| 38984.48  |  |  |  |  |  |
|---|--|--|--|--|--|
| 1 Wages, tips, other comp.  | 2 Federal income tax withheld                  |  |  |  |  |
| 41839.50  |  |  |  |  |  |
| 3 Social security wages   | 4 Social security tax withheld                 |  |  |  |  |
| 41839.50  |  |  |  |  |  |
| 5 Medicare wages and tips   | 6 Medicare tax withheld                        |  |  |  |  |
| Employer's name, address, and ZIP code  |  |  |  |  |  |
| SUN PRAIRIE AREA  |  |  |  |  |  |
| 501 S BIRD STREE  |  |  |  |  |  |
| SUN PRAIRIE WI 5  | 53590-2803                                     |  |  |  |  |
| 7 Social security tips  | 8 Allocated tips                               |  |  |  |  |
| 9   | 10 Dependent care benefits                     |  |  |  |  |
| 11 Nongualified plans   | 12aDD 1218.76                                  |  |  |  |  |
| 11 Honquainou piano   | 12b  |  |  |  |  |
| 13 Statutory Retirement Third-party<br>plan sick pay                                      |  |  |  |  |  |
| X X   | 12d  |  |  |  |  |
| 14 Employee's social security n   |  |  |  |  |  |
| WRSEE 2855.02   | 622-77-6129                                    |  |  |  |  |
|   | Employer ID number (EIN)                       |  |  |  |  |
|   | 39-6001163                                     |  |  |  |  |
|   | Control<br>number                              |  |  |  |  |
| SHILPA SIVANANDAN   |  |  |  |  |  |
| 1178 GRACING OAKS LN  |  |  |  |  |  |
| SUN PRAIRIE WI 53590  |  |  |  |  |  |
|   |  |  |  |  |  |
| Employee's name, address, and ZIP code  |  |  |  |  |  |
| 15 St. Employer's state ID number   | 16 State wages, tips, etc. 17 State income tax |  |  |  |  |
| WI 036000060529902  | 38984.48 1292.56                               |  |  |  |  |
| 18 Local wages, tips, etc.  | 19 Local income tax 20 Locality name           |  |  |  |  |
| Wage and Tax Statement Form<br>Copy B This information is being furnished to the IRS. W-2 |  |  |  |  |  |
| To Be Filed With Employee's FEDERAL Tax Return.   |  |  |  |  |  |

Department of the Treasury - Internal R

| 38984.                                       | .48                            |                                | 1865.24                    |  |  |
|--|--------------------------------|--------------------------------|----------------------------|--|--|
| Wages, tips, other comp.                     |                                | 2 Federal income tax withhele  |                            |  |  |
| 41839.                                       | .50                            |                                | 2594.06                    |  |  |
| 3 Social security wages                      |                                | 4 Social security tax withheld |                            |  |  |
| 41839.                                       | 606.71                         |                                |                            |  |  |
| 5 Medicare wages and t                       | ips                            | 6 Medicar                      | e tax withheld             |  |  |
| Employer's name, address, and ZIP code       |                                |                                |                            |  |  |
| SUN PRAIRIE AN                               | SUN PRAIRIE AREA SCHOOL DISTRI |                                |                            |  |  |
| 501 S BIRD STR                               | REET                           | 1                              |                            |  |  |
| SUN PRAIRIE W                                | I 53                           | 590-280                        | )3                         |  |  |
| 7 Social security tips                       | 8 Allocated tips               |                                |                            |  |  |
| 9  |                                | 10 Depend                      | ent care benefits          |  |  |
| 11 Nongualified plans                        |                                | 12a DD                         | 1218.76                    |  |  |
|  |                                | 12b                            |                            |  |  |
| 13 Statutory Retirement Third-party sick pay |                                | 12c                            |                            |  |  |
|  | July                           | 12d                            |                            |  |  |
| 14   |                                | Employee's social security no. |                            |  |  |
| WRSEE 2855.02                                |                                | 622-77-6129                    |                            |  |  |
|  |                                | Employer ID number (EIN)       |                            |  |  |
|  |                                | 39-6001163                     |                            |  |  |
|  |                                | Control<br>number              |                            |  |  |
| SHILPA SIVANAN                               | SHILPA SIVANANDAN              |                                |                            |  |  |
| 1178 GRACING OAKS LN                         |                                |                                |                            |  |  |
| SUN PRAIRIE WI 53590                         |                                |                                |                            |  |  |
|  |                                |                                |                            |  |  |
| Employee's name, address, and ZIP code       |                                |                                |                            |  |  |
| 15 St. Employer's state ID number 16         |                                | State wages, tips              | , etc. 17 State income tax |  |  |
| WI 036000060529902                           |                                | 38984.4                        | 8 1292.56                  |  |  |
| 18 Local wages, tips, etc.                   | 19                             | Local income tax               | 20 Locality name           |  |  |
|  |                                |                                |                            |  |  |
| Wage and Tax Statement Form                  |                                |                                |                            |  |  |

Copy C — For EMPLOYEE'S RECORDS This information is being furnished to the IRS. 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.

