Employee Refe	erence Copy	Th
W-2 Wage a Stateme	nd Tax <b>2023</b> ent OMB No. 1545-0008	inf
Copy C for employee's records.		
d Control number Dept. 001585 SANF/JET 000DLV	Corp. Employer use only T 222	
c Employer's name, address, a IBASE OF FAIF Y LLC 1200 US 22 - E BRIDGEWATER	RFIELD COUNT	
	Batch #02658	1.
e/f Employee's name, address, a	and ZIP code	
SIVA SAI PAVAN KUM KAN	AMARLAPUDI	
2604 VARGAS COURT		
CONCORD CA 94520		G Less C Repor
b Employer's FED ID number 06-1489738	a Employee's SSA number XXX-XX-3434	
1 Wages, tips, other comp.	2 Federal income tax withheld	
24114.35	4608.09	
3 Social security wages	4 Social security tax withheld	
24114.35	1495.09	
5 Medicare wages and tips 24114.35	6 Medicare tax withheld 349.66	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	2.1

12a See ins DD

12c

15StateEmployer's state ID no.16State wages, tips, etc.CA296-1390824114.35

tructions for box 12 **1084.00** 

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

18 Local wages, tips, etc.

20 Locality name

11 Nonqualified plans

217.03 SDI

17 State income tax 1835.64

19 Local income tax

14 Other

## 2023 W-2 and EARNINGS SUMMARY



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

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

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2	
Gross Pay	24,339.87	24,339.87	24,339.87	24,339.87	
.ess Other Cafe 125 Reported W-2 Wages	225.52 <b>24,114.35</b>	225.52 <b>24,114.35</b>	225.52 <b>24,114.35</b>	225.52 <b>24,114.35</b>	

Employee Name and Address.

SIVA SAI PAVAN KUM KANAMARLAPUDI 2604 VARGAS COURT CONCORD CA 94520

۩ 2023 ADP, Inc.

