| OMB No. 1545-0008 | REISSUED STATEMENT | |
|--|-----------------------------------|--------------------------------|
| d Control Number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| | 106794.40 | 16254.06 |
| b Employer identification number (EIN) | 3 Social security wages | 4 Social security tax withheld |
| 59-1031071 | 113696.47 | 7049.18 |
| a Employee's social security number | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 774-95-6855 | 113696.47 | 1648.60 |

c Employer's name, address and ZIP code CIGNA HEALTH & LIFE INS. CO.

1601 CHESTNUT ST PHILADELPHIA PA 19192

7 Social security tips 8 Allocated tips 10 Dependent care benefits 1 Nongualified plans 12a instructions for box 12 P C 39.52 12b 12d ^b ^b ^b ^b ^b 6902.07 400.00 g DD 8178.12 ğw 13 Statutory Retiremen Third-party 14 Othe emplovee plan sick pay CTPL 568.47 Х

e Employee's name, address and ZIP code SPANDANA YEDDANAPUDI

61 ABBEY MEMORIAL DRIVE

APT #174 CHICOPEE MA 01020

| 2025 | 15 Stat CT | | er's state I.D. no. 7280 – 000 | | 16 State wages, tips, etc. 106794.40 |
|---|---------------|-------|--|-----------|---|
| ₩-2 | | | | | |
| | MA | | -10599769-006 | 106794.40 | |
| Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) This information is being furnished to the | | | 17 State income tax 7462.27 | 18 L | ocal wages, tips, etc. |
| | | | 19 Local income tax | 20 L | ocality name |
| Department of the Treasury – Internal Revenue Service | | | | | |
| OMB No. 1545-0008 | | | REISSUED STATEMENT | | |
| d Control Number | | | 1 Wages, tips, other compensation 106794.40 | | 2 Federal income tax withheld 16254.06 |
| b Employer identification number (EIN) 59-1031071 | | | 3 Social security wages 113696.47 | | 4 Social security tax withheld 7049.18 |
| a Employee's social se | ecurity nu | Imber | 5 Medicare wages and tips | | 6 Medicare tax withheld |
| 774-95-6855 | | | 113696.47 | | 1648.60 |

c Employer's name, address and ZIP code CIGNA HEALTH & LIFE INS. CO. 1601 CHESTNUT ST

PHILADELPHIA PA 19192

7 Social security tips 8 Allocated tips 10 Dependent care benefits 1 Nonqualified plar 12a g C 39.52 12b 12d δ D 6902.07 400.00 g DD 8178.12 W 13 Statutory employee Retirement plan 14 Other CTPL Third-part sick pay 568.47 Х e Employee's name, address and ZIP code SPANDANA YEDDANAPUDI 61 ABBEY MEMORIAL DRIVE APT #174 CHICOPEE MA 01020 15 State Employer's state I.D. no. CT 3527280-000 wages, tips, etc. 2025 6 State 106794.40 ¹ W-2 MA WTH-10599769-006 106794.40 17 State income tax 18 Local wages tips etc. Wage and Tax Statement 7462.27 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return. 19 Local income tax 20 Locality name Department of the Treasury -Internal Revenue Service

| OMB No. 1545-0008 | REISSUED STATEMENT | |
|--|-----------------------------------|--------------------------------|
| d Control Number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| | 106794.40 | 16254.06 |
| b Employer identification number (EIN) | 3 Social security wages | 4 Social security tax withheld |
| 59-1031071 | 113696.47 | 7049.18 |
| a Employee's social security number | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 774-95-6855 | 113696.47 | 1648.60 |

c Employer's name, address and ZIP code CIGNA HEALTH & LIFE INS. CO.

