2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records Employer use only 000803 0000001709 723 DBQE E S 2165 Employer's name, address, and ZIP code **BROWN BROTHERS HARRIMAN CO** 140 BROADWAY FL 9 **NEW YORK, NY 10005-1108** e/f Employee's name, address, and ZIP code PHANI KARTHEEK KOLLIPARA 3221 EDWARD STEC BLVD **EDISON, NJ 08837** b Employer's FED ID number XXX-XX-9797 13-4973745 1 Wages, tips, other comp. 2 Federal income tax withheld 179303.73 23557.57 3 Social security wages Social security tax withheld 160200.00 9932.40

5 Medicare wages and tips

Social security tips

11 Nonqualified plans

19 Local income tax

68.12 FLI 341.03 NY PFL 122.40 UI/HC/WD

TOTAL STATE

8947.74

186880.85

6 Medicare tax withheld

10 Dependent care benefits

12a See instructions for box 12 C | 105.13 12b D | 7577.12 12c DD | 16872.02

12d | 13 Stat emp. | Ret. plan | 3rd party sick p

18 Local wages, tips, etc.

20 Locality name

8 Allocated tips

2709.77

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY 195,778.51

FED. INCOME 23,557.57
TAX WITHHELD
BOX 02 OF W-2

STATE INCOME TAX 8,947.74
BOX 17 OF W-2
LOCAL INCOME TAX 0.00
BOX 19 OF W-2

SOCIAL SECURITY 9,932.40
TAX WITHHELD
BOX 04 OF W-2
MEDICARE TAX 2,709.77
WITHHELD
BOX 06 OF W-2
SUI/SDI 122.40

BOX 14 OF W-2

To change your employee W-4 profile information file a new W-4 with your payroll department

Social Security Number: XXX-XX-9797

PHANI KARTHEEK KOLLIPARA 3221 EDWARD STEC BLVD EDISON, NJ 08837

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Corp.



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Wages, tips, other comp.

Control number

security wages

179303.73

160200.00

wages and tips 186880.85

Dept

PAGE 1 OF 2

urity tax withheld

9932.40

withheld 2709.77

Employer use only

2 Federal income tax withheld 23557.57

	179303	3.73		23	557.57
3	Social security wag		4 Social		ax withheld 932.40
5	Medicare wages and 186880		6 Medica		thheld 709.77
d	Control number 0000001709 723	Dept. 000803	Corp. DBQE		er use only 2165
C	Employer's name, BROWN BRO 140 BROADW NEW YORK, N	THERS	HARRIMA		n metalo artikler manage

15 State Employer's state ID no. 16 State wages, tips, etc.

b Employer's FED ID numb 13-4973745	er a Employee's	S SSA number XX-XX-9797
7 Social security tips	8 Allocated t	ips
9	10 Dependen	nt care benefits
11 Nonqualified plans	12a See instru	ctions for box 12 105.13
14 Other 68.12 FLI	12b D	7577.12
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122.40 UI/HC/WD	12d	a regarded waste
	13 Stat emp. Ret.	plan 3rd party sick pay
e/f Employee's name, addres PHANI KARTHEEK 3221 EDWARD STEC	KOLLIPARA	employer to 202

15	State	Employer's state ID no. TOTAL STATE	16	State wages, tips, etc.
17	State	income tax 8947.74	18	Local wages, tips, etc.
19	Local	income tax	20	Locality name

EDISON, NJ 08837

W-2 Wage and Tax
Statement Copy B to be filed with employee's Federal Income Tax Heturn.

185301.41
17 State income tax
6307.41
19 Local income tax
Wage and Tax
State ment
18 Local wages, tips, etc.
18 Local wages, tips, etc.
20 Locality name

Wage and Tax
Statement

filed with employee's State Income

1 Wages, tips, other of 179303		2 Federa	l income tax withheld 23557.57
3 Social security wag 160200		4 Social	security tax withheld 9932.40
5 Medicare wages and 186880		6 Medica	re tax withheld 2709.77
d Control number 0000001709 723	Dept. 000803	Corp. DBQE	Employer use only E S 2165
c Employer's name, BROWN BRO 140 BROADW NEW YORK, N	THERS	HARRIMA	

b Employer's FED ID number 13-4973745	a Emplo	yee's SS XXX-X	A number X-9797
7 Social security tips	8 Allocat	ed tips	rown a
4	10 Deper	ndent car	e benefits
11 Nonqualified plans	12a		
	C		105.13
14 Other 68.12 FLI	12b D		7577.12
341.03 NY PFL	12c DD		16872.02
122.40 UI/HC/WD	12d		#
	13 Stat emp	Ret plan	3rd party sick pay

PHANI KARTHEEK KOLLIPARA 3221 EDWARD STEC BLVD EDISON, NJ 08837

NJ	e Employer's state ID no. 134-973-745/000	16	State wages, tips, etc. 185301.41
17 Stat	6307.41	18	Local wages, tips, etc.
19 Loc	al income tax	20	Locality name