Department of the Treasury - Internal R

OMB No. 1545-0008

OMB No. 1545-0008

| 38984.4   | 18   |                          |                                |               | 1865.         | 24      |
|---|------|--------------------------|--------------------------------|---------------|---------------|---------|
| 1 Wages, tips, other comp                         |      | 2                        | Federal ir                     | ncor          | ne tax with   | held    |
| 41839.5   | 50   |                          |                                |               | 2594.         | 06      |
| 3 Social security wages                           |      | 4                        | Social se                      | ecur          | ity tax with  | nheld   |
| 41839.5   | 50   |                          |                                |               | 606.          | 71      |
| 5 Medicare wages and tip                          | s    | 6                        | Medicar                        | e ta:         | x withheld    |         |
| Employer's name, address, and ZIP code            | 9    |                          |                                |               |               |         |
| SUN PRAIRIE ARE                                   | A S  | SCI                      | HOOL                           | DI            | STRI          |         |
| 501 S BIRD STRE                                   | ΕT   |                          |                                |               |               |         |
| SUN PRAIRIE WI                                    | 535  | 591                      | 0-280                          | 3             |               |         |
|   |      |                          |                                |               |               |         |
| 7 Social security tips                            |      | 8                        | Allocate                       | d tip         | )S            |         |
|   |      |                          |                                |               |               |         |
| 9   |      | 10                       | Depende                        | ent o         | care benet    | fits    |
|   |      |                          |                                |               |               |         |
| 11 Nonqualified plans                             |      | 12a DD                   |                                |               | 1218.76       |         |
|   | [    | 12                       | D C                            |               |               |         |
| 13 Statutory Retirement Third-pa<br>plan sick pay | urty | 120                      | ;                              |               |               |         |
| X   | [    | 120                      | k                              |               |               |         |
| 14 Ei   |      |                          | Employee's social security no. |               |               |         |
| WRSEE 2855.02                                     |      | 622-77-6129              |                                |               |               |         |
|   |      | Employer ID number (EIN) |                                |               |               |         |
|   |      | 39-6001163               |                                |               |               |         |
|   |      | Control<br>number        |                                |               |               |         |
| SHILPA SIVANANDAN                                 |      |                          |                                |               |               |         |
| 1178 GRACING OAKS LN                              |      |                          |                                |               |               |         |
| SUN PRAIRIE WI 53590                              |      |                          |                                |               |               |         |
|   |      |                          |                                |               |               |         |
| Employee's name, address, and ZIP code            |      |                          |                                |               |               |         |
| 15 St. Employer's state ID number                 | 16   | State                    | wages, tips,                   | etc.          | 17 State inco | ome tax |
| WI 036000060529902                                |      | 38984.48                 |                                | 1292          | .56           |         |
|   |      |                          |                                |               |               |         |
| 18 Local wages, tips, etc. 19                     |      | 9 Local income tax       |                                | 20 Locality n | ame           |         |
|   |      |                          |                                |               |               |         |
|   |      |                          |                                |               |               |         |
| Wage and Tax Statement Form                       |      |                          |                                | orm           |               |         |
| Copy 2 W-2  |      |                          |                                |               |               |         |
| To Be Filed With Employee's State                 |      |                          |                                |               | _             |         |
| City, or Local Income Tax Beturn 2023             |      |                          |                                |               |               |         |

## Instructions for Employee

City, or Local Income Tax Return

OMB No. 1545-0008

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 140 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 2500,000. Box 6. This amount is not included in box 1, 3, 5, or 7. For information on how to repo tips on your tax return, see the Form 1940 instructions.

Department of the Treasury - Internal Re

2023

tips on your tax return, see the Form 1104U instructions. You must file Form 4133 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 over do nit bay out doin'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 you done then this).

will be credited to your social security record (used fo 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 (careferia) 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 fir it is a distribution made to you from a included in box 3 and/or box 5 if it is a prory 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 forefluer of your right to the deferral and recting you made a Setteral and recting a distribution in the same calendar year. Ho you made a Setteral and received a distribution in the same calendar year, and you have Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy. you a copy

give you a copy. Box 12. The following list explains the codes shown in hox 12. You may need this how that the following list explains that the Elser's how the box 12. For all of the statement of the contributions (codes AA, Bitwend ED) under all plates is an general imitted to a total of \$22,500 (F15,500 H you only) have SIM/EE plates. \$25,500 or 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals un code G are limited to \$22,500 (F3.00 H) provided H are limited to \$7,000. ly section

codi G are limited to 522, 500. Deferráts under prote H are limited / 1.97, 2000. S UBDE However, at figure was at least age 50 in 2023, prure amployer may have allowed an additional deferral of up to 57, 500 (58, 500 for section 401k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals may be higher for the last 3 years before you reach territorent age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral mat 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 person contribution for a prior years) when you were in military service. To figure whether year. If no year is shown, the contributions are for the current year.
Au-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.