1601 CHESTNUT ST PHILADELPHIA PA 19192

7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a tions for hox 12 g C 39.52 12b 12c 12d 13 Statutory employee 6902.07 ğ W | 400.00 g DD 8178.12 Retirement Third-part sick pay 14 Othe plan CTPL 568.47 Х e Employee's name, address and ZIP code SPANDANA YEDDANAPUDI

61 ABBEY MEMORIAL DRIVE

APT #174 CHICOPEE MA 01020

| 2025 | | | yer's state I.D. no. | | 16 State wages, tips, etc. | |
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| | CT | 352 | 7280-000 | | 106794.40 | |
| ₩-2 | MA | WTH | 1-10599769-006 | | 106794.40 | |
| Wage and Tax Statement | | | 17 State income tax 7462.27 | 18 | Local wages, tips, etc. | |
| Copy B - To Be Filed With Employee's FEDERAL Tax Return. | | | | | | |
| This information is being furnished to the Internal Revenue Service. | | | 19 Local income tax | 20 1 | ocality name | |
| Department of the Treasury – Internal Revenue Service | | | | | | |
| OMB No. 1545-0008 | | | REISSUED STATEMENT | | | |
| d Control Number | | | 1 Wages, tips, other compensation | er compensation 2 Federal income tax withheld | | |
| | | 106794.4 | 0 | 16254.06 | | |
| b Employer identification number (EIN) | | | 3 Social security wages | | 4 Social security tax withheld | |
| 59-1031071 | | | 113696.47 | | 7049.18 | |
| a Employee's social security number | | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 774-95-6855 | | | 113696.4 | 7 | 1648.60 | |
| a Employer's name of | droce on | | de . | | | |

c Employer's name, address and ZIP code CIGNA HEALTH & LIFE INS. CO.

1601 CHESTNUT ST

PHILADELPHIA PA 19192

| 7 Social security tips | | | | 8 Alloc | ated tips | | 9 | |
|------------------------|---|---------|---------|---------|-----------------|--------|--------|---------|
| 10 Depe | 10 Dependent care benefits | | | | qualified plans | | 12a | |
| | | | | | | | D Code | 39.52 |
| 12b | | | | 12c | | | 12d | |
| D ge | | 690 | 02.07 | W | | 400.00 | g DD | 8178.12 |
| 13 Statu empl | | | | | er L | | | 568.47 |
| | | Х | | | | | | |
| e Emplo SPA | e Employee's name, address and ZIP code SPANDANA YEDDANAPUDI | | | | | | | |
| 61 | ABB | EY MEMO | DRIAL D | RIVE | | | | |
| APT | APT #174 | | | | | | | |
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| 2025 | 15 Stat CT | | yer's state I.D. no. 7280-000 | 16 State wages, tips, etc. 106794.40 | |
|--|---------------|---------------------|----------------------------------|---|------------------------|
| ₫ W-2 | MA | WTH | 1–10599769–006 | 106794.40 | |
| Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return | | | 17 State income tax 7462.27 | 18 L | ocal wages, tips, etc. |
| | | 19 Local income tax | 20 Locality name | | |
| Department of the Treasur Internal Revenue Service | y — | | | | |

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 buy 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 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 take the EIC if your investment 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 limits and more information, visit www ins gow/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is **refunded to you, but only if you file tax return**.

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. 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 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 may also visit the SSA website at www.SSA.gov. Cost of employed 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 2022 and more than \$9,114 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. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350,80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

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 o 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 xitheld 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 Form 1040 instructions. You must file Form 4137, Social Security and Medicare Tax on Urreported 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 you employer's plan limit is also included in box 1. See Form 2441. 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 box 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 me 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

Instructions for Employee (Continued)

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 \$20,500 (\$14,000 if you only have SMPLE plans; \$23,500 for section 4030) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

57,000. However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401%(11) and 408(b); MME/E plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code 6, 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 to us be included in income. See the Form 1040 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 excess deferrals, consider these amounts for the year show, not the current year. If no year is shown, the contributions are for the current year. Al-Uncollected social security or RRT At ax on tps. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. B—Uncollected Medicare tax on tps. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. C—Taxable cost of group-term life instrance over \$50,000 (included in toxs on 150 or 1040 or 1040-SR. See the Form 1040 instructions. C—Taxable cost of group-term life instrance over \$50,000 (included and the size of the orthold of 1040-SR. See the Form 1040 instructions. C—Taxable cost of group-term life instrance over \$50,000 (included and the size of the deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a section 404(k) (6) salary reduction SEP

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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 8339, 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 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 889, Health Savings Accounts (HSAs). V—Deferrals under a section 409A nonqualified deferred compensation plan T_—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. AA—Designated Roth contributions under a section 401(k) plan

-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, lego 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.