OMB No. 1545-0008			OMB No. 1545-0008			
d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld	d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld	
b Employer identification number (EIN)	39816.00 3 Social security wages	6862.40  4 Social security tax withheld	b Employer identification number (EIN)	39816.00 3 Social security wages	6862.40  4 Social security tax withheld	
52-2010575	o docial security wages	4 Obdar scounty tax withheld	52-2010575	o oodal scounty wages	4 Cocial Security tax Withheld	
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld	a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld	
732-73-3730			732-73-3730			
c Employer's name, address and ZIP co	ode		c Employer's name, address and ZIP of	ode	1	
TEKSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076			TEKSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076			
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9	
	·		,,	- · · · · · · · · · · · · · · · · · ·		
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b 8 0	12c	12d	12b	12c	12d	
National Statutory Retirement Third-part	y 14 Other	Ŏ	13 Statutory Retirement Third-par	ty 14 Other	ů	
e Employee's first name, initial, last nam MADHUKAR REDDY ADDULA	ne and suff.		employée plan sick pay	me and suff.		
333 JERSEY STREET			333 JERSEY STREET			
HARRISON NJ 07029			HARRISON NJ 07029			
f Employee's address and zip code			f Employee's address and zip code			
	loyer's state ID number	16 State wages, tips, etc.	: <u></u>	oloyer's state ID number	16 State wages, tips, etc.	
2019 CA 374	4-3729-0	2016.00	: CA   3/	4-3729-0	2016.00	
§ W-2			₽ W-2			
Wage and Tax Statement	17 State income tax 18	Local wages, tips, etc.	Wage and Tax Statement	17 State income tax 18	B Local wages, tips, etc.	
Copy C - For EMPLOYEE'S RECORDS (See Notice to	40.68		Copy B - To Be Filed With Employee's FEDERAL Tax	40.68		
Employee on back of Copy B.)  This information is being furnished to the			Return.  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.	19 Local income tax 20	Locality name	Internal Revenue Service.	19 Local income tax 20	Locality name	
Department of the Treasury – Internal Revenue Service			Department of the Treasury – Internal Revenue Service			
OMB No. 1545-0008			OMB No. 1545-0008			
d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld	d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld	
	39816.00	6862.40		39816.00	6862.40	
b Employer identification number (EIN) $52-2010575$	3 Social security wages	4 Social security tax withheld	b Employer identification number (EIN) 52-2010575	3 Social security wages	4 Social security tax withheld	
a Employee's social security number $732-73-3730$	5 Medicare wages and tips	6 Medicare tax withheld	a Employee's social security number $732 - 73 - 3730$	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address and ZIP or	ode		c Employer's name, address and ZIP c	ode		
TEKSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076			TEKSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076			
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	10 Dependent care benefits	11 Nonqualified plans	12a	
12b 9 0	12c	12d	12b 8 0	12c	12d	
13 Statutory employee Retirement plan Third-part sick pay		<u>.</u>	13 Statutory employee Retirement plan Third-par		<u>,                                    </u>	
e Employee's first name, initial, last name MADHUKAR REDDY ADDULA 333 JERSEY STREET HARRISON NJ 07029			e Employee's first name, initial, last nai MADHUKAR REDDY ADDUL/ 333 JERSEY STREET HARRISON NJ 07029			
f Employee's address and zip code			f Employee's address and zip code			
201.9 15 State Emp	oloyer's state ID number	16 State wages, tips, etc.	2019 15 State Emp	oloyer's state ID number	16 State wages, tips, etc.	
E W-2 CA 37	4-3729-0	2016.00	<b>EUJ</b> J <sub>CA</sub> 37	4-3729-0	2016.00	
Wage and Tax Statement	17 State income tax 18	B Local wages, tips, etc.	Wage and Tax Statement	17 State income tax 18	Local wages, tips, etc.	
Copy 2 - To Be Filed With Employee's State, City, or	40.68		Copy 2 - To Be Filed With Employee's State, City, or	40.68	· · · · ·	
Local Income Tax Return.	19 Local income tax 20	) Locality name	Local Income Tax Return.	19 Local income tax 20	Locality name	
	20 Esperimento tax	Cocality name		20		
Department of the Treasury – Internal Revenue Service			Department of the Treasury – Internal Revenue Service			

