Copy B - For	Employee's Fe	deral Incon	ne Tax Return		2023 OMB No. 1545-0008		
		ges, tips, other comp.		2 Federal income tax withheld			
security number			769.82		15300.12		
341-59-2		ial security wag		4 Social s	ecurity tax withheld		
5 Med 04 - 2871690		107621.66		6672.52			
		licare wages and tips 107621.66		6 Medicare tax withheld 1560.53			
	e, address, and ZIP o	code					
	MA 02021						
Control number 34090 50	02940						
	e, address, and ZIP						
Apt#805 Quincy,	MA 02169	3 Allocated tips		9 Adva	nce EIC payment		
10 Dependent care	benefits	11 Nonqualified	plans				
12a AA 2294.79		94.79	13 Statutory emp	loyee Re	etirement plan 3rd-party sick pay		
<sup>2b</sup> C	44.24		14 Other PMLMA 241.22				
<sup>2c</sup> D	2851.84		MAPFML 121.76				
<sup>12d</sup> DD	95	19.62	1				
	N/A	1	N/A		N/A		
15 State Employer's State ID# 16 State		16 State was	ges, tips, etc.	17 Sta	17 State income tax		
8 Local wages, tip			19 Local income tax		20 Locality name		
N/A		1	N/A		N/A		
•			•		•		

Form W-2 Wage and Tax Statement
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Copy 2 - For Em	ployee's Stat	te Income	Fax Return	[MA]	2023	3 OMB No. 1545-0008		
a Employee's social security number		es, tips, other o	comp. 769.82	2 Federal income tax withheld 15300.12				
341-59-229 b Employer ID number		3 Social security wages 107621.66		4 Social security tax withheld 6672.52				
04-2871690	) 5 Medi	5 Medicare wages and tips 107621.66			6 Medicare tax withheld 1560.53			
c Employer's name, ac ORGANOGENE 150 DAN RO CANTON, MA	ESIS INC	ode						
d Control number 34090 5025								
e Employee's name, a Abhimanya 6 Highpoir Apt#805 Quincy, MA	Kilaru nt Circle							
7 Social security tips	8	Allocated tips		9 Advance EIC payment				
10 Dependent care be	nefits 1	1 Nonqualified	plans					
12a AA	22	94.79	13 Statutory employee Retirement plan 3rd-party sick X					
12c D		51.84		MA 241.22 FML 121.76				
12d DD	95:	9519.62						
MA WTH-10	1476987-0	05 1	04769.82			5136.27		
15 State Employer's State Employer		16 State wages, tips, etc.		17 State income tax 20 Locality name				
N/A	etG.	N/A		20 Locality name N/A				

Form W-2 Wage and Tax Statement

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Copy C -	FOR EMPLO	YEE'S RE	CORDS ONL	Y 202	OMB No. 1545-0008	
a Employee's social security number		Vages, tips, other $104$	comp. 2 769.82	2 Federal income tax withheld 15300.12		
341-59-	-2292 3s	ocial security wa	~	Social security tax wit		
b Employer ID n	umber	107	621.66	6672.52		
04-2871690		ledicare wages a 107	nd tips 6 621.66	6 Medicare tax withheld 1560.53		
ORGANOC 150 DAN	me, address, and ZIF GENESIS IN I ROAD MA 02021					
d Control number 34090	er 502940					
Abhimar 6 Highp Apt#805	ame, address, and Zinya Kilaru Doint Circ MA 02169					
7 Social security tips		8 Allocated tips		9 Advance EIC payment		
10 Dependent care benefits		11 Nonqualified	d plans			
12a AA	2	294.79	13 Statutory employee Retirement p		3rd-party sick pay	
<sup>12b</sup> C		44.24	14 Other PMT.MA	241.22		
<sup>12c</sup> D	2	851.84		L 121.76		
12d DD	9	519.62				
MA WTH-10476987-005			.04769.82 5136.		5136.27	
15 State Employ	/er's State ID#	16 State wa	ages, tips, etc.	17 State income tax		
18 Local wages,	, tips, etc.	19 Local inc	come tax	20 Locality name		
N	I/A		N/A	N/A		

Form W-2 Wage and Tax Statement

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Copy B - For Employe	e's Federal Income Tax Returr	2023 OMB No. 1545-0008	Copy 2 - For Employee's	State Income Tax Return	[MA] <b>2023</b> OMB No. 1545-0008
a Employee's social security number $341-59-2292$	1 Wages, tips, other comp. 104769.82 3 Social security wages	2 Federal income tax withheld 15300.12	security number	104769.82	2 Federal income tax withheld 15300.12 4 Social security tax withheld
b Employer ID number	107621.66	6672.52	b Employer ID number	107621.66	6672.52
04-2871690	5 Medicare wages and tips 107621.66	6 Medicare tax withheld 1560.53	04-2871690	5 Medicare wages and tips 107621.66	6 Medicare tax withheld 1560.53
c Employer's name, address, a ORGANOGENESIS 150 DAN ROAD CANTON, MA 020	INC		c Employer's name, address, and ORGANOGENES IS I 150 DAN ROAD CANTON, MA 0202	INC	
d Control number 34090 502940			d Control number 34090 502940		
e Employee's name, address, a Abhimanya Kila 6 Highpoint C: Apt#805 Quincy, MA 021	aru ircle 169		e Employee's name, address, and Abhimanya Kilar 6 Highpoint Cir Apt#805 Quincy, MA 0216	ru rcle 59	
7 Social security tips	8 Allocated tips	9 Advance EIC payment	7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans		10 Dependent care benefits	11 Nonqualified plans	
12a W 12b 12c 12d	869.28 13 Statutory emp	oloyee Retirement plan 3rd-party sick pay X	12a W 12b 12c 12d	869.28 13 Statutory emplo	oyee Retirement plan 3rd-party sick pay X
N/A	N/A	N/A	MA WTH-1047698	7-005 104769.82	5136.27
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax	15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. N/A	19 Local income tax N/A	20 Locality name N/A	18 Local wages, tips, etc. N/A	19 Local income tax N/A	20 Locality name N/A

Form W-2 Wage and Tax Statement
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Form W-2 Wage and Tax Statement

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OMB No. 1545-0008

2023

Copy C - F	OR EMP	LOYE	E'S RE	CORDS ON	ILY	2023	OMB No. 1545-0008	
security number		1 Wage	Nages, tips, other comp. 104769.82			2 Federal income tax withheld 15300.12		
341-59-2292 3 Socia			al security wages		4 Social	4 Social security tax withheld		
b Employer ID number			107	7621.66		6672.52		
04-2871	690	5 Medicare wages and tips		6 Medica	6 Medicare tax withheld			
			107621.66			1560.53		
c Employer's nan ORGANOG 150 DAN CANTON,	ENESIS :	INC	de					
d Control number 34090 5	02940							
e Employee's nar Abhiman 6 Highp Apt#805 Quincy,	ya Kilar oint Cir	ru rcle	de					
7 Social security tips 8		8 <i>F</i>	Allocated tips		9 Adv	9 Advance EIC payment		
10 Dependent care benefits 1		11	11 Nonqualified plans					
<sup>12a</sup> W 869.		9.28 13 Statutory employe		oloyee F	yee Retirement plan 3rd-party sick pay X			
125				14 Other				
12c								
12d								
MA WTH-10476987-005		104769.82	69.82 5136.2		5136.27			
15 State Employer's State ID#			16 State wages, tips, etc.			17 State income tax		
18 Local wages, tips, etc.			19 Local income tax		20 Le	20 Locality name		
N/A		N/A			N/A			

Form W-2 Wage and Tax Statement

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