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 0200 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and framily 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 aviscutant income is more than the specified amount for 2019 or if income is aread for services provided while you were an immate at a penal institution. For 2019 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, taimei informe e cour, sur la coura o more man particular o more man particular o 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 Stulement, with the Social Security Administration (SSA) to correct any name. SSN, or morey anount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your emphyse for all corrections made so your 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 circuit, 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 website ar wow:SSA gov. Cost of emphyer-sponsored beath coverage (if such cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of emphyer-sponsored health coverage is for your information only. The amount reported with Code DD is not trashed. Credit for excess taxes. If you had more than one employer in 2019 and more than S8,239.0 in scial security and/or TEr 1 raikoard retirement (RRFA) taxes were withed), you also may be able to chim a credit for the eacces against your federal income tax. If you had more than one raiload employer and more than S4,335.0 in TEr 2 RRFA tax was withhed), you also may be able to chim a credit. See your Form 1040 Instructions and Pub. 505, Tax Withholding 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. 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 10.40 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 your 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 oved 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 allo filling. Form 4137, your social security tips will be credited to your social security record (used to finger your benefits). Bot 10. This mount includes the total dependent care benefits that you or incurred on your behaff (including amounts from a section 125 (caftering) plan). Any amount over S5,000 also is included in bot. 1. Complete Form 2411, Child and Dependent Care Expression compute any taxable and ontatable amounts. Bot 11. This amounts (a) exportent and 57(b) plant have became taxable for social a security and Medicare taxs this year becames there is no longer a substantial risk of forfering of social security and Medicare taxs this year becames there is no longer a substantial risk of for forture of source advantary err. If you made a deferral and recived a distribution in the same cached ray ear. you are or will be que C2 by the need of the calendary ear, your employer paid before a discretion should in box 1). Complete Form 248.2, All the que C2 by the need of the calendary year, your employer should its Form S8A.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 treatment return. Becitive 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 how SIMPLE plans, S22,000 for scion 4030b plans if you qualify for the 15-year rule explained in Pub. \$711). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to \$1000 for the science of the scienc

https://www.com/statics.com/st ncluded 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 instruction B—choice et avecta are tax on tips, include this tax on roun 1000, see the roun 1000 institutions C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security use base), and 5)
D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

SIMPLE retirement account that is part of a section 401(k) arrangement

E-Elective deferrals under a section 403(b) salary reduction agree

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

2019

2019

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

S—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 mute any taxable and nontaxable amounts compute V_Incor mpute any taxanie and nontaxanie amounts. —Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social curity wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements. W—Emphyse contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plun) to your health savings account. Report on Form 8889, Health Savings Accounts

(HSA8), 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 plas interest. See the Form 1040 instructions.

1040 instructions. A.A.—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

DD—Cost of employer-sponsored heatn coverage. Its announce experimental section 457(b) plan. This amount does not apply to contributions under at a governmental section 457(b) plan. This amount does not apply to contributions under at accentral experimental methods are controlled and the experimental form of the experim

Arrangements (IRAs). Box 14, Engloyers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontraable ncome, educational assistance payments, or a member of the creary's parsonage allowance and utilities. Railroad emphysers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 to the angle of the particular taxes and the taxes of the period particular taxes of the period part of the period particular tax.

Railroad employers use this hox to report raiload retirement (RRTA) compensation. Tier 1 tax, 7 tax, Medicare tax, and Additional Medicare Tax, Include tips reported by the employee to the employer in nailroad retirement (RRTA) compensation. Note: Kepc Open C of Form W-2 for at least 3 years after the due due for filing your income tax return. However, to help protect your social security benefits, kepc Opy C unil you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

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. c Employer's name, address, and ZIP code Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 d Control numbe Void 0000265433-000900 TECH MAHINDRA AMERICAS INC 0472-D214 b Employer's identification number a Employee's social security 4965 PRESTON PARK BLVD 2 Federal Income tax withh 1 Wages, tips, other comp 22-3282696 688-17-0553 80587.94 6342.95 SUITE 500 13 Statutory Employee Retire plan Third-par sick pay 3 Social Security wages 4 Social Security tax with PLANO TX 75093 80587.94 4996.48 12 See Instrs. for Box 12 C 95.94 14 Other e Employee's name, address, and ZIP code 5 Medicare wages and tip 6 Medicare tax withheld 80587.94 1168.51 W 6999.98 GOPI PAMIDI 7 Social Security tips 8 Allocated Tips DD 12137.28 2918 ALORIA HILLS TRL 10 Dependent care benefits 11 Nongualified plans **KATY TX 77494** 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

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

d Control number 0472-D214	-D214 0000265433-000900			TE	Employer's name, address, and ZIP code ECH MAHINDRA AMER	ICAS INC	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer's identification number a 22-3282696 13 Statutory Retirement Employee plan					965 PRESTON PARK BL' UITE 500 LANO TX 75093	VD	1 Wages, tips, other compensation 80587.94 3 Social Security wages 80587.94	2 Federal Income tax withheld 6342.95 4 Social Security tax withheld 4996.48	
¹² See Instrs. for Box 12 C 99 W 6999 DD 1213	5.94 9.98	Other		GC 29	Employee's name, address, and ZIP code OPI PAMIDI 018 ALORIA HILLS TRL ATY TX 77494		5 Medicare wages and tips 80587.94 7 Social Security tips 10 Dependent care benefits	6 Medicare tax withheld <u>1168.51</u> 8 Allocated Tips 11 Nonqualified plans	
15 State Employe	's state I.D.	No. 16 5	State wages, tip	s, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2019

d Control number Void X				X	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer's identification number a Employee's social security n							1 Wages, tips, other compensation	2 Federal Income tax withheld	
13 Statutory Retirement Employee plan			Third-party sick pay				3 Social Security wages	4 Social Security tax withheld	
12 See Instrs. for Be	ox 12	14 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	
15 State Em	e I.D. No.	16 State wages	s, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		