Form W-2 Wage and Tax Statement 2023

							Cop	C, for	employee's reco	rds		
					1-20001192 0000099 - P	AYROL	social security num	Void	Department of the OMB No. 1545-		Internal Revenue	Service
	HEX PEO IV LLC								1 Wages, tips, other or		2 Federal income tax with	
970 LAKE CARILLON DRIVE SUITE				45-5468275	648-	19-9485			85834.63	1	12090.13	
SAINT PETERSBURG FL 33716				13 Statutory employee		rement blan	Third-pa sick pa	rty Y	3 Social security wage	s	4 Social security tax with	held
										85834.63		5321.75
e Employee	s name, address, and ZIP code		1	12 See instructions for bo	ox 12	14 Other	-		5 Medicare wages and	tips	6 Medicare tax withheld	
014/4										85834.63		1244.60
1323	FHI BATHINI SCOTTISH LN,								7 Social Security Tips		8 Allocated Tips	
UNIIC	DN KY 41091								10 Dependent care ber	nefits	11 Nonqualified plans	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State inco	ome tax	18 Local wa	iges, tips, etc.	19 L	ocal incom	e tax	20 Locality name	9	
KY 364613 85834.63				3728.45	72906.00 92173.89				583.25 460.88	KY BOON KY B C S		

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.

Form W-2 Wage and Tax Statement 2023

			Copy C	C, for (employee's reco	rds	
074	0000099 - P	AYROL	curity number	Void			Internal Revenue Service
45-5468275		648-19-948	85		1 Wages, tips, other o	ompensation	2 Federal income tax withheld
13 Statutory employee	Reti	rement olan	Third-party sick pay		3 Social security wage	s	4 Social security tax withheld
12 See instructions for b	ox 12	14 Other			Ů		6 Medicare tax withheld
					7 Social Security Tips		8 Allocated Tips
					10 Dependent care ber	nefits	11 Nonqualified plans
17 State income tax	18 Local wa	iges, tips, etc. 16666.00	19 Loca	al income	e tax 25.00		
- i	000 b Employer identification 45-5468275 13 Statutory employee 12 See instructions for b	0741-20001192 000000099 - P b Employer identification number (EIN) 45-5468275 13 Statutory Ret employee 1 12 See instructions for box 12	0741-20001192 000000099 - PAYROL b Employer identification number (EIN) a Employee's social se 45-5468275 648-19-944 13 Statutory employee Retirement plan 12 See instructions for box 12 14 Other 17 State income tax 18 Local wages, tips, etc.	d Control number 0741-20001192 000000099 - PAYROL b Employer identification number (EIN) 45-5468275 a Employee's social security number 648-19-9485 13 Statutory employee Retirement plan Third-party sick pay 12 See instructions for box 12 14 Other 17 State income tax 18 Local wages, tips, etc. 19 Loc	d Control number Void 0741-20001192 000000099 - PAYROL Void b Employer identification number (EIN) a Employee's social security number 45-5468275 648-19-9485 13 Statutory employee Retirement plan 12 See instructions for box 12 14 Other	d Control number Void Department of ti OMB No. 1545- 0000000099 - PAYROL b Employer identification number (EIN) 45-5468275 a Employee's social security number 648-19-9485 1 Wages, tips, other of 3 Social security wage 13 Statutory employee Retirement plan Third-party sick pay 3 Social security wage 12 See instructions for box 12 14 Other 5 Medicare wages and 7 Social Security Tips 17 State income tax 18 Local wages, tips, etc. 19 Local income tax	0741-20001192 0000000099 - PAYROL Department of the Treasury - OMB No. 1545-0008 b Employer identification number (EIN) a Employee's social security number 648-19-9485 1 Wages, tips, other compensation 13 Statutory employee Retirement plan Third-party sick pay 3 Social security wages 12 See instructions for box 12 14 Other 5 Medicare wages and tips 7 Social Security Tips 10 Dependent care benefits 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

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Form W-2 Wage and Tax Statement 2023

1 0111							Сор	y B, to b	e filed with emp	loyee's FEDE	ERAL tax return
	APP SOFT SOLUTIONS INC				1-20001192 0000099 - F	AYROL	acial acquirity pure	Void	Department of t OMB No. 1545-		Internal Revenue Service
PAYCHEX PEO IV LLC				b Employer identification number (EIN) a Employee's social security r					1 Wages, tips, other c	ompensation	2 Federal income tax withheld
970 LAKE CARILLON DRIVE SUITE				45-5468275 648-19-9485			9-9485			85834.63	12090.1
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										85834.63	5321.7
e Employee	s name, address, and ZIP code			12 See instructions for b	ox 12	14 Other			5 Medicare wages and		6 Medicare tax withheld
										85834.63	1244.6
1323	THI BATHINI SCOTTISH LN,								7 Social Security Tips		8 Allocated Tips
UNIIC	N KY 41091								10 Dependent care ber	nefits	11 Nonqualified plans
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State in	come tax	18 Local wa	iges, tips, etc.	19	Local income	e tax	20 Locality name	e
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Form W-2 Wage and Tax Statement 2023

