Notice to Employee Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tar ctrum. 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 any credit. Emmed income credit (BGL), Nou 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 children could quality for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for your aivestment income is more than the specified amount for 2018 or if income is carried for services provided while you were an immate at a penal institution. For 2018 in come hims and more information, vist www srs. gov/EITC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax lability is refunded to you, but only if you file a tax return.

Also see Pub. 590, taiment income creater, sur lace una to more una series and series an Service of the servic Corrected Wage and Tax Sulencient, with the Social Security Administration (SSA) to correct any name. SSN, or morey anomat error reported to the SSA on Form W-2. Be sure to gety our copies of Form W-2: from your employee for all corrections made so you may file them with your tax return. If your name and SSN are correct but march the same as shown on your social security cared, you should ask for a new card that displays your correct name at any SSA office or by calling 800:772-1213. You may alko with the SSA at www.SSA.gov. Cost of employer-spansored 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 57:960.80 in social security and/of TFr 1 raikoard creitement (RRFA) taxes were withheld, you any be able to chim a credit for the eaces against your federal in come tax. If you had more than one raikoad employer and more than 54,746 to 15 for 17 stable.

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. Your may be required to report this amount on Form 8939, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8939.
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 to any of those Medicare wages and tips shown

\$220,000.
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 it parnount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, a smaller amount If you have records that allocated tips of Form 4137 out will calculate the social security and Medicare Tax owed on the allocated tips shown on your Form(s) W-2 that you for the social security and Medicare tax owed on the allocated tips.

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. The only valid characters are the ketters AF and numents (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 (nc huding amounts from a section 125 (cafderina) plan). Any amount over 55,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Experses, to compute any taxable and nontaxable amounts. Box 11. This amount is (0a) reported in box 1 if is a distribution made to you from a nonqualified deferred compensation rongovernmental section 457(b) plan the heacma taxable for social security and Medicare taxas this year because there is no longer a substantial risk of forferiture of your ight to the deferred amount. This box shoulds the town 457(b) plan that bacen taxable for social security and Medicare taxas this year because there is no longer a substantial risk of forferiture of your oyu are or will be age 62 by the end of the calendary arer, your employer should the Form SA-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 Det et au control et al. 2014 de la complete y et al. 2014 de la complete y our tarreturn. Becivité deferrals (codes D, E, F, and S) and designated Rohamanov et al. 2014 (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,500 (\$12,500 if you only) have \$1MPLE blans; \$21,500 for scion 403(b) plans; you qualify for the 15-year rule explained in Pub. \$711, Deferrals under code G are limited to \$18,500. Deferrals under code H are limited to \$100,000 for \$1

have SharrLE pans: Sci. 1000 tot section movely pans as you quark to use or odd Hare limited to 57,000. The pansion of 57,000. However, if you were at least age 50 in 2018, your employer may have allowed an additional deferral of up to 56,000 (53,000 for section 401(b)(11) and 408(p) SIMPLE plans). This additional deferral anount is not subject to the overall limit on decite deferrals may be higher for the last 3 years before you reach retriement age. Contact your plan administrator for more information. Amounts in excess of the overall limit on decite included in income. See the instructions for Form 1040. *Network of work collower of the D struct by B. B. as T.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 year(s) when you were in military service. To figure whether you made ex deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the i made exces 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} \\ \textbf{-} Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instruction \\ \textbf{C} \\ \textbf{-} \\ \textbf{Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to social to social$ urity 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

2018

2018

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 site hay (information only, not included in boxes 1, 3, or 5) K—20%, excise tax on excess golden parachute payments. See the Form 1040 instructions. L—Substinuitated employee business expense reimbursements (nontaxable) M—Lincollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employee only). See the Form 1040 instructions. N—Checklerid Medicare tax on taxable cost of group-term life insurance over \$50,000 (former Deployee only). See the Form 1040 instructions. N—Checklerid Medicare tax on taxable cost of group-term life insurance over \$50,000 (former Deployee only).

phoyees only). See the Form 1040 instructions, —Excludable moving expense relimbursements paid directly to a member of the U.S. Armed Forces or included in boxes 1, 3, or 5) —Nontavable 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 ang_Term Carls 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 mpute 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—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafteria) plan) to your Health Savings Account. Report on Form 8889, Health Savings Accounts (HSAs).

(HSA8), V—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 the Form 1040 instructions. AA—Designated Roth contributions under a section 401(k) plan.

