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1 Wages, tips, other comp.				2 Fe	ederal i	ncor	ne tax withheld
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7 Social security tips 0.00				8 Allocated tips			
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13 Statutory employee	plan	Third-part sick pay	у	12c			
				12d			
14				Employee's social security no. 789584067			
				Employer ID number (EIN) 454029380			
				Contro	r		713304
Aparna Bolla 126 Bella Luce Shenandoah, TX 77381  Employee's name, address, and ZIP code							
15 St. Employer's state ID number		16 State wages, tips, etc.		17 State income tax			
18 Local wages, tips, etc.		19 Local income tax		20 Locality name			
Wage and Tax Statement Form							
Copy B This information is being furnished to the IRS.  To Be Filed With Employee's FEDERAL Tax Return.							
OMB No. 1545-0008 Department of the Treasury – Internal Revenue Service							

150803.27		26818.16				
<ol> <li>Wages, tips, other comp</li> </ol>	2 Federal income tax withheld					
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Employer's name, address, and ZIP cod	e					
Anaconda, Inc.						
1108 Lavaca Stree	t					
Suite 110 645						
Austin, TX 78701						
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	Employer ID number (EIN) 454029380					
		Control number	713304			
Aparna Bolla						
126 Bella Luce						
Shenandoah, TX 77381						
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1						
18 Local wages, tips, etc.	19	Local income tax	20 Locality name			

Form

W-2

5055

Wage and Tax Statement

OMB No. 1545-0008

Copy C — For EMPLOYEE'S RECORDS
This information is being furnished to the IRS. 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 fall to report it.

Department of the Treasury - Inter

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147000.00 3 Social security wages	4 Social securit	9114.00 y tax withheld				
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Suite 110 645						
Austin, TX 78701						
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13 Statutory Retirement Third-party sick pay	12c					
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14		Employee's social security no. 789584067				
		Employer ID number (EIN) 454029380				
	Control number	713304				
Aparna Bolla						
126 Bella Luce						
Shenandoah, TX 77381						
Employee's name, address, and ZIP code						
15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax				
18 Local wages, tips, etc.	19 Local income tax	20 Locality name				
TO Local wages, tips, etc.	19 Local income tax	LO LOCAIITY NAME				
Wage and Tax Statement Form						
Copy 2 W-2						
To Be Filed With Employee's State,						
City, or Local Income Tax Return 2 4 2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6						

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Aparna Bolla 126 Bella Luce Shenandoah, TX 77381  Employee's name, address, and ZIP code  15 St. Employer's state ID number  16 State wages, tips, etc. 17 State income tax					
18 Local wages, tips, etc.	19 Local income	tax	20 Locality name		
Wage and Tax Statement Forn					
	Copy 2  To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Department of the Treasury - Internal Revenue Ser				

26818.16

2 Federal incor

150803.27

Wages, tips, other comp.

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 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 shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those 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 shown in the form 14137, Social Security and Medicare Tax on on Unreported Tip Income, with your income tax return to report at least the allocated bip amount unless you can prove with your income tax return to report at least the allocated bip amount unless you can prove the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 for 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 filling Form 14137, your social security that to your social security record (used to figure your the interest the total dependent care benefits that your employer splan limit is also included in box 1. See Form 2441.

Box 11. This amount includes the total dependent care benefits that your employer paid to your object to your object and the provided of the paid of the provided of the paid of the provided of the paid of

Instructions.

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 a cosses deferrant, consider these amounts for the year shown, not the current year, if no year A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50.000 finel-lated 1= L. social security wage heads and the sure of the service of the sure of the service of the surent year.

Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the all security wage base), and 5) C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5) section 40 (k) cash or deferred arrangement. Also includes D—Elective deferrals to a section 40 (k) cash or deferred arrangement. Also includes control to the control that its part of a section 40 (k) arrangement. E—Elective deferrals under a section 400(k) salary reduction agreement F—Elective deferrals under a section 408(k) (s) salary reduction sEPP G—Elective deferrals under a section 408(k) (s) salary reduction SEP G—Elective deferrals under a section 408(k) (s) salary reduction SEP G—Elective deferrals under a section 408(k) (s) salary reduction SEP G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(k) deferred compensation plan 1—Elective deferrals to a section 501(c) (18)(l0) tax-exempt organization plan. See the Form 1040 instructions form 1040 instructions. L—Substantiated employee business expense reimbursements (nontaxable) M—Uncollected social security or RRTA tax or taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

M—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable orwind expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combate pay. See the Form 1040 instructions for details on reporting this amount of the proper contributions to your Archer MSA. Report on Form 8853, Archer MSAs and 1000-16 fm Care See Texture 1000 fm Care Texture 1000 fm C

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 figure any taxable and nontaxable amounts.
V—income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Puts. 525, Taxable and Nontaxable income, for range of the social security wage base), and 5). See Puts. 525, Taxable and Nontaxable income, for range of the social security and produced in Superior (and the social security and sec

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-evempt 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) elections as of the close of the calendar year Box 1.8. If the \*Feltrement 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 Reterment 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 deduction, nortaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Raliroad employers use this box to report railroad retrement (RRTA) compensation. The complex of the co

## Notice to Employee

NOTICE 10 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 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and tamly size. Workers without children could qualify for a smaller credit the EIC if you rivestment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

If you file a tax return. Employee's social security number (SSN), For your protection, this form may show only the last four digits of your SSN, However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA). Clergy and religious workers, I 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.

Religious Workers.

Corrections, If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your semployer to correct your employment record. Be sure to ask the employer to file form W-2, C porceded Wage and Tis. Statement, with the SSN to correct any name, SSN, or rooney amount error reported the SSAsien Form W-2. Be sure to get you corpele of Form W-2 to the proper of the source of t

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
toxicily the cost of t

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