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	PAYCHEX PEO IV LLC 970 LAKE CARILLON DRIVE SUITE SAINT PETERSPURG EL 22716			45-5468275		648-19	9-9485		1 Wages, tips, other c	ompensation	2 Federal income tax withheld
SAINT PETERSBURG FL 33716				13 Statutory employee		rement blan	Third-p sick p	barty bay	3 Social security wage	s	4 Social security tax withheld
e Employee's name, address, and ZIP code				12 See instructions for bo	ox 12	14 Other			5 Medicare wages and	l tips	6 Medicare tax withheld
1323 S	HI BATHINI COTTISH LN,								7 Social Security Tips		8 Allocated Tips
UNIIO	NKY 41091								10 Dependent care be	nefits	11 Nonqualified plans
15 State Employer's state ID number 16 State wages, tips, etc. 17 State			17 State in				es, tips, etc. 19 Local income ta 16666.00			20 Locality nam KY MRMH	

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Form W-2 Wage and Tax Statement 2023 This page includes additional items not included on the first Form W-2

Copy 2, to be filed with employee's tax return for KY

c Employer's name, address, and ZIP code APP SOFT SOLUTIONS INC	000	1-20001192 0000099 - P	AYROL		Void	Department of t OMB No. 1545-		Internal Revenue Service	
PAYCHEX PEO IV LLC 970 LAKE CARILLON DRIVE SUITE		b Employer identification 45-5468275	number (EIN)		ocial security numb		1 Wages, tips, other o	85834.63	2 Federal income tax withheld 12090.13
SAINT PETERSBURG FL 33716		13 Statutory employee		rement olan	Third-part sick pay	У	3 Social security wage	^{is} 85834.63	4 Social security tax withheld 5321.75
e Employee's name, address, and ZIP code		12 See instructions for b	ox 12	14 Other			5 Medicare wages and	t tips 85834.63	6 Medicare tax withheld 1244.60
SWATHI BATHINI 1323 SCOTTISH LN,							7 Social Security Tips		8 Allocated Tips
UNIION KY 41091							10 Dependent care ber	nefits	11 Nonqualified plans
15 State Employer's state ID number 16 State wage KY 364613 16 State wage	s, tips, etc. 17 St 85834.63	tate income tax 3728.45	18 Local wa	iges, tips, etc. 7290	6.00	ocal income	583.25	20 Locality name KY BOON	
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Form W-2 Wage and Tax Statement 2023

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c Employer's name, address, and ZIP code APP SOFT SOLUTIONS INC			1-20001192 0000099 - P number (EIN)	AYROL	ocial security numb	Void	OMB No. 1545-	0008	Internal Revenue Service
PAYCHEX PEO IV LLC 970 LAKE CARILLON DRIVE SUITE		45-5468275 648-19-94					1 Wages, tips, other or	ompensation	2 Federal income tax withheld
SAINT PETERSBURG FL 33716		13 Statutory employee	Reti	rement olan	Third-part sick pay	ty /	3 Social security wage	s	4 Social security tax withheld
e Employee's name, address, and ZIP code		12 See instructions for bo	ox 12	14 Other			5 Medicare wages and	tips	6 Medicare tax withheld
SWATHI BATHINI 1323 SCOTTISH LN,							7 Social Security Tips		8 Allocated Tips
UNIION KY 41091							10 Dependent care ber	nefits	11 Nonqualified plans
15 State Employer's state ID number 16 State wages, tips, etc.	17 State ir	ncome tax	18 Local wa	ges, tips, etc. 16666		ocal income	25.00	20 Locality nam KY MRMH	
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Form W-2 Wage and Tax Statement 2023

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	c Employer's name, address, and ZIP code				1-20001192 0000099 - P		social socurity p	Void	Department of t OMB No. 1545-		Internal Revenue Service
PAYCHEX PEO IV LLC									1 Wages, tips, other o	ompensation	2 Federal income tax withheld
970 LAKE CARILLON DRIVE SUITE				45-5468275 648-19-9485						85834.63	12090.13
SAINT PETERSBURG FL 33716				13 Statutory Retirement Third- employee plan sick				-party c pay	3 Social security wage	IS	4 Social security tax withheld
										85834.63	5321.75
e Employee's	name, address, and ZIP code			12 See instructions for bo	ox 12	14 Other			5 Medicare wages and	d tips	6 Medicare tax withheld
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1323 S	HI BATHINI COTTISH LN,								7 Social Security Tips		8 Allocated Tips
UNIIO	N KY 41091								10 Dependent care ber	nefits	11 Nonqualified plans
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State in	come tax	18 Local wa	iges, tips, etc.	1	19 Local income	e tax	20 Locality nam	9
KY	364613	85834.63		3728.45		7290	06.00		583.25	KY BOON	E

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Form W-2 Wage and Tax Statement 2023