Induit matrictions.
 An-Designated Roth contributions under a section 401(k) plan.
 Bh-Dessignated Roth contributions under a section 403(b) plan.
 Bh-Dessignated Roth contributions under a section 403(b) plan.
 Interpretation and the section of the amount reported with Code DD is not the amount reported with Code DD is not the section 457(b) plan. This amount does not pply to contributions under at a governmental section 457(b) plan. This amount does not pply to contributions under at a governmental section 81(b) plan.
 FF-Permittel benefits under a qualified small employer beath reimbursement arrangement GG-Income from qualified entry grams under section 83(b) plan.
 HH-Aggregate deferrals under section 83(c) dections as of the close of the calendar year Box 13. (1the "Retirement plan") how is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. Contributions to Individual Retirement Arrangement (IRA).
 Box 14, Employers may use this box to report information such as state disability insurance taxes withhell, union dues, uniform payments, health insurance permitted healted red, notaxiable necome, educational assistance payments, ent a methor of the clergy's parsonge allowance and utilities. Raiload employses use this hox to report allowance tarement (RFA) compression. The Tax, Include tips reported by the employee to the employer in allowat element (RFA) compression.
 Note: Keerg Copy C of Tom W-21 or a least 3 years after the due date for films your income taxe inclusion and as a state and additional Medicar Tax. Include tips headful, keep Copy C and you begin receiving a status.

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 security.

Form W-2 Wage and Tax Statement

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 imposed on you if this income is taxable and you fail to report it.

d Control number Void			c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service			
0072-18073392	0000632044-	000632044-		APPRIDAT SOLUTIONS LLC		OMB No. 1545-0008			
b Employer's identification number a Employee's social security number			5655 PEACHTREE PARKWAY						
45-4564681	718-42-7332			- NORCROSS GA 30092			1 Wages, tips, other compensation 69935.00	2 Federal Income tax withheld 10594.68	
13 Statutory Employee	Retirement	Third-party sick pay		NORCROSS OA 50092		3 Social Security wages	4 Social Security tax withheld		
Employee prant SICK pay						22605.50	1401.54		
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			
							22605.50	327.78	
				JASHWANTH CHOWDARY KANDIMALLA 10 LINDEN AVE			7 Social Security tips	8 Allocated Tips	
				BUFFALO GROVE IL 60089			10 Dependent care benefits	11 Nonqualified plans	
							Verification Code		
					69d5-2220-d44b-652b				
15 State Employer's state I.D. No. 16 State wages, tips, etc				_ 1	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
IL 45456468	1		6	9935.00	3461.79				

Form W-2 Wage and Tax Statement

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

d Control number Void c Employer's name, address, and ZIP code Department of the Treasury - Internal Revenue Service 0072-18073392 0000632044- APPRIDAT SOLUTIONS LLC b Employer's identification number a Employee's social security number 5655 PEACHTREE PARKWAY 45-4564681 718-42-7332 Social Security compensation 2 Federal Income tax withheld 13 Statutory Retirement Third-party 13 Statutory Retirement Third-party
0072-18073392 0000632044- APPRIDAT SOLUTIONS LLC b Employer's identification number 45-4564681 a Employee's social security number 718-42-7332 5655 PEACHTREE PARKWAY NORCROSS GA 30092 1 Wages, tips, other compensation 69935.00 2 Federal Income tax withheld 69935.00
45-4564681 718-42-7332 13 Statutory Retirement Third-party
45-4564681 718-42-7332 NORCROSS GA 30092 10594.68 13 Statutory Retirement Third-party
13 Statutory Retirement Third-party
Employee I plan I sick pay 4 Social Security wages 4 Social Security wages 4 Social Security tax withheld
22605.50 1401.54
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
22605.50 327.78
JASHWANTH CHOWDARY KANDIMALLA 7 Social Security tips 8 Allocated Tips
10 LINDEN AVE
BUFFALO GROVE IL 60089 10 Dependent care benefits 11 Nonqualified plans
Verification Code
69d5-2220-d44b-652b
15 State Employer's state LD. No. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name
IL 454564681 69935.00 3461.79

Form W-2 Wage and Tax Statement 2018

Copy 2, to be filed with employee's tax return for IL

d Control number Void			Void	c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service		
0072-18073392 0000632044-			APPRIDAT SOLUTIONS LLC				OMB No. 1545-0008			
b Employer's identification number a Employee's social security number			5655 PEACHTREE PARKWAY			1 Wages, tips, other compensation 2 Federal Income tax withheld				
45-4564681	45-4564681 718-42-7332			NORCROSS GA 30092			i waye	69935.00	10594.68	
13 Statutory Retirement Employee plan		Third-party sick pay					3 Social	Security wages	4 Social Security tax withheld	
Employee	plan	pian SICK pay							22605.50	1401.54
12 See Instrs. for Box 12 14 Other			e Employee's name, address, and ZIP code			5 Medic	are wages and tips	6 Medicare tax withheld		
									22605.50	327.78
			JASHWANTH CHOWDARY KANDIMALLA 10 LINDEN AVE				I Security tips	8 Allocated Tips		
				BUFFALO GROVE IL 60089			10 Dependent care benefits		11 Nonqualified plans	
								Verif	ication Code	
15 State Emp	loyer'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
IL 45456	4681			69	935.00	3461.7	9			