# 2019 W-2 and EARNINGS SUMMARY

**Employee** 

Reference Wage and Tax Statement

Copy

Copy C for employee's record Control number Dept. 527375 PITT/E7K 527375

Employer use only

MASTECH DIGITAL
TECHNOLOGIES INC
1305 CHERRINGTON PKWY **MOON TOWNSHIP PA 15108** 

Employer's name, address, and ZIP code

Batch #02685

e/f Employee's name, address, and ZIP code

KARTHIK CHILLARA 20 PARK LANE EAST

19 Local income tax

Α	LBA	NY N	Y 12	2204							
b	Emplo	yer's Fl 25-18			а	Emplo		ee's SS. 76-17-			r
1	Wage	s, tips, (	other c	omp.	2	Feder	al	income	tax	withh	neld
			6908	36.69					4	971.	.15
3	Socia	l securi			4	Socia	ls	security			
			7234	40.10					4	485.	.09
5	Medic	are wag			6	Medic	ar	e tax wi			
			7234	40.10					1	048.	.93
7	Socia	securit	y tips		8 Allocated tips						
9					10	Depen	de	ent care	ber	efits	
11	Nonqu	ualified	olans		12	a See ins	str	uctions fo			_
					40	<u>C</u>				<u> 29.50</u>	
14	Other				12	<u> </u>	_			53.4°	
		3	30.37 SL	JI .	12	<u> </u>	_	1	18	<u>50.6</u>	U_
							ıp.	Ret. plan	3rd	party s	ick pa
15	State	Emplo	er's st	ate ID no	. 16	State	wa	ages, tip	s, e	tc.	
		TOTA	L ST	ATE				- ' '			
17	State	income	tax		18	Local	w	ages, tip	s, e	etc.	
			322	27.13					72	310.	.60

1	Wage	s, tips, other		2 Federal income tax withheld 4971.15			
	69086.69						49/ 1.13
3	Socia	l security wag <b>72</b> 3	es 40.10	4	Social	security	tax withheld 4485.09
5	Medic	are wages an <b>72</b> 3	d tips 40.10	6	Medica	are tax wi	thheld 1048.93
d	Contro	ol number	Dept.		Corp.	Employ	yer use only
527375 PITT/E7K 527375						Α	217
C Employer's name address and ZIP code							

20 Locality name 700102

723.10

**MASTECH DIGITAL** TECHNOLOGIES INC 1305 CHERRINGTON PKWY **MOON TOWNSHIP PA 15108** 

b	Employer's FED ID number 25-1873382	a Er	a Employee's SSA number 276-17-8964						
7	Social security tips	8 AI	8 Allocated tips						
9		10 Dependent care benefits							
11	Nonqualified plans	12a S	ee ir C	structions for box 12 29.50					
14	Other	12b	D	3253.41					
	30.37 SUI	_	DD	11850.60					
		12d							
		13 Sta	t emp	Ret. plan 3rd party sick pay					

e/f Employee's name, address and ZIP code

KARTHIK CHILLARA 20 PARK LANE EAST APT 7 **ALBANY NY 12204** 

15	State Employer's state ID no.	16 State wages, tips, etc.
17	State income tax 3227.13	18 Local wages, tips, etc. <b>72310.60</b>
19	Local income tax 723.10	20 Locality name 700102
	Federal Fili	na Copy

Filing Wage

and Statement Copy B to be filed with employee's Federal Income Tax Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

1. 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	700102 PITTS Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	82,151.28	82,151.28	82,151.28	82,151.28
Plus GTL (C-Box 12)	29.50	29.50	29.50	N/A
Less 401(k) (D-Box 12)	3,253.41	N/A	N/A	N/A
Less Other Cafe 125	9,840.68	9,840.68	9,840.68	9,840.68
Reported W-2 Wages	69,086.69	72,340.10	72,340.10	72,310.60

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

KARTHIK CHILLARA 20 PARK LANE EAST APT 7 **ALBANY** NY 12204

Social Security Number: 276-17-8964 Taxable Marital Status: MARRIED Exemptions/Allowances:

FEDERAL: 3

LOCAL:

\* All PA local wages and withholding for Act 32 are reported to © 2019 ADP, LLC the employee work location PSD code.