Form	w-2 wage and Tax 3	Statement 2023				C	opy 2, to b	e filed with empl	oyee's tax re	turn for B C S
	name, address, and ZIP code	d Control n	umber 0741-2000119 0000000099 - identification number (EIN	PAYROL		Void	Department of t OMB No. 1545-		Internal Revenue Service	
970 L	PAYCHEX PEO IV LLC 970 LAKE CARILLON DRIVE SUITE			8275	648-	648-19-9485		1 Wages, tips, other o	85834.63	2 Federal income tax withheld 12090.13
SAINT PETERSBURG FL 33716				13 Statutory Retirement Third employee plan sick				3 Social security wage	s 85834.63	4 Social security tax withheld 5321.75
	s name, address, and ZIP code		12 See instr	uctions for box 12	14 Other			5 Medicare wages and	tips 85834.63	6 Medicare tax withheld 1244.60
1323	THI BATHINI SCOTTISH LN,							7 Social Security Tips		8 Allocated Tips
UNIC	N KY 41091							10 Dependent care ber	nefits	11 Nonqualified plans
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		vages, tips, etc.		19 Local incom		20 Locality name	9
KY 364613 85834.63		37	3728.45 92173.89				460.88	KY B C S		

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Form W-2 Wage and Tax Statement 2023 This page includes additional items not included on the first Form W-2

Copy 2, to be filed with employee's tax return for MRMHS

c Employer's name, address, and ZIP code APP SOFT SOLUTIONS INC	d Control number 0741-20001192 000000099 - F b Employer identification number (EIN)	PAYROL	Void	Department of the OMB No. 1545-		Internal Revenue Service
PAYCHEX PEO IV LLC 970 LAKE CARILLON DRIVE SUITE	45-5468275	648-19-9485		1 Wages, tips, other or	ompensation 85834.63	2 Federal income tax withheld 12090.13
SAINT PETERSBURG FL 33716		irement Third-part plan sick pay	ty /	3 Social security wage	s 85834.63	4 Social security tax withheld 5321.75
e Employee's name, address, and ZIP code	12 See instructions for box 12	14 Other		5 Medicare wages and		6 Medicare tax withheld
					85834.63	1244.60
SWATHI BATHINI 1323 SCOTTISH LN,				7 Social Security Tips		8 Allocated Tips
UNIION KY 41091				10 Dependent care ber	nefits	11 Nonqualified plans
1.	income tax 18 Local wa	ages, tips, etc. 19 Lo	ocal income	tax	20 Locality name	9
KY 364613 85834.63	3728.45	16666.00		25.00	KY MRMH	IS

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Form W-2 Wage and Tax Statement 2023

c Employer's na	ame, address, and ZIP code			d Control number								
c Employer's name, address, and ZIP code				d Control number b Employer identification number (EIN) a Employee's social security (oid	Department of th OMB No. 1545-0		Internal Revenue Service
				b Employer identification	number (EIN)	a Employee's s	social security nu	umber				
										1 Wages, tips, other co	mpensation	2 Federal income tax withheld
				13 Statutory employee	Reti	rement Ian	Third- sick	party pay		3 Social security wages		4 Social security tax withheld
e Employee's	name, address, and ZIP code			12 See instructions for bo	ox 12	14 Other				5 Medicare wages and	tips	6 Medicare tax withheld
										7 Social Security Tips		8 Allocated Tips
										10 Dependent care bene	efits	11 Nonqualified plans
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State in	come tax	18 Local wa	ges, tips, etc.	19) Local ir	come	tax	20 Locality name	9

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Form W-2 Wage and Tax Statement 2023

c Employer's name, address, and ZIP code	d Control number				X OMB No. 1545-0		the Treasury - Internal Revenue Serv -0008	
	b Employer identification	number (EIN)	a Employee's s	social security nur	mber	T		-
						1 Wages, tips, other or	ompensation	2 Federal income tax withheld
	13 Statutory employee	Reti	rement Ian	Third-p sick p	oarty oay	3 Social security wage	s	4 Social security tax withheld
e Employee's name, address, and ZIP code	12 See instructions for b	ox 12	14 Other			5 Medicare wages and		6 Medicare tax withheld
						7 Social Security Tips		8 Allocated Tips
						10 Dependent care ben	iefits	11 Nonqualified plans
15 State Employer's state ID number 16 State wages, tips, etc. 1	' State income tax	18 Local wa	ges, tips, etc.	19	Local incor	ie tax	20 Locality name	e

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Form W-2 Wage and Tax Statement 2023

c Employer's r	ame, address, and ZIP code		d Control number				Void	Department of th OMB No. 1545-0		Internal Revenue Service	
								Х	ONID NO. 1343-0	5000	
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									1 Wages, tips, other co	ompensation	2 Federal income tax withheld
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e Employee's	name, address, and ZIP code			12 See instructions for bo	x 12	14 Other			5 Medicare wages and	tips	6 Medicare tax withheld
									7 Social Security Tips		8 Allocated Tips
									10 Dependent care ben	efits	11 Nonqualified plans
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State ind	come tax	18 Local wa	iges, tips, etc.	19 Loc	cal income	tax	20 Locality name	9

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.

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 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.

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. 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 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. 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 lective 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.

 $\mbox{C}\mbox{--}\mbox{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

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.

 $H\-$ Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

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.

ferrals 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 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.