NJ. State Filing Copy
Wage and Tax
Statement

2023

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c Emplo	yer's name,	address, a	and ZIP c	ode	ondo Condito
140	OWN BRO BROADW V YORK, N	AY FL 9		AN CO	
b Emplo	oyer's FED II 13-49737	number 45	a Emplo	yee's SS	SA number XX-9797
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11 Nonq	ualified plans		12a C	ORIL EVO SE CHO SE	105.13
14 Other	68.12 FLI	e elli sak	12bD	ad ,uov	7577.12
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e/f Empl	oyee's name	address	and ZIP	code	Harris All 1820
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Charles Bridge	EDWARD	STATE OF THE PARTY OF THE	LVD		
EDIS	ON, NJ 08	8837			
15 State			16 State	wages, t	tips, etc.
NJ	134-973-745	5/000			5301.41
		7.41	18 Local		
19 Local	income tax		20 Local	lity name	

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. 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 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 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 your 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 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 \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under

code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 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 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 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 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 (included in boxes 1, 3 (up to the 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

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 group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

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 Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

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 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 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.

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 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

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 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. 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.

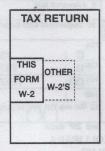
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. 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 fail to report it.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



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 2023 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 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. Any EIC that is more than your tax liability is refunded to you, but only 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. If you aren't subject to social security and Medicare taxes, see Pub. 517.

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 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 2023 and more than \$9,932.40 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. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

2023 W-2 and EARNINGS SUMMARY

NY. State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return. Control number Corp. Employer use only 000803 DBQE 0000001709 723 E S 2166 c Employer's name, address, and ZIP code FED. INCOME TAX WITHHELD BROWN BROTHERS HARRIMAN CO 140 BROADWAY FL 9 **NEW YORK, NY 10005-1108** BOX 19 OF W-2 e/f Employee's name, address, and ZIP code

e/f Employee's name, address, and ZIP code PHANI KARTHEEK KOLLIPARA 3221 EDWARD STEC BLVD EDISON, NJ 08837

b En	ployer's FED ID number 13-4973745	a Employee's SSA number XXX-XX-9797
1 Wa	es, tips, other comp.	2 Federal income tax withheld
	179303.73	23557.57
3 Soc	ial security wages	4 Social security tax withheld
	160200.00	9932.40
5 Me	icare wages and tips	6 Medicare tax withheld
	186880.85	2709.77
7 Soc	al security tips	8 Allocated tips
9		10 Dependent care benefits
11 No	nqualified plans	12a See instructions for box 12 C 105.13
14 01	ner	12b D 7577.12
	68.12 FLI 341.03 NY PFL	12c DD 16872.02
	122.40 UI/HC/WD	12d
		13 Stat emp. Ret. plan 3rd party sick p
15 Sta	te Employer's state ID n	o. 16 State wages, tips, etc.
NY	134973745 9	179303.73
17 St	te income tax 2640.33	18 Local wages, tips, etc.
19 Lo	cal income tax	20 Locality name

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

any adjustments made by your employer.
GROSS PAY 195,778.51 SOCIAL SECURITY 9,932.40 TAX WITHHELD BOX 04 OF W-2 23,557.57 MEDICARE TAX 2,709.77 WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX 8,947.74 SUI/SDI 122.40 BOX 17 OF W-2 BOX 14 OF W-2 LOCAL INCOME TAX 0.00

To change your employee W-4 profile information file a new W-4 with your payroll department

Social Security Number: XXX-XX-9797

PHANI KARTHEEK KOLLIPARA 3221 EDWARD STEC BLVD EDISON, NJ 08837

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PAGE 2 OF 2

1 Wages, tips, other of 179303		2 Federa	income tax withheld 23557.57
3 Social security wag 160200		4 Social	security tax withheld 9932.40
5 Medicare wages and 186880		6 Medica	re tax withheld 2709.77
d Control number	Dept.	Corp.	Employer use only
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NEW YORK, N	IY 10005	5-1108	ree's SSA number
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18 Local wages, tips, etc.

20 Locality name

68.12 FLI 341.03 NY PFL 122.40 UI/HC/WD

NY 134973745 9

17 State income tax

19 Local income tax

eff Employee's name, address and ZIP code PHANI KARTHEEK KOLLIPARA 3221 EDWARD STEC BLVD EDISON, NJ 08837

2640.33

Copy 2 to be filed with employee's State Income

15 State Employer's state ID no. 16 State wages, tips, etc.

NY. State Filing Copy
Wage and Tax
Statement

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. 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 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 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 your 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 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 \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under

code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 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 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 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 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 (included in boxes 1, 3 (up to the 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

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)

 $\mbox{K--}20\%$ 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 group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

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 Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

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 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 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.

account. Report on Form 8889.

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 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

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 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 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.

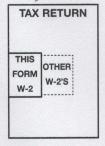
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



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 2023 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 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. Any EIC that is more than your tax liability is refunded to you, but only 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. If you aren't subject to social security and Medicare taxes, see Pub. 517.

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 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 2023 and more than \$9,932.40 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. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Department of the Treasury - Internal Revenue Service