	22222	a Employee's social security number 646-52-4870	OMB No. 154	5-0008				
b Employ	yer identification number (EIN)		1 Wa	ges, tips, other compensation	2 Federal income	tax withheld	
87-05243	325			4369.3	0	95.92		
c Employ	yer's name, address, and	ZIP code		3 Social security wages		4 Social security	4 Social security tax withheld	
Helpside	SW Inc			4369.30		270.90		
PO Box	308			5 Me	dicare wages and tips	6 Medicare tax w	6 Medicare tax withheld	
Americai	n Fork UT 84003			4369.3	0	63.35		
				7 Soc	cial security tips	8 Allocated tips		
				0.00		0.00		
d Contro	l number			9		10 Dependent car	e benefits	
e Employ	yee's name, address, and	ZIP code		11 No	nqualified plans	12a		
OWE	N ROWE					C o d e		
	S JORDAN GTWY			13 Statu empl	story Retirement Third-party oyee plan sick pay	12b		
South	Jordan, UT 84095					C od e		
				14 Oth		12c		
				14 001	CI CI	C C		
						12d		
						C C		
						ë	e	
15 State	Employer's state ID nun	nber 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
UT	11946681003WTH	4369.30	146.22					
	1							
	i							
l ,	1							
١.	1							
١.	1							
	1							
] .								
	·							

W-2 Wage and Tax

2021 Department of the Treasury—Internal Revenue Service Form Statement

		a Employee 646-52-487	e's social security number	IRS website at		Safe, p. 1545-0008	≁fil	acc	curate, Visit the FAST!
b Emplo	yer identification number (EIN)				ages, tips, other compensatio	n 2 Fe	deral income	e tax withheld
87-0524	325				4369.3	0	95.92		
c Employer's name, address, and ZIP code					3 So	cial security wages	4 Sc	cial security	tax withheld
Helpside					4369.3	0	270.90)	
	PO Box 308 American Fork UT 84003					dicare wages and tips	6 Me	edicare tax w	rithheld
America	11 FOIK UT 64003				4369.3	0	63.35		
					7 So	cial security tips	8 All	ocated tips	
					0.00		0.00		
d Control number					9			10 Dependent care benefits	
e Emplo	yee's name, address, and 2	ZIP code			11 No	nqualified plans	12a See instructions for box 12		
OWE 1064 South			13 Statu	story Retirement Third-party oyee plan sick pay	12b				
					14 Oth	er	12c		
							12d		
15 State UT	Employer's state ID num 11946681003WTH	ber	16 State wages, tips, etc. 4369.30	17 State incom 146.22		18 Local wages, tips, etc.	19 Local	income tax	20 Locality name
	'								
									<u>-</u>
	l I								
	l								
									<u> </u>
	<u> </u>								

2021

Wage and Tax
Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.This information is being furnished to the 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 any credit.

Earned income credit (EIC). You may be able to take the EIC for 2020 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 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 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 2020 and more than \$8,537.40 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 \$5,012.70 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.

(Also see *Instructions for Employee* on the back of Copy C.)

		a Employee	e's social security number		This	s information is being furnishe	ed to the Internal Re	venue Service. If you	
	646-52-4870 OMB No. 1545-			.5-0008 are required to file a tax return, a negligence penalty or other sanction sed on you if this income is taxable and you fail to report it.					
b Emplo	yer identification number (I			may be imposed		if this income is taxable and y iges, tips, other compensation		me tax withheld	
87-05243		,		4369.30			95.92		
c Employ	yer's name, address, and 2	ZIP code		3 Social security wages			4 Social secur	ity tax withheld	
Helpside	SW Inc			4369.30			270.90		
PO Box 3	308				5 Medicare wages and tips			6 Medicare tax withheld	
Americar	Fork UT 84003				4369.3	0	63.35		
					7 So	cial security tips	8 Allocated tip	S	
					0.00		0.00		
d Contro	l number				9		10 Dependent care benefits		
e Employ	yee's name, address, and 2	ZIP code			11 No	nqualified plans	12a See Instructions for box 12		
OWE	N ROWE						o d e		
10644	4 S JORDAN GTWY				13 Statu	tory Retirement Third-party oyee plan sick pay	12b		
South	Jordan, UT 84095						o d e		
					14 Oth	er	12c		
							C o d		
								12d	
							C		
							d e		
15 State	Employer's state ID num	ber	16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income ta	ax 20 Locality name	
UT	11946681003WTH		4369.30	146.22					
			<u> </u>						
İ	1								
			<u></u>						
İ									
			<u> </u>						

Wage and Tax Statement

2021

Department of the Treasury—Internal Revenue Service

Safe, accurate,

FAST! Use Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

Instructions for Employee

(See also Notice to Employee on the back of Copy B.)

- 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 Instructions for Forms 1040 and 1040-SR 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 the Instructions for Forms 1040 and 1040-SR.

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 with adequate records 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. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. 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 is also 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 \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2020, your employer may have allowed an additional deferral of up to \$6,500 (\$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 Forms 1040 and 1040-SR.

