	2023 W-2 and EAI	RNINGS SUMMARY
Employee Reference Copy Statement Copy Copy C for employee's records. d Control number 053783 STL0/SJH 0ept. c Employer's name, address, and ZIP code PERFICIENT INC 555 MARYVILLE UNV DR#500 ST LOUIS MO 63141	This blue section is your Earnings Summary whi information on the generation of your W-2 staten includes instructions and other general informati	nent. The reverse side
e/f Employee's name, address, and ZIP code RATNA AKULA 1851 KNIGHTSBRIDGE RD APT 4318 FARMERS BRANCH TX 75234 b Employer's FED ID number 74-2853258 1 Wages, tips, other comp. 161059.92 3 Social security wages 5 Medicare wages and tips 6 Medicare tax withheld 166691.92 7 Social security tips 8 Allocated tips	1. Your Gross Pay was adjusted as follows to produce         Wages, Tips, other         Compensation         Box 1 of W-2         Gross Pay       166, 691.92         Less 401(k) (D-Box 12)       5, 632.00         Wages Over Limit       N/A         Reported W-2 Wages       161,059.92	your W-2 Statement.           Social Security Wages Box 3 of W-2         Medicare Wages Box 5 of W-2         TX. State Wages, Tips, Etc. Box 16 of W-2           166, 691.92         166, 691.92           N/A         N/A           6, 491.92         N/A           160, 200.00         166, 691.92
9     10 Dependent care benefits       11 Nonqualified plans     12a See instructions for box 12 D   5632.00       14 Other     12b AA  24368.00       12c       12c         12d       13 Statemp Ret.plan 3rd party sick pa       15 State     Employer's state ID no.     16 State wages, tips, etc.       17 State income tax     18 Local wages, tips, etc.       19 Local income tax     20 Locality name	2. Employee Name and Address. RATNA AKULA 1851 KNIGHTSBRIDGE RD APT 4318 FARMERS BRANCH TX 752 © 2023 ADP, Inc.	34 34
1       Wages, tips, other comp. 161059.92       2       Federal income tax withheld 28641.84         3       Social security wages 1660200.00       4       Social security tax withheld 9932.40         5       Medicare wages and tips 166691.92       6       Medicare tax withheld 2417.03         d       Control number       Dept. 053783       Corp.       Employer use only A 39         c       Employer's name, address, and ZIP code         PERFICIENT       INC 555       MARYVILLE       UNV         ST       LOUIS       MO       63141	I       Wages, tips, other comp. 161059.92       2       Federal income tax withheld 28641.84         3       Social security wages 160200.00       4       Social security tax withheld 9932.40         5       Medicare wages and tips 166691.92       6       Medicare tax withheld 2417.03         d       Control number       Dept.       Corp.       Employer use only A         053783       STLO/SJH       084       A       39         c       Employer's name, address, and ZIP code         PERFICIENT       INC 555       MARYVILLE       UNV       DR#500 ST         ST       LOUIS       MO       63141	1       Wages, tips, other comp. 161059.92       2       Federal income tax withheld 28641.84         3       Social security wages 160200.00       4       Social security tax withheld 9932.40         5       Medicare wages and tips 166691.92       6       Medicare tax withheld 2417.03         d       Control number       Dept.       Corp.       Employer use only A 39         c       Employer's name, address, and ZIP code         PERFICIENT INC 555       MARYVILLE UNV DR#500 ST LOUIS MO 63141
b       Employer's FED ID number 74-2853258       a       Employee's SSA number XXX-XX-3251         7       Social security tips       8       Allocated tips         9       10       Dependent care benefits         11       Nonqualified plans       12a See instructions for box 12 D         14       Other       12b AA       24368.00         12c       12d       12d         13       State emp. Ret. plan 3rd party sick pay X       x         e/f       Employee's name, address and ZIP code         RATNA       AKULA       1851         1851       KNIGHTSBRIDGE       RD         APT       4318         FARMERS       BRANCH       TX 75234         15       State       Employer's state ID no.       16 State wages, tips, etc.         TX       18       Local wages, tips, etc.	b       Employer's FED ID number 74-2853258       a       Employee's SSA number XXX-XX-3251         7       Social security tips       8       Allocated tips         8       10 Dependent care benefits         11       Nonqualified plans       12a         14       Other       12b AA        24368.00         12c       12d       12d         13       Stat emp.Ret. plan       3rd party sick pay         e/f       Employee's name, address and ZIP code         RATNA       AKULA         1851       KNIGHTSBRIDGE         APT       4318         FARMERS       BRANCH         TX       Employer's state ID no.         16       State mometax         18       Local wages, tips, etc.	b       Employer's FED ID number 74-2853258       a       Employee's SSA number XXX-XX-3251         7       Social security tips       8       Allocated tips         9       10       Dependent care benefits         11       Nonqualified plans       12a         14       Other       12b AA       24368.00         12c       12d       12d         13       Stat employee's name, address and ZIP code         RATNA       AKULA       1851         1851       KNIGHTSBRIDGE       RD         APT       4318       FARMERS       BRANCH         TX       75234       16       State wages, tips, etc.         17       State income tax       18       Local wages, tips, etc.
17 State income tax       18 Local wages, tips, etc.         19 Local income tax       20 Locality name         Federal Filing Copy         Wage and Tax         OMB No. 1545-0008         Copy B to be filed with employee's Federal Income Tax Return.	17 State income tax       18 Local wages, tips, etc.         19 Local income tax       20 Locality name         TX.State Reference Copy         WM-2 Wage and Tax         OMB         Copy 2 to be filed with employee's State Income Tax	17 State income tax 19 Local income tax 10 Locality name TX.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Copy 2 to B tax Cop

