2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Employer use only 01871288 V68 SA08 14634

Employer's name, address, and ZIP code

SAP AMERICA INC 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073

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

GUNEET SINGH 1675 S MILPITAS BLVD, APT 445 MILPITAS, CA 95035

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b	Emplo	yer's FED ID 36-35560		а	Em	nploy	ee's SS XXX-		
1	Wage	s, tips, other	comp.	2 Federal income tax withheld			vithheld		
		868	369.86				1	958	9.31
3 Social security wages		4	So	cial	security				
89704.25			5561.66						
5 Medicare wages and tips		6	Ме	dica	re tax w	ithhe	d		
			704.25					130	0.71
7	Social security tips		5	8	All	ocat	ed tips		
9				10	De	pend	dent care	ben	efits
11	Nonqu	alified plans	i		C	: [ructions fo		36.68
14	Other 592.00 HEALTH 815.11 CA SDI				b D)			34.39
		815.11 CA	SDI	12		V I			00.00
					Sta		Ret. plan		34.39 arty sick p
15	State	Employer's	state ID no	16	Sta	te w	ages, tip	s, et	5.
	CA	370-2974	1				8	3776	9.86
17	State i	ncome tax		18	Lo	cal w	ages, ti	os, et	c.
			189.38						
19	Local	income tax		20	Lo	cality	y name		

1	Wages, tips, other of	omp.	2 Federal income tax withheld		
ı	8686	69.86		19589.31	
	000.	00.00		10000101	
3 Social security wages			4 Social	security tax withheld	
-		04.25		5561.66	
_		0			
5	Medicare wages and	d tips	6 Medicare tax withheld		
	ັ 897(04.25		1300.71	
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d	Control number	Dept.	Corp.	Employer use only	
01	871288 V68		SA08	14634	
Ľ			0,00	17057	

Employer's name, address, and ZIP code

SAP AMERICA INC 3999 WEST CHESTER PIKE **NEWTOWN SQUARE, PA 19073**

b	36-3556041				a Employee's SSA number XXX-XX-8973			
7	7 Social security tips			8 Allocated tips				
9	9			10 Dependent care benefits				
11	11 Nonqualified plans				See i	nstructio	ns for box 12 36.68	
14	Other	592.00 815.11	HEALTH CA SDI	12b	D		2834.39	
010.1				12c			900.00	
				12d	AA		2834.39	
				13 S	tat em	p. Ret. plan	3rd party sick pay	

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

GUNEET SINGH 1675 S MILPITAS BLVD, APT 445 MILPITAS. CA 95035

15	State CA	Employer's 370-2974	state ID no. 1	16 State wages, tips, etc. 87769.86
17	State	income tax 7 4	189.38	18 Local wages, tips, etc.
19	Local	income tax		20 Locality name
		Federal	Filing	Conv

Wage and Tax

Statement to be filed with employee's Federal Income

2023 W2 AND EARNINGS SUMMARY

THIS SUMMARY SECTION IS INCLUDED WITH YOUR W2 TO HELP DESCRIBE THIS PORTION IN MORE DETAIL. THE REVERSE SIDE INCLUDES GENERAL INFORMATION THAT YOU MAY ALSO FIND HELPFUL.

0.00 SOCIAL SECURITY TAX GROSS PAY 5,561,66

WITHHELD BOX 4 OF W2

FED. INCOME TAX 19,589.31 MEDICARE TAX WITHHELD BOX 2 OF W2

WITHHELD BOX 6 OF W2

1,300.71

YOUR GROSS PAY WAS ADJUSTED AS FOLLOWS TO PRODUCE YOUR W2 STATEMENT.

4				
l		WAGES	SOCIAL	
I		TIPS, OTHER	SECURITY	MEDICARE
I		COMPENSATION	WAGