# 2023 W-2 and EARNINGS SUMMARY

**Employee** Reference Copy Wage and Tax Statement Control number Corp. Employer use only 0000036927 VLW WUX0 27946 Employer's name, address, and ZIP code **CHARLES SCHWAB & CO INC** 3000 SCHWAB WAY WESTLAKE, TX 76262 e/f Employee's name, address, and ZIP code **GOKUL KATTAMANCHI** 21150 N TATUM BLVD APT 2019 PHOENIX, AZ 85050

Employer's FED ID number 94-1737782 a Employee's SSA number XXX-XX-4411 Wages, tips, other comp Federal income tax withheld 149675.52 17449.67 Social security wages Social security tax withheld 154486.83 9578.18 Medicare wages and tips 6 Medicare tax withheld 1544<u>86.83</u> 2240.06 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 C | 86.40 12b D | 4811.31 12c W | 2100.08 11 Nonqualified plans 14 Other 4978.26 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. **TOTAL STATE** 17 State income tax 18 Local wages, tips, etc. 4639.80 19 Local income tax 20 Locality name

1	Wages, tips, other of 1496		2 Federal income tax withheld 17449.67			
3	Social security wag	es 86.83	4 Social security tax withheld 9578.18			
5	5 Medicare wages and tips 154486.83		6 Medicare tax withheld 2240.06			
d 00	Control number 00036927 VLW	Dept.	Corp. WUX0	Employer use only 27946		

c Employer's name, address, and ZIP code **CHARLES SCHWAB & CO INC** 3000 SCHWAB WAY WESTLAKE, TX 76262

b	Employer's FED ID number 94-1737782	a Employee's SSA number XXX-XX-4411			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a	See i	instructions for box 12 86.40	
14	Other	12b	D	4811.31	
		12c	W	2100.08	
		12d	AA	4978.26	
		<b>13</b> S	tat emp	p. Ret. plan 3rd party sick pay	

e/f Employee's name, address and ZIP code

**GOKUL KATTAMANCHI** 21150 N TATUM BLVD APT 2019 PHOENIX, AZ 85050

15 <b>S</b>	tate	Employer's st TOTAL STA	ate ID no. TE	16 State wages, tips, etc.		
17 State income tax 4639.80				18 Local wages, tips, etc.		
19 <b>L</b>	ocal	income tax		20 Locality name		
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Statement

Wage and Tax

B to be filed with employee's Federal Income Tax Re

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

ıγ	adjustments made by	y your employer.		
	GROSS PAY	159,974.91	SOCIAL SECURITY	9,578.18
			TAX WITHHELD	
			BOX 04 OF W-2	
	FED. INCOME	17,449.67	MEDICARE TAX	2,240.06
	TAX WITHHELD		WITHHELD	
	BOX 02 OF W-2		BOX 06 OF W-2	
	STATE INCOME TAX	4,639.80	SUI/SDI	0.00
	BOX 17 OF W-2		BOX 14 OF W-2	
	LOCAL INCOME TAX	0.00		
	BOX 19 OF W-2			

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

**GOKUL KATTAMANCHI** 21150 N TATUM BLVD **APT 2019** PHOENIX, AZ 85050

Social Security Number: XXX-XX-4411

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**PAGE 01 OF 03** 

Employee	Ref	erence	Сору			
	age ai					
Copy C for employee's recor	Stateme	nt	<b>ZUZ5</b> OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only			
0000036927 VLW		WUX0	27947			
c Employer's name, a						
CHARLES SCH 3000 SCHWAB		& CO II	NC			
WESTLAKE, T		62				
e/f Employee's name, a  GOKUL KATTA			de			
21150 N TATU						
APT 2019	05050					
PHOENIX, AZ						
b Employer's FED ID n 94-173778		a Emplo	yee's SSA number XXX-XX-4411			
1 Wages, tips, other co		<sup>2</sup> Federa	al income tax withheld			
3 Social security wage	26	4 Social	security tax withheld			
30ciai security wage	75	- Jociai	security tax withheld			
5 Medicare wages and	l tips	6 Medic	are tax withheld			
7 Social security tips		8 Alloca	ted tips			
9			dent care benefits			
		-				
11 Nonqualified plans		12a See ins DD	tructions for box 12 17522.88			
14 Other		12b				
		12d				
		13 Stat em	P Ret. plan 3rd party sick pay			
15 State Employer's st	ate ID no.	16 State v	vages, tips, etc.			
17 State income tax		18 Local	wages, tips, etc.			
19 Local income tax		20 Locality name				
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3 Social security wage	es	4 Social	security tax withheld			
5 Medicare wages and	l tips	6 Medicare tax withheld				
d Control number	Dept.	Corp.	Employer use only			
0000036927 VLW	,	WUX0	27947			
c Employer's name, address, and ZIP code						
CHARLES SCH		& CO II	NC			
3000 SCHWAB WAY WESTLAKE, TX 76262						
WESTLANE, IA /0202						
b Employer's FED ID n 94-173778	number 2	a Emplo	yee's SSA number XXX-XX-4411			
7 Social security tips		8 Alloca				
9		10 Depen	dent care benefits			
11 Nongualified plans			nstructions for box 12			
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GOKUL KATTA	_					
21150 N TATUM BLVD APT 2019						
PHOENIX, AZ 85050						
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				
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Copy B to be filed with employee's Federal Income Tax Return.						

# 2023 W-2 and EARNINGS SUMMARY

ADDITIONAL W-2 FOR BOX 12 OR 14 OVERFLOW

GOKUL KATTAMANCHI 21150 N TATUM BLVD APT 2019 PHOENIX, AZ 85050

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Social Security Number: XXX-XX-4411

# 2023 W-2 and EARNINGS SUMMARY

M	NI /	age a		Tax	2023
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d	Control number	Dept.		orp.	Employer use only
00	00036927 VLW		w	JX0	27948
С	Employer's name, a	address,	and Z	IP cod	le
	CHARLES SCI	HWAB	& 0	II O	NC
	3000 SCHWAE	WAY			
	WESTLAKE, 1	X 76	262		
e/f	Employee's name, a	address,	and Z	IP cod	le
	GOKUL KATTA	MANC	HI		
	21150 N TATU	_			
	APT 2019				
	PHOENIX, AZ	8505	0		
b	Employer's FED ID	number	а	Emplo	yee's SSA number
	94-173778	32			XXX-XX-4411
1	Wages, tips, other o		2	Federa	I income tax withheld
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3	Social security wag	es 86.83	4	Social	security tax withheld
5	Medicare wages and		6	Medica	9578.18 are tax withheld
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7	Social security tips	30.00	8	Alloca	ted tips
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9			10	Depen	dent care benefits
11	Nongualified plans		12a	See inst	tructions for box 12
			401		
14	Other		12b 12c	<u> </u>	
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15	State Employer's s	tate ID no	o. 16 S	State v	vages, tips, etc.
	AZ 94-1737782				74594.53
17	State income tax		18 I	ocal v	wages, tips, etc.
		91.90			
19	Local income tax		20 I	_ocalit	y name
Щ.					
1	Wages, tips, other o	omp. 75 52	2	edera	I income tax withheld 17449 67

AZ. State Reference

Сору

GOKUL KATTAMANCHI 21150 N TATUM BLVD APT 2019 PHOENIX, AZ 85050

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## **PAGE 03 OF 03**

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3 Social security wages 154486.83		4 Social security tax withheld 9578.18					
5 Medicare wages and tips 154486.83		6 Medicare tax withheld 2240.06					
d Control number 0000036927 VLW	Dept.	Corp. WUX0	Emplo	oyer use only 27948			
c Employer's name, ad	,						
3000 SCHWAB	CHARLES SCHWAB & CO INC 3000 SCHWAB WAY WESTLAKE, TX 76262						
b Employer's FED ID nu 94-1737782	mber	a Emplo	yee's SS	A number XX-4411			
7 Social security tips		8 Allocat		AA-4411			
9	10 Dependent care benefits			e benefits			
11 Nonqualified plans		12a See ir	structio	ns for box 12			
14 Other		12b					
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		13 Stat emp	Ret. plan	3rd party sick pay			
e/f Employee's name, address and ZIP code GOKUL KATTAMANCHI 21150 N TATUM BLVD APT 2019 PHOENIX, AZ 85050							
15 State Employer's state 94-1737782	te ID no.			74594.53			
17 State income tax 1491	18 Local wages, tips, etc.						
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	tateme		OME	023 3 No. 1545-0008			
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1 Wages, tips, other comp. <b>149675.52</b>	2 Federal income tax withheld 17449.67
3 Social security wages 154486.83	4 Social security tax withheld 9578.18
5 Medicare wages and tips 154486.83	6 Medicare tax withheld 2240.06
d Control number Dept	. Corp. Employer use only
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c Employer's name, address	, and ZIP code
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b Employer's FED ID numbe	r a Employee's SSA number
94-1737782 7 Social security tips	
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
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	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address	s and ZIP code
GOKUL KATTAMAN 21150 N TATUM BL APT 2019 PHOENIX, AZ 850	_VD
15 State MI Employer's state ID 94-1737782	75080.99
17 State income tax 3147.90	18 Local wages, tips, etc.
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1 Wages, tips, other comp. 149675.52		2 Federal income tax withheld 17449.67				
Social security wages 154486.83		4 Social security tax withheld 9578.18				
	Medicare wages and tips 154486.83		6 Medicare tax withheld 2240.06			
d Control number 0000036927 VLW	Dept.	Corp.	Employ	ver use only <b>27948</b>		
c Employer's name, ad	ldress, ar	nd ZIP cod	de			
CHARLES SCHWAB & CO INC 3000 SCHWAB WAY WESTLAKE, TX 76262						
b Employer's FED ID n 94-1737782		a Emplo	yee's SS/	A number (X-4411		
7 Social security tips		8 Alloca	ited tips			
9		10 Depei	ndent care	benefits		
11 Nonqualified plans		12a				
14 Other		12b				
		12c				
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			X	3rd party sick pay		
e/f Employee's name, address and ZIP code GOKUL KATTAMANCHI 21150 N TATUM BLVD APT 2019 PHOENIX, AZ 85050						
15 State Employer's sta 94-1737782	ate ID no.	16 State		os, etc. 75080.99		
17 State income tax 314	7.90	18 Local wages, tips, etc.				
19 Local income tax		20 Locality name				
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Copy 2 to be filed with empto	Copy 2 to be filed with employee's State Income Tax Return.					

Social Security Number: XXX-XX-4411

### 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, 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 groupterm 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)

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.

rvice

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service