



Employee Reference Copy
W-2 Wage and Tax Statement 2023

Copy C for employee's records.
d Control number 053783 STLO/SJH Dept. 084 Corp. A Employer use only 39

c Employer's name, address, and ZIP code
PERFICIENT INC
555 MARYVILLE UNV DR#500
ST LOUIS MO 63141
Batch #01172

e/f Employee's name, address, and ZIP code
RATNA AKULA
1851 KNIGHTSBRIDGE RD
APT 4318
FARMERS BRANCH TX 75234

Table with 20 rows and 2 columns containing tax and wage information: 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; 7 Social security tips; 8 Allocated tips; 9; 10 Dependent care benefits; 11 Nonqualified plans; 12a See instructions for box 12 D 5632.00; 12b AA 24368.00; 12c; 12d; 13 Stat emp. Ret. plan 3rd party sick pay X; 15 State TX 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

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

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

Table with 5 columns: Wages, Tips, other Compensation Box 1 of W-2; 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. Rows include Gross Pay (166,691.92), Less 401(k) (D-Box 12) (5,632.00), Wages Over Limit (N/A), and Reported W-2 Wages (161,059.92).

2. Employee Name and Address.

RATNA AKULA
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Table with 6 rows and 2 columns: 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 053783 STLO/SJH Dept. 084 Corp. A Employer use only 39

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555 MARYVILLE UNV DR#500
ST LOUIS MO 63141

Table with 10 rows and 2 columns: 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 5632.00; 12b AA 24368.00; 12c; 12d; 13 Stat emp. Ret. plan 3rd party sick pay X

e/f Employee's name, address and ZIP code
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1851 KNIGHTSBRIDGE RD
APT 4318
FARMERS BRANCH TX 75234

Table with 4 rows and 2 columns: 15 State TX 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

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Federal Filing Copy
W-2 Wage and Tax Statement 2023

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

TX.State Reference Copy
W-2 Wage and Tax Statement 2023

Copy 2 to be filed with employee's State Income Tax Return.

TX.State Filing Copy
W-2 Wage and Tax Statement 2023

Copy 2 to be filed with employee's State Income Tax Return.

CORRECTED (if checked)

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 \$61.35	OMB No. 1545-0119 2023 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$0.00			
PAYER'S TIN 31-1592130			RECIPIENT'S TIN ***-**-3251		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>
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			3 Capital gain (included in box 2a)	4 Federal income tax withheld		Copy 2 File this copy with your state, city, or local income tax return, when required.
			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 <input type="checkbox"/>	8 Other	
			9a Your percentage of total distribution	9b Total employee contributions		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib. 2017	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld	15 State/Payer's state no. TX/		16 State distribution \$61.35
Account number (see instructions) 41063867280010269610		13 Date of payment	17 Local tax withheld	18 Name of locality		19 Local distribution

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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			5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
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						19 Local distribution

Copy 2

File this copy with your state, city, or local income tax return, when required.

Form 1099-R

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Department of the Treasury - Internal Revenue Service

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Copy C For Recipient's Records

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Copy B

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