2 Federal income tax withheld 4608.09	1 Wages, tips, other comp. 24114.35	2 Federal income tax withheld 4608.09	1 Wages, tips, other comp. 24114.35	2 Federal income tax withheld 4608.09
4 Social security tax withheld 1495.09	3 Social security wages 24114.35	4 Social security tax withheld 1495.09	<sup>3</sup> Social security wages 24114.35	4 Social security tax withheld 1495.09
6 Medicare tax withheld 349.66	5 Medicare wages and tips 24114.35	6 Medicare tax withheld 349.66	5 Medicare wages and tips 24114.35	6 Medicare tax withheld 349.66
Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only
T 222	001585 SANF/JET 000DLV	T 222	001585 SANF/JET 000DLV	T 222
nd ZIP code	c Employer's name, address, a	nd ZIP code	c Employer's name, address, a	nd ZIP code
FIELD COUNT OX 15 TOWNSH NJ 08807	Y LLC 1200 US 22 - E	BOX 15	Y LLC 1200 US 22 - E	
a Employee's SSA number XXX-XX-3434	b Employer's FED ID number 06-1489738	a Employee's SSA number XXX-XX-3434	b Employer's FED ID number 06-1489738	a Employee's SSA number XXX-XX-3434
8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits
12a See instructions for box 12 DD 1084.00	11 Nonqualified plans	12a DD  1084.00	11 Nonqualified plans	12a DD 1084.00
12b	14 Other	12b	14 Other	12b
12c	217.03 CA SDI	12c	217.03 CA SDI	12c
12d		12d		12d
13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pa
d ZIP code	e/f Employee's name, address a	nd ZIP code	e/f Employee's name, address a	nd ZIP code
MARLAPUDI	SIVA SAI PAVAN KUM KANA	AMARLAPUDI	SIVA SAI PAVAN KUM KANAMARLAPUDI	
	2604 VARGAS COURT		2604 VARGAS COURT	
	CONCORD CA 94520		CONCORD CA 94520	
16 State wages, tips, etc. 24114.35	15 State Employer's state ID no CA 296-1390 8	. 16 State wages, tips, etc. 24114.35	15 State Employer's state ID no CA 296-1390 8	. 16 State wages, tips, etc. 24114.35
18 Local wages, tips, etc.	17 State income tax 1835.64	18 Local wages, tips, etc.	17 State income tax 1835.64	18 Local wages, tips, etc.
20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
ng Copy	CA.State Re	eference Copy	CA.State Fil	ing Copy
nd Tax 2023 nt OMB No. 1545-0008 deral Income Tax Return.	VV-Z Statement	2023		nd Tax <b>2023</b> ent <b>2023</b>
	4 Social security tax withheld 1495.09   6 Medicare tax withheld 349.66   Corp. Employer use only T   222 Employer use only T   10 ZIP code   FIELD COUNT   SOX 15 TOWNSH NJ 08807   a Employee's SSA number XXX-XX-3434   8 Allocated tips   10 Dependent care benefits   12a 1084.00   12b 1084.00   12c 1084.00   12d 113   13 Stat emp Ret. plan 3rd party sick pay   d ZIP code MARLAPUDI   16 State wages, tips, etc.   20 Locality name   ng Copy   nd Tax   2023	4 Social security tax withheld 1495.09 3 Social security wages 24114.35   6 Medicare tax withheld 349.66 3 Medicare wages and tips 24114.35   Corp. Employer use only T 222   nd ZIP code Employer use only T 01585 SANF/JET 000LV   FIELD COUNT C Employer's name, address, a IBASE OF FAIF Y LLC 1200 US 22 - E BRIDGEWATER   a Employee's SSA number XXX-XX-3434 b Employer's FED ID number 06-1489738   7 Social security tips 9   10 Dependent care benefits 9   12a See instructions for box 12 DD 11   DD 1084.00 14   12b 11 217.03 CA SDI   13 Stat empl Ret. plan 3rd party sick pay e/f Employee's name, address a SIVA SAI PAVAN KUM KAN/ 2604 VARGAS COURT CONCORD CA 94520   16 State wages, tips, etc. 15 State Employer's state ID no CA   20 Locality name 17 State income tax   19 Local income tax 1835.64   19 Local income tax 19	4608.09 24114.35 4608.09   4 Social security tax withheld 1495.09 3 Social security wages 24114.35 4 Social security tax withheld 1495.09   6 Medicare tax withheld 349.66 349.66 6 Medicare wages and tips 24114.35 6 Medicare tax withheld 1495.09   7 Corp. Employer use only T 222 6 Medicare wages and tips 24114.35 6 Medicare tax withheld 1495.09   7 Corp. Employer use only T 222 7 Employer use only 001585 7 Employer use only 200 US 22 - BOX 15 BRIDGEWATER TOWNSH NJ 08807   8 Allocated tips b Employer's FED ID number XXX-XX-3434 a Employee's SSA number XXX-XX-3434 7 Social security tips 8 Allocated tips   9 10 Dependent care benefits 9 10 Dependent care benefits 11 Nonqualified plans 12a 12c 12a 12d 10 Dependent care benefits   12b 11 Nonqualified plans 12a 12c 12a 10 Dependent care benefits   13 Stat emp Ret.plan 3rd party sick pay eff Employee's name, address and ZIP code SIVA SAI PAVAN KUM KANAMARLAPUDI 2064 VARGAS COURT CONCORD CA 94520 15 State Employer's state ID no. 16 State wages, tips, etc. CA 296-1390 8 24114.35   14 State wages, tips, etc. 15 State Employer's state ID no. 16 State wages, tips, etc. 16 Local wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax	4 608.09 24114.35 4 608.09   4 Social security tax withheld 1495.09 3 Social security wages 24114.35 4 Social security tax withheld 24114.35 3 Social security wages 24114.35   6 Medicare tax withheld 349.66 3 Medicare wages and tips 24114.35 6 Medicare wages and tips 24114.35 3 Social security tax withheld 349.66   Corp. Employer use only T 2221 6 Medicare wages and tips 24114.35 6 Medicare wages and tips 24114.35 5 Medicare wages and tips 24114.35   Corp. Employer use only T 2221 6 Control number 201585 0 Control number 24114.35 6 Medicare wages and tips 24114.35   Modelse Corp. Employer use only T 001585 SANF./JET 000DLV T 222   Not X5 TOWNSH NJ 08807 C Employer's FED ID number 06-1489738 a Employer's FED ID number 2100 a Employer's FED ID number 2120 a Employer's FED ID number 2120 b Employer's FED ID number 2120 b Employer's FED ID number 2120 a Social security tips b Employer's FED ID number 2120 a Social security tips a Allocated tips   10 Dependent care benefits 9 10 Dependent care benefits 9 11 Nonqualified plans 12   12d 13 Stat emplote's name, address and ZIP code 14 Other <td< td=""></td<>

## 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 made 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)

E-Elective deferrals under a section 403(b) salary reduction agreement

F--Elective deferrals under a section 408(k)(6) salary reduction SEP <math display="inline">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.

 $\begin{array}{l} P-\text{Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) \\ Q-\text{Nontaxable combat pay. See the Form 1040 instructions for details} \end{array}$ 

on reporting this amount. **B**—Employer contributions to your Archer MSA. Report on Form 8853.

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

 $\mbox{S}{--}\mbox{Employee}$  salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

 $T{\rm --}Adoption$  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

 $Z{-}{\rm Income}$  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

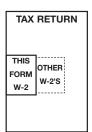
NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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):

Department of the Treasury - Internal Revenue Service



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.

Department of the Treasury - Internal Revenue Service

**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