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PPA ADMIN SUPPORT PO BOX 183046		1 Gross distributio \$61.35 2a Taxable amount \$0.00 2b Taxable amount	<ul> <li>and an entropy</li> <li>an entropy</li> <li>an entropy</li> <li>an entropy</li> <li>an entropy</li> <li>an entropy</li> <li>an entropy</li> </ul>	OMB No. 1545-0119 2023 Form 1099-R	9 Distributions From Pens Annuities, Retireme Profit-Sharing Plans, Insurance Contracts		
800-772-2182			not determined		Total distribution	<	Convi
PAYER'S TIN 31-1592130	RECIPIENT'S TIN ***_**-3251		3 Capital gain (inc 2a)	luded in box	4 Federal income tax wit	hheld	Copy 2 File this copy with your state, city, or
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RATNA AKULA 1355 WOOD DUCK DR COPPELL, TX 75019-6143		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
			7 Distribution code(s) G	IRA/SEP/ SIMPLE	8 Other	a state of the second stat	
oldavsi (agelmes vilitica) stimitet			9a Your percentag distribution	e of total	9b Total employee contri	outions	entra presion presional de la constante de constantes
10 Amount allocable to IRR within 5 years	11 1st year of desig.     12 FATCA filing       Roth contrib.     requirement       2017     Image: Contribution of the second seco		14 State tax withhe	eld Antibiotics	15 State/Payer's state no TX/	noBeel to alg	16 State distribution \$61.35
Account number (see instructions) 13 Date of payment 41063867280010269610		17 Local tax withhe	eld	18 Name of locality	und de la	19 Local distribution	
Form 1099-R	estic (there equilian 60	www.irs.gov/Form10	099R	nicit yara taut	Department of the	Treasu	ry - Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE TRUST COMPANY FSB PPA ADMIN SUPPORT PO BOX 183046		2, 1 Gross distribution ON \$61.35 2a Taxable amount \$0.00		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
COLUMBUS, OH 43218 800-772-2182			2b Taxable amount not determined	Total distribution X	Conve
PAYER'S TIN 31-1592130	RECIPIENT'S TIN	no la seconda de la second La seconda de la seconda de La seconda de la seconda de	3 Capital gain (included in box 2a)	4 Federal income tax withhe	eld Copy C For Recipient's Records
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RATNA AKULA 1355 WOOD DUCK DR COPPELL, TX 75019-6143		and a second s	5 Employee contributions/ Designated Roth contributions 6 Net unrealized a employer's secu		n in
		7 Distribution code(s) SIMPLE G	8 Other	This information is being furnished to the IRS.	
			9a Your percentage of total distribution	9b Total employee contributi	ons Turnished to the IK3.
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib. 2017	12 FATCA filing requirement	14 State tax withheld	15 State/Payer's state no. TX/	16 State distribution \$61.35
Account number (see instructions) 13 Date of paymer 41063867280010269610		17 Local tax withheld	18 Name of locality	19 Local distribution	

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE TRUST COMPANY FSB PPA ADMIN SUPPORT PO BOX 183046		1 Gross distributio \$61.35	on An an	OMB No. 1545-0119	Dis	Distributions From Pensions, Annuities, Retirement or	
				2a Taxable amount \$0.00		nice with the dealer I straight	Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
COLUMBUS, OH 43218 800-772-2182			2b Taxable amoun not determined	t	Total distribution	<	Сору В
PAYER'S TIN 31-1592130	RECIPIENT'S TIN		3 Capital gain (in 2a)	cluded in box	for a local the brochest of elements of a local bet		Report this income on your federal tax return. If this form
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RATNA AKULA 1355 WOOD DUCK DR COPPELL, TX 75019-6143		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		shows federal income tax withheld in box 4,	
			7 Distribution code(s)	IRA/SEP/ SIMPLE	8 Other	den seda Maria Nacio General de	attach this copy to your return.
			9a Your percentage distribution	e of total	9b Total employee contri	butions	_ This information is being furnished to the IRS.
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib. 2017	12 FATCA filing requirement	14 State tax withheld		15 State/Payer's state no.		16 State distribution \$61.35
		13 Date of payment	17 Local tax withh	eld	18 Name of locality	noloji (	19 Local distribution

