tips, etc. 11875.02	
19 Local income tax 296.88	20 Locality name 01-COLUM	19 Local income tax 296.88	20 Locality name 01-COLUM	19 Local income tax 296.88	20 Locality name 01-COLUM	
Federal Fil	ing Copy	OH.State Re	eference Copy	OH.State Fil	ing Copy	
W-2 Wage all Statemer Copy B to be filed with employee's For	nd Tax 2017 ent OMB No. 1545-0008 ederal Income Tax Return.	W-2 Wage and Statement Copy 2 to be filed with employee's State	nd Tax 2017 OMB No. 1545-0008 e Income Tax Return.	W-2 Wage all Statemer Copy 2 to be filed with employee's State		

PAGE 2

City or Local	Reference Copy		
W-2 Wage a			
	ent ZU I OMB No. 1545-0008		
Copy 2 to be filed with employee's City d Control number Dept.	or Local Income Tax Return.		
d Control number Dept. 007159 BOST/2NU 000100	Corp. Employer use only A 195		
c Employer's name, address,			
CYMA SYSTEN	TURNPIKE #2D		
MANCHESTER			
MANONEOTEN	01 00042		
	Batch #01151		
# Forestand a state of the second	and ZID as de		
e/f Employee's name, address,			
KARTHIK K RANGIN	IENI		
4400 MOBILE DR			
APT 215			
COLUMBUS OH 432	20		
b Employer's FED ID number	a Employee's SSA number		
20-4233469 1 Wages, tips, other comp.	739-71-7397 ² Federal income tax withheld		
98750.15	17562.55		
3 Social security wages	4 Social security tax withheld		
98750.15	6122.51		
5 Medicare wages and tips	6 Medicare tax withheld		
98750.15	1431.88		
7 Social security tips	8 Allocated tips		
9 Verification Code	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	12b		
14 Other	120		
	12d		
	13 Stat emp. Ret. plan 3rd party sick page		
15 State Employer's state ID n	o. 16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
	11875.02		
19 Local income tax	20 Locality name		
296.88	01-COLUM		

2017 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.

		, , ,			
Gross Pay	11875.02	Social Security Tax Withheld Box 4 of W-2	6122.51	1 Local Income Tax Box 19 of W-2 SUI/SDI	296.88
Fed. Income Tax Withheld Box 2 of W-2	17562.55	Medicare Tax Withheld Box 6 of W-2	1431.88	Box 14 of W-2	

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

01-COLUM Local Wages, Tips, Etc. Box 18 of W-2 11,875.02 11,875.02

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

KARTHIK K RANGINENI 4400 MOBILE DR APT 215 COLUMBUS OH 43220 Social Security Number:**739-71-7397** Taxable Marital Status: **SINGLE** <u>Exemptions/Allowances:</u> **FEDERAL: 2**

LOCAL:

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Gross Pay

Reported W-2 Wages

INTENTIONALLY LEFT BLANK

3 Social security wages 98750.15	4 Social security tax withheld 6122.51		
5 Medicare wages and tips 98750.15	6 Medicare tax withheld 1431.88		
d Control number Dept.	Corp. Employer use only		
007159 BOST/2NU 000100	A 195		
c Employer's name, address, CYMA SYSTEM 360 TOLLAND MANCHESTER	MS INC TURNPIKE #2D		
b Employer's FED ID number 20-4233469	a Employee's SSA number 739-71-7397		
7 Social security tips	8 Allocated tips		
9 Verification Code	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick part		
eff Employee's name, address KARTHIK K RANGIN 4400 MOBILE DR APT 215 COLUMBUS OH 432	NENI		
15 State Employer's state ID n	io. 16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc. 11875.02		
19 Local income tax 296.88	20 Locality name 01-COLUM		
City or Local	Filing Copy		

Wage and Tax Statement

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

2 Federal income tax withheld

17562.55

0008

Wages, tips, other comp. 98750.15

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 boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you 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 it when prompted by your software. 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 incured on your behalf (including amounts 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 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 \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2017, 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 Initiation elective defension and the because defension code of the limit on elective defension and the start of the start of the start of the information. Amounts in excess of the overall elective defension information. must be included in income. See the "Wages, Salaries, Tips, etc." line 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 RTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions. B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in 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 inder a section 450(k)(b) statisty reduction CEI 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 "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

J-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

 $K\!\!-\!\!\!20\%$ excise tax on excess golden parachute payments. See "Other Taxes" in 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 "Other Taxes" in the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

Q-Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A 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 is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in 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

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 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 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 2017 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 2017 or if income is earned for services provided while you were an inmate at a penal institution. For 2017 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 1-800-772-1213. You also may visit the SSA 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 2017 and more than \$7,886.40 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 \$4,630.50 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.