1	Wages, tips, other 6	comp. 86.69	2 Federa	al income tax	withheld 971.15
3	Social security wag	<sub>jes</sub> 40.10	4 Social security tax withheld 4485.09		
5	Medicare wages an 723	d tips 40.10	6 Medica	are tax withh	eld <b>048.93</b>
d	Control number	Dept.	Corp.	Employer	use only
52	7375 PITT/E7K	527375		Α	217

c Employer's name, address, and ZIP code

MASTECH DIGITAL TECHNOLOGIES INC 1305 CHERRINGTON PKWY **MOON TOWNSHIP PA 15108** 

b	Employer's FED ID number 25-1873382	a Employee's SSA number					
		276-17-8964					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a C   29.50					
14	Other	<sup>12b</sup> D   3253.41					
	30.37 SUI	<sup>12c</sup> DD 11850.60					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					

e/f Employee's name, address and ZIP code

KARTHIK CHILLARA 20 PARK LANE EAST APT 7 **ALBANY NY 12204** 

		••••						
15	State	Employ TOTA	yer's	state ID no.	16	State wag	es, tip	s, etc.
17 State income tax					18 Local wages, tips, etc.			
								72310.60
19	Local	income	e tax		20	Locality n	ame	
723.10					70	0102	2	
		City	or	Local	Re	ference	(	Сору

Wage and Tax Statement Copy 2 to be filed with employee's City or Local

1	Wages, tips, other 6	2	2 Federal income tax withheld 4971.15				
3	Social security wag	4	Social	security		ithheld 85.09	
5	Medicare wages an 723	6	Medica	are tax wi		<sup>d</sup> 48.93	
d	Control number		Corp.	Emple	oyer ı	use only	
527	7375 PITT/E7K	527375			Α		217

Employer's name, address, and ZIP code

**MASTECH DIGITAL** TECHNOLOGIES INC 1305 CHERRINGTON PKWY **MOON TOWNSHIP PA 15108** 

b	Employer's FED ID number 25-1873382	a Employee's SSA number 276-17-8964					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a	С		29.50		
14	Other	12b	D	3	3253.41		
	30.37 SUI	12c	DD	1	1850.60		
		12d					
		<b>13</b> S	tat er	np. Ret. plan	3rd party sick pay		

e/f Employee's name, address and ZIP code

KARTHIK CHILLARA 20 PARK LANE EAST APT 7 ALBANY NY 12204

	יאכו	<b>.</b>	• •	12204			
15	State	Emplo TOTA	yer's	state ID no.	16	State	wages, tips, etc.
17	State	income	tax		18	Local	I wages, tips, etc.
							72310.60
19	Local	incom	e tax		20	Local	lity name
				723.10			700102
		Citv	٥r	Local	Fili	ing	Copy

Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income

# 2019 W-2 and EARNINGS SUMMARY

PA.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Control number Corp. Employer use only PITT/E7K 527375

Employer's name, address, and ZIP code

MASTECH DIGITAL TECHNOLOGIES INC 1305 CHERRINGTON PKWY **MOON TOWNSHIP PA 15108** 

#### Batch #02685

e/f Employee's name, address, and ZIP code

KARTHIK CHILLARA 20 PARK LANE EAST APT 7

Α	LBANY	NY	12204
<u> </u>	Employor's	EED	ID numbo

14 Other

A	LBANT NT 12204	
b	Employer's FED ID number	a Employee's SSA number
	<u> 25-1873382</u>	276-17-8964
1	Wages, tips, other comp.	2 Federal income tax withheld
	69086.69	4971.15
3	Social security wages	4 Social security tax withheld
	72340.10	4485.09
5	Medicare wages and tips	6 Medicare tax withheld
	72340.10	1048.93
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 C 18.88
11	Othor	12b D 1992.41

30.37 PA SUI	12d
	13 Stat emp Ret. plan 3rd party sick party
	X
15 State Employer's state ID no	16 State wages, tips, etc.
PA 9084 9308	44367.47

18 Local wages, tips, etc. 1362.04

19 Local income tax 20 Locality name

_					
11	Wages, tips, other	comp.	2 Federa	al income tax withh	eld
Ι'					
	69086.69			4971.	15
3	3 Social security wages			security tax withh	eld
1 -	723	4 Social security tax withheld 4485.09			
				4405.	UJ
5	Medicare wages at 723	d tins	6 Medicare tax withheld		
ľ	723	20010		1048.	0.2
	12	40.10		1040.	93
d	Control number	Dept.	Corp.	Employer use on	ılv
١~		Dop.	ОО.Р.	2	,
52	7375 PITT/E7K	527375		A 2	18
1 02	7070 THT/E/TK	02,010			