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 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.
- **B—** Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.
- **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

(continued on back of Copy 2)

	a Employ 646-52-4	vee's social security number	OMP No. 4544	. 0000					
b Employ	/er identification number (EIN)		OMB No. 1545		ges, tips, other compensation	2 Fe	deral income	tax withheld	
87-05243				4369.3		95.92	ao. aooo	tax maniera	
	ver's name, address, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld			
Helpside			4369.3	0	270.90				
PO Box 3				5 Me	dicare wages and tips	6 Me	edicare tax wi	thheld	
Americar	Fork UT 84003			4369.3	0	63.35			
				7 Soc	cial security tips	8 Alle	ocated tips		
				0.00		0.00			
d Contro	number			9		10 Dependent care benefits			
e Employ	vee's name, address, and ZIP code			11 No	nqualified plans	12a S	See Instruction	ons for box 12	
OWE	N ROWE					o d e			
10644	S JORDAN GTWY			13 Statu empl	tory Retirement Third-party oyee plan sick pay	12b			
South	Jordan, UT 84095					e e	1		
				14 Oth	er	12c	1		
						C d e	1		
						12d	1		
						C d e			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State incom	ie tax	18 Local wages, tips, etc.	19 Local	income tax	20 Locality name	
UT	11946681003WTH	4369.30	146.22					,	
ī									
ı									
									
İ									
I									
I									
	- W		2004					. –	
V	1-2 Wage and Tax Statement		2021		Department of	the Treas	sury—Interna	I Revenue Service	

Form W-2 Wage and Tax Statement Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

Instructions for Employee (continued from back of

Copy C)

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 Instructions for Forms 1040 and 1040-SR.

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 and 1040-SR 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 and 1040-SR 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 taxexempt organization section 457(b) plan.

FF— Permitted benefits under a qualified small employer health reimbursement arrangement

GG—I ncome 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.

8 Employer's another (EIN) 6 65-4870								
b Employer identification number (EIN) 87-0524325 c Employer's name, address, and ZIP code Helpside SW Inc PO Box 308 American Fork UT 84003 d Control number e Employee's name, address, and ZIP code OWEN ROWE 10644 S JORDAN GTWY South Jordan, UT 84095 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 1 Wages, tips, other compensation 4369.30 2 Federal income tax wit 4369.30 2 Federal income tax wit 4369.30 2 Foundation income tax wit 4369.30 2 Foundation income tax wit 4369.30 3 Social security wages 4 Social security tax with 4369.30 5 Medicare wages and tips 6 Medicare tax withheld 63.35 7 Social security tips 0.00 0.00 10 Dependent care benefit 11 Nonqualified plans 12a See Instructions for the security and the security and the security and the security and the security tips 13 State income tax 14 Other 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Local income tax 21 Local income tax 22 Local income tax 23 Local income tax witheld 24 Social security tax witheld 24 Social security tax witheld 25 Local income tax witheld 26 Local income tax witheld 27 Local income tax witheld 28 Local wages, tips, etc. 29 Local income tax witheld 20 Local income tax witheld 20 Local income tax witheld 24 Local income tax witheld 25 Local income tax withel		Void		OMP N. 454	5 0000			
87-0524325 4369.30 95.92 c Employer's name, address, and ZIP code 4369.30 270.90 PO Box 308	h Emplo	var identification number (OMB No. 154		and time other commonaction	2 Foderal income	tav withhald
Helpside SW Inc PO Box 308 American Fork UT 84003 5 Medicare wages and tips 4369.30 7 Social security tips 0.00 d Control number 9 10 Dependent care benefit 10 Dependent care benefit 11 Nonqualified plans 12a See Instructions for I looked S JORDAN GTWY South Jordan, UT 84095 13 Seaturery Plan Williams 14 Other 14 Other 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Local recome tax 20			(EIIV)		4369.3	0		e tax withheid
FOR Box 308 American Fork UT 84003 5 Medicare wages and tips 4369.30 7 Social security tips 0.00 8 Allocated tips 0.00 10 Dependent care benefit WEN ROWE 10644 S JORDAN GTWY South Jordan, UT 84095 13 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Local inc	c Employ	yer's name, address, and	ZIP code		3 So	cial security wages	4 Social security	tax withheld
American Fork UT 84003 4369.30 63.35 7 Social security tips 0.00 d Control number 9 10 Dependent care benefit 11 Nonqualified plans 12a See Instructions for I or					4369.3	0		
d Control number e Employee's name, address, and ZIP code OWEN ROWE 10644 S JORDAN GTWY South Jordan, UT 84095 13 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Local income tax 2					4369.3	0	63.35	ithheid
e Employee's name, address, and ZIP code OWEN ROWE 10644 S JORDAN GTWY South Jordan, UT 84095 13 State Employer's state ID number 14 Other 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Local inc						cial security tips		
OWEN ROWE 10644 S JORDAN GTWY South Jordan, UT 84095 13 Statutory Plain Third-party plain Third-party	d Contro	ol number			9		10 Dependent car	e benefits
10644 S JORDAN GTWY South Jordan, UT 84095 13 Statutory employee Plan Third-party slot party slot			ZIP code		11 No	nqualified plans		ons for box 12
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Local income	1064	4 S JORDAN GTWY			13 Statu	rtory Retirement Third-party gles plan sek pay	12b	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Local income					14 Oth	er	12c	
	15 State	Employer's state ID num	mber 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
	UT							
		·						
		<u></u>						
		<u> </u>						
		l 						[- <u>-</u>
		l						

Wage and Tax Statement

2021

Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction

Act Notice, see separate instructions.

Copy D — For Employer