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. Free me 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.

Earned income recdit (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 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 this take the EIC if your airestement income is more than the specified amount for 2019 or if ancome is earned for services provided while you were an intained at a penal institution. For 2019 in come limits and more information, vist www.sr.goveETIC.

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.

Also see Pub. 390, named informe cream. Full factors and a finite factor 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 employer to correct your employer to the correct way and the state of the correct way and any statement, with the Social Security Administration (SSA) to correct any Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount crorr reported to the SAs on Form W-2. Be sure to get your copies of Form W-2: from your employer for all corrections made so you may fit them with your tax return. If your name and SSN are correct to that each the sum as a 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 may also visit the SSA website 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 2019 and more than \$8,239.80 in social security and/or TFr 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 \$4,38.50 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 Waitholding and Estimated Tax.

#### Instructions for Employee

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 8999, Additional Medicare Tax. See the Form 1040 instructions. You may be required to report this amount on Form 8999, and the second of the federal income tax withheld on all Medicare wages and tips shown Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown as No. 1000 in the second of the second

\$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 recreded 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

must report as income and on other tips you did not report to your employer. By filing Form 4137, syour social security in well be credited to by your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security record (used to figure your benefits). So your social security in the solid possible transmitted dependent care benefits that you can be so your social security or RATA tax on tratable cost of group-term life insurance over \$50,000 also is included in hox 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any tratable and nontaxable amounts.

Box 11. This amounts (a) reported in box 1 if it is a distribution made to you from a nonqualified of 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 are or will be soon to your are or will be age 62 by the end of the calcular year, your employer should if the Form \$83.4, 214.

Jacobs ceck to an excess golden parachate payments. See the form 1040 instructions.

Leader of your permitties in the surface over \$50,000 (former employers only). See the Form 1040 instructions.

Leader of your permitties in surrance over \$50,000 (former employers only). See the Form 1040 instructions.

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Leader of your permitties of your permitties to your permitties to your permitties of your permitties of your permitties to your permitties to your permitties of yo 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. 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 limited to a total of \$19,000 (\$13,000 if you only limited to a total of \$19,000 (\$13,000 if you only flow EA, Explained in Pub. \$71). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to

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included in income: See the assultances for Point 1990.

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

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

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.

ompute any taxanie and nonaxanie amounts.

—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social scurity 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) plun) to your health savings account. Report on Form 8889, Health Savings Accounts

(HSAs). 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.

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

BB—Designated Koth contributions under a section 43(5) plan
DD—Cost of emphyser-sponsored health coverage. The amount reported with Code DD is not
taxable to the contributions under a governmental 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 contributions under at sux-except organization section 457(b) plan.
FF—Permitted benefits under a qualified small employer health reinbursement arrangement
GG—Income from qualified equalty grants under section 83(i) elections as of the close of the calendar year
Box 1.3. 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, montacable income,
withheld union dues, uniform payments, health insurance premiums deducted, montacable income,
withheld union dues, uniform payments, health insurance premiums deducted, montacable income,
Raifoud employers use this box to report information such as state disability insurance taxes
withheld union Macken article to the control of the properties of the close of the control of the properties of the control of the properties of the properties of the control of the proper

# Form W-2 Wage and Tax Statement

2019

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 immorsed on your if this income is subable and you fall to report it.

				may be imposed	on you if this income is taxable and you fail		
d Control number  0065-13056697 0000  b Employer's identification number	000064- a Employee's social security nu	CON	ployer's name, address, and ZIP code NFLUENCE COMMUNITIES LLC	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
81-1036376  13 Statutory Retirem	647-32-4322	430	INDIANA ST STE 200 ITE 202	1 Wages, tips, other compensation 26620.68 2 Federal Income tax withheld			
Employee plan	X sick pay	GOI	LDEN CO 80401	3 Social Security wages 27135.40	4 Social Security tax withheld 1682.39		
12 See Instrs. for Box 12 514.72			ployee's name, address, and ZIP code VEN PETERSEN 0 CRUZ STREET IT A STIN TX 78741	5 Medicare wages and tips 27135.40 7 Social Security tips 10 Dependent care benefits	6 Medicare tax withheld 393.46 8 Allocated Tips 11 Nonqualified plans		
15 State Employer's state I.D. CO 31554371	. No. 16 State wages,	tips, etc. 26620.	.68 17 State income tax 18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

# Form W-2 Wage and Tax Statement

2019

2019

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

$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				c Employer's name, address, and ZIP code CONFLUENCE COMMUNITIES LLC 430 INDIANA ST STE 200 SUITE 202 GOLDEN CO 80401				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
								3 Social Security wages 4 Social Security tax withheld			3425.29	
12 See Instrs. for Box 12 514.72				e Employee's name, address, and ZIP code GAVEN PETERSEN 6810 CRUZ STREET UNIT A AUSTIN TX 78741					care wages and tips 27135.40 al Security tips endent care benefits	8 Allocated Tips     11 Nonqualified plans		
15 State CO	Employer's s 31554371	tate I.D. No.	16 State wages,		6620.68	17 State income tax	1062.00	18 Local wages, tips, etc.	•	19 Local income tax	20 Locality name	

# Form W-2 Wage and Tax Statement

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

d Control number Void			c Employer's	s name, address, and Z	IP code		Department of the Treasury - Internal Revenue Service						
0065-13056697 0000000064-			CONFL	LUENCE COM	MMUNITIE	ES LLC	OMB No. 1545-0008						
b Employer's identification number a Employee's social security 81-1036376 647-32-4322			•	mber	430 INDIANA ST STE 200 SUITE 202					1 Wages, tips, other compensation 2 Federal Income tax withhele			
13 Statutory Retirement Third-party Employee   plan   sick pay  X					~	EN CO 80401			3 Social Secur		4 Social Security tax withheld		
12 See Ins	strs. for Box 1:	Other			e Employee's name, address, and ZIP code				5 Medicare wa	ages and tips 27135.40	6 Medicare tax withheld	393.46	
							N PETERSEN RUZ STREET	•		7 Social Secur	rity tips	8 Allocated Tips	
						UNIT A	N TX 78741			10 Dependent	care benefits	11 Nonqualified plans	
						AUSTII	N 1A 76741						
15 State Employer's state I.D. No. 16 State wages, tips, e						17 State income tax		18 Local wages, tips, etc.	19 Lo	ocal income tax	20 Locality name		
CO	315543	/1			20	6620.68		1062.00					
1				I					l			1	