c Employer's name, address, and ZIP code

MASTECH DIGITAL TECHNOLOGIES INC 1305 CHERRINGTON PKWY **MOON TOWNSHIP PA 15108** 

b Er	nployer's FED ID number 25-1873382	a E	a Employee's SSA number 276-17-8964			
7 Sc	cial security tips	8 Allocated tips				
9		10 Dependent care benefits				
11 No	nqualified plans	12a	See ir C	nstructio	ns for box 12 18.88	
14 Ot	her	12b	D		1992.41	
	30.37 PA SUI	12c	Ī			
			Ť			
			at emp	Ret. plan	3rd party sick pay	
- IC E.		1 715	21	-	•	

e/f Employee's name, address and ZIP code

KARTHIK CHILLARA 20 PARK LANE EAST APT 7 **ALBANY NY 12204** 

		Employer's state ID no 9084 9308	. 16	State wages, tips, etc. 44367.47
17	' State	income tax	18	Local wages, tips, etc.
		1362.04		
19	Local	income tax	20	Locality name
		PA.State Fil	ina	Copy

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

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

PA. State Wages, CT. State Wages, Tips, Etc. Box 16 of W-2 Box 16 of W-2

Gross Pay 50,615.28 31,536.00 Plus GTL (C-Box 12) N/A 10.62 Less 401(k) (D-Box 12) N/A 1.261.00 Less Other Cafe 125 6,247.81 3,592.87 Reported W-2 Wages 44,367.47 26,692.75

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

KARTHIK CHILLARA 20 PARK LANE EAST **ALBANY NY 12204** 

Social Security Number: 276-17-8964 Taxable Marital Status: MARRIED Exemptions/Allowances:

FEDERAL: 3 STATE:

¤© 2019 ADP, LLC

1	1 Wages, tips, other comp. 69086.69			al income ta	x withheld 4971.15
3	Social security was 723	4 Social	security ta	x withheld 4485.09	
5	Medicare wages an 723	6 Medic	are tax with	held 1048.93	
d	Control number	Dept.	Corp.	Employer	use only
52	7375 PITT/E7K	527375		Α	218

c Employer's name, address, and ZIP code

MASTECH DIGITAL TECHNOLOGIES INC 1305 CHERRINGTON PKWY **MOON TOWNSHIP PA 15108** 

b	Employer's FED ID number 25-1873382	a En	nploy	ree's SS. 2 <b>76-17</b> -	A number -8964
7	Social security tips	8 AI	locat	ed tips	
9		10 De	epen	dent care	e benefits
11	Nonqualified plans	12a	C		10.62
14	Other	12b	DΙ		1261.00
		12c [	D	1	1850.60
		12d	Ť		
		13 Sta	t emp	Ret. plan	3rd party sick pay

e/f Employee's name, address and ZIP code

KARTHIK CHILLARA 20 PARK LANE EAST APT 7 **ALBANY NY 12204** 

15 State CT	Employer's state ID no. 1437789-000	16 State wages, tips, etc. 26692.75
17 State	income tax	18 Local wages, tips, etc.
	1865.09	
19 Local	income tax	20 Locality name

CT.State Reference

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

Сору

1	1 Wages, tips, other comp. <b>69086.69</b>			edera	al income t	tax withheld 4971.15
3	3 Social security wages 72340.10			4 Social security tax withheld 4485.09		
5	5 Medicare wages and tips 72340.10			edica	are tax wit	hheld 1048.93
d	Control number	Dept.	Coi	р.	Employe	er use only
52	7375 PITT/E7K	527375			Α	218

c Employer's name, address, and ZIP code

MASTECH DIGITAL TECHNOLOGIES INC 1305 CHERRINGTON PKWY **MOON TOWNSHIP PA 15108** 

b	Employer's FED ID number 25-1873382	a Eı		oyee's SSA number 276-17-8964
7	Social security tips	8 A	lloca	ated tips
9		10 D	epe	ndent care benefits
11	Nonqualified plans	12a	С	10.62
14	Other	12b	D	1261.00
		12c [	DD	11850.60
		12d		1
		13 St	tat en	mp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

KARTHIK CHILLARA 20 PARK LANE EAST APT 7 **ALBANY NY 12204** 

	1437789-000	16 State wages, tips, etc. 26692.75
17 State	income tax	18 Local wages, tips, etc.
	1865.09	
19 Local	income tax	20 Locality name

Filing CT.State Copy

Wage and Statement Copy 2 to be filed with employee's State Income Tax

### 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 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 employer 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.

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, if 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, 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 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

 ${\bf G-} Elective$  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.

 $\ensuremath{\text{\textbf{L}}}\xspace-\ensuremath{\text{\textbf{S}}}\xspace$  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 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 instructions

P-Excludable moving expense reimbursements paid directly to a member 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 (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 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 calendar 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 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 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 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 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.