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(k) calary reduction agreement F = Elective deferrals under a section 408(k)(6) salary reduction SEP

F-Elective deferrals and employer contributions (including nonelective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan H-Elective deferrals to a section 501(c)(18)(b) tax-exempt organization plan. See the Form 1040 instructions for how to deduct. J-Montaxable 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 instructions.

L-Substantiated employee business expense reimbursements (nontaxable) L – Substantiated employee business expense rembursements (nontaxable) M – Uncollected social security or RTAT 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.

**W-2** 

2023

|   | r  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 38984.48  |  |  |  |  |  |  |
| 1 Wages, tips, other comp.  |  |  |  |  |  |  |
| 41839.50  |  |  |  |  |  |  |
| 3 Social security wages   | 4 Social security tax withhe                       |  |  |  |  |  |
| 41839.50  |  |  |  |  |  |  |
| 5 Medicare wages and tips   | 6 Medicare tax withheld                            |  |  |  |  |  |
| Employer's name, address, and ZIP code                                      |  |  |  |  |  |  |
| SUN PRAIRIE AREA SCHOOL DISTRI  |  |  |  |  |  |  |
| 501 S BIRD STRE   |  |  |  |  |  |  |
| SUN PRAIRIE WI  | 53590-2803   |  |  |  |  |  |
| 7 Social security tips  | 8 Allocated tips                                   |  |  |  |  |  |
| 9   | 10 Dependent care benefits                         |  |  |  |  |  |
| 11 Nongualified plans   | 12aDD 1218.7                                       |  |  |  |  |  |
|   | 12b  |  |  |  |  |  |
| 13 Statutory Retirement Third-part sick pay                                 | <sup>ty</sup> 12c                                  |  |  |  |  |  |
| X   | 12d  |  |  |  |  |  |
| 14  | Employee's social security no                      |  |  |  |  |  |
| WRSEE 2855.02   | 622-77-6129  |  |  |  |  |  |
|   | Employer ID number (EIN)                           |  |  |  |  |  |
|   | 39-6001163   |  |  |  |  |  |
|   | Control<br>number                                  |  |  |  |  |  |
| SHILPA SIVANANDAN   |  |  |  |  |  |  |
| 1178 GRACING OAKS LN  |  |  |  |  |  |  |
| SUN PRAIRIE WI 53590  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Employee's name, address, and ZIP code                                      |  |  |  |  |  |  |
| 15 St. Employer's state ID number   | 16 State wages, tips, etc. 17 State income         |  |  |  |  |  |
| WI 036000060529902  | 38984.48 1292.5                                    |  |  |  |  |  |
| 18 Local wages, tips, etc.  | 19 Local income tax 20 Locality name               |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Wage and Tax Statement For  |  |  |  |  |  |  |
| Copy 2 W-   |  |  |  |  |  |  |
| To Be Filed With Employee's State,<br>City, or Local Income Tax Return 2023 |  |  |  |  |  |  |
|   | artment of the Treasury – Internal Revenue Service |  |  |  |  |  |
|   |  |  |  |  |  |  |

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.

social security wage base), and 5). See Pub. 525 for rejoriting requirements. W—Employee contributions (including amounts the employee elected to contribute using a section 125 (catetoria) plan) to your health savings account. Report on Form 8889. Y—Deforms 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% fax plus interest. See the Form 1040 instructions. KA—Designated Roth contributions under a section 401(b) plan BB—Designated Roth contributions under a section 403(b) plan DD—Cost to analyoy-exponsored 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

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

HI – Aggregate deferrals under section \$3(i) elections as of the close of the calendar year Box 13. If the Relinement plant box is chackeds special initia may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. Box 14. Employees 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 railcoad reliment (RFRI) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and read Additional Medicare Tax. Include tips reported by the employee to the employer in naincoad difficuence tax relint. However, to help protect your social security benefits, keep Copy curit you being neceving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

## Notice to Employee

Notice to Employee Boy have to file? Refer to the Form 1040 instructions to determine if you are required of lie at ax return, your may be eligible for an return of the axter return, your may be eligible for a return of the axter return, your may be eligible for an return of the axter return, your may be eligible for an return of the axter return, your may be eligible for an and any qualifying children must have valid social security numbers (SSNs). You can't take the services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/ErTC. See also Pub. 596. Any EC that is more information, visit www.irs.gov/ErTC. See also Pub. 596. Any EC that is more ligits of your SSN. However, your employer has reported your compiled SSNs. Clergy and religious workers. If you ran't subject to social security and Medicare taxes, see Pub. 517.

see Püb. 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-2 is non your employer to all corrections made so your may like them with your ask of the second solution of the second solution of the second solution security card, you should ask for a new card that displays your correct name at any SSA of employer, The reporting in box 12, using code visith 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.

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 (RRR) 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 \$8,2812.10 in Ter 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.