OMB No. 1545-0008				OMB No. 1545-0008		
d Control number		1 Wages, tips, other compensation	2 Federal income tax withheld	d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer identification 52-201		3 Social security wages	4 Social security tax withheld	b Employer identification number (EIN) $52-2010575$	3 Social security wages	4 Social security tax withheld
a Employee's social se	curity number	5 Medicare wages and tips	6 Medicare tax withheld	a Employee's social security number 732-73-3730	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, ac TEKSYSTEMS 7437 RACE HANOVER MD	dress and ZIP cod , INC. ROAD	I e	<u> </u>	c Employe's name, address and ZIP of TEKSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076	ode	
7 Social security tips		8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care bei	nefits	11 Nonqualified plans	12a See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b		12c	12d   8	12b	12c	Ö   12d
13 Statutory employee Retiren plan		8   14 Other FLI UI/WF/SWF	27.52 146.20	13 Statutory Retirement Third-par employee plan	8   ty 14 Other ' FLI UI/WF/SWF	<u> </u> 8   27.52 146.20
e Employee's first nam MADHUKAR RED 333 JERSEY S HARRISON NJ f Employee's address	DY ADDULA TREET 07029 and zip code	and suff.	16 State wages, tips, etc.	e Employee's first name, initial, last name MADHUKAR REDDY ADDULA 333 JERSEY STREET HARRISON NJ 07029  f Employee's address and zip code 15 State Employee's 15 State Employee's Address and zip code		16 State wages, tips, etc.
2019 § W-2	NJ 522	-010-575/000	39816.00	. 51112	2-010-575/000	39816.00
Wage and Tax Sta Copy C - For EMP RECORDS (See N Employee on back	LOYEE'S otice to	17 State income tax 2030.16	8 Local wages, tips, etc.	Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return.	17 State income tax 2030.16	18 Local wages, tips, etc.
This information is being fi Internal Revenue Service. to file a tax return, a negliq other sanction may be imp income is taxable and you	If you are required lence penalty or losed on you if this	19 Local income tax 2	20 Locality name	This information is being furnished to the Internal Revenue Service.	19 Local income tax	20 Locality name
Department of the Treasur Internal Revenue Service	y –			Department of the Treasury – Internal Revenue Service		
OMB No. 1545-0008 d Control number		1 Wages, tips, other compensation	2 Federal income tax withheld	OMB No. 1545-0008 d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer identification 52-201		3 Social security wages	4 Social security tax withheld	b Employer identification number (EIN) 52-2010575	3 Social security wages	4 Social security tax withheld
a Employee's social se		5 Medicare wages and tips	6 Medicare tax withheld	a Employee's social security number 732-73-3730	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, ac TEKSYSTEMS 7437 RACE HANOVER MD	, INC. ROAD	de		c Employer's name, address and ZIP or TERSYSTEMS, INC. 7437 RACE ROAD HANOVER MD 21076	ode	
7 Social security tips		8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care be	nefits	11 Nonqualified plans	12a	10 Dependent care benefits	11 Nonqualified plans	12a ® 8
12b	and Third contact	12c	12d 8 8	12b  9 0 13 Statutory Retirement Third-parl	12c	12d ® 8
employée plai	n sick pay	FLI UI/WF/SWF	27.52 146.20	employee plan sick pay	FLI UI/WF/SWF	27.52 146.20
e Employee's first nan MADHUKAR REI 333 JERSEY S HARRISON NJ f Employee's address	DDY ADDULA STREET 07029	e and suff.		e Employee's first name, initial, last nar MADHUKAR REDDY ADDULÆ 333 JERSEY STREET HARRISON NJ 07029  f Employee's address and zip code	me and suff.	
2019 & W-2	l i	oyer's state ID number -010-575/000	16 State wages, tips, etc. 39816.00	. 2111.71	loyer's state ID number 2-010-575/000	16 State wages, tips, etc. 39816.00
Wage and Tax St Copy 2 - To Be Fi Employee's State Local Income Tax	led With , City, or : Return.	2030.16	18 Local wages, tips, etc.	Wage and Tax State Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax 2030.16	18 Local wages, tips, etc.
		19 Local income tax	20 Locality name		19 Local income tax	20 Locality name
Department of the Treasu Internal Revenue Service	ry –			Department of the Treasury – Internal Revenue Service		

## 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

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

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

## Instructions for Employee

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

(Instructions for Employee continued on the back of copy C.)

## Instructions for Employee (Continued)

Continued from the back of copy B. 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, it 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, no 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 SEP **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 groupterm 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 nember 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 (cateleria) 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 cale 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

## California Notice of Employee Right to Earned Income Tax Credit

Based on your annual earnings, you may be eligible to receive the earned income tax credit from the federal government. The earned income tax credit is a refundable federal income tax credit for low-income working individuals and families. The earned income tax credit has no effect on certain welfare benefits. In most cases, earned income tax credit payments will not be used to determine eligibility for Medicaid, supplemental security income, food stamps, low-income housing or most temporary assistance for needy families payments. Even if you do not owe federal taxes, you must file a tax return to receive the earned income tax credit. Be sure to fill out the earned income tax credit form in the federal income tax return booklet. For information regarding your eligibility to receive the earned income tax credit, including information on how to obtain the IRS Notice 797 or any other necessary forms and instructions, contact the Internal Revenue Service at 1-800-829-3676 or through its Web site at www.irs.gov.