Form 1099-R

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE TRUST COMPANY FSB PPA ADMIN SUPPORT PO BOX 183046 COLUMBUS, OH 43218 800-772-2182		1 Gross distribution		OMB No. 1545-0119	Distributions From Pensions	
		\$952.33 2a Taxable amount		2023	Annuities, Retirement o Profit-Sharing Plans, IRAs Insurance Contracts, etc	
		\$0.00		Form 1099-R		
		2b Taxable amount not determined		Total distribution	Convi	
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (inc 2a)	luded in box	4 Federal income tax wit	hheld File this copy with
31-1592130	***-**-3251		1973 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 -		with Asle with mentions	your state, city, or
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RATNA AKULA 1355 WOOD DUCK DR COPPELL, TX 75019-6143		5 Employee contri Designated Roth or insurance pre	contributions	6 Net unrealized appreci employer's securities	ation in local income tax return, when required	
			7 Distribution code(s) BG	IRA/SEP/ SIMPLE	8 Other	and there is a set of the set of
			9a Your percentage distribution	e of total	9b Total employee contri	putions
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib. 2017	12 FATCA filing requirement	<b>U</b>		15 State/Payer's state no TX/	. 16 State distribution \$952.33
Account number (see instructions) 13 Date of payment 410638672800R0269610		t 17 Local tax withheld 18 Name of locality		19 Local distribution		
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PPA ADMIN SUPPORT PO BOX 183046 COLUMBUS, OH 43218 800-772-2182 PAYER'S TIN RECIPIENT'S TIN		2a Taxable amount       \$0.00       2b Taxable amount not determined       3 Capital gain (included in box 2a)		2023	Profit-Sharing Plans, IRAs,		
				Form 1099-R	Insurance Contracts, etc.		
				Total distribution X			
				4 Federal income tax withheld	Copy C For Recipient's		
31-1592130	***-**-3251		2000 Bond a life mentioned		interesting the cash quices derived	Records	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code		noundhiain banaicaí. Altí bachstoin a ban	5 Employee contributions/ Designated Roth contributions 6 Net unrealized appreciation in employer's securities		States between and straight		
RATNA AKULA		And Gradient Streets and	or insurance pren	niums		12 CLOWER AND STOLEN OF STOLEN	
1355 WOOD DUCK DR COPPELL, TX 75019-6143			7 Distribution code(s) BG	IRA/SEP/ SIMPLE	8 Other	This information is being furnished to the IRS.	
			9a Your percentage distribution	of total	9b Total employee contributions		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib. 2017	12 FATCA filing requirement	14 State tax withheld		15 State/Payer's state no. TX/	16 State distribution \$952.33	
Account number (see instructions) 13 Date of payment 410638672800R0269610		t 17 Local tax withheld		18 Name of locality	19 Local distribution		

1 Gross distribution

\$952.33

OMB No. 1545-0119

2023

Form 1099-R

years

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Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE TRUST COMPANY FSB PPA ADMIN SUPPORT PO BOX 183046 COLUMBUS, OH 43218 800-772-2182		1 Gross distributio \$952.33 2a Taxable amount \$0.00	nelleng ser settennt Sec	Annuities, Re Profit-Sharing		tributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
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PAYER'S TIN 31-1592130	RECIPIENT'S TIN ***-**-3251	3 Capital gain (included in box 2a)		4 Federal income tax withheld		Report this income on your federal tax return. If this form
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RATNA AKULA 1355 WOOD DUCK DR COPPELL, TX 75019-6143		5 Employee contr Designated Rot	h contributions	6 Net unrealized apprecia employer's securities	ation in	shows federal income tax withheld in box 4.
		or insurance pre 7 Distribution code(s)	IRA/SEP/ SIMPLE	8 Other	6 161-200	attach this copy to your return.
				The second second second second second second second		The second second second second second second

9a Your percentage of total

distribution

14 State tax withheld

17 Local tax withheld

BG

Distributions From Pensions,

Annuities, Retirement or

ome on deral tax his form income in box 4, copy to r return. This information is being

furnished to the IRS.

15 State/Payer's state no. 16 State distribution \$952.33 19 Local distribution

Form 1099-R

10 Amount allocable to IRR within 5

Account number (see instructions) 410638672800R0269610

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12 FATCA filing

requirement

13 Date of payment

11 1st year of desig.

Roth contrib.

2017

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9b Total employee contributions

TX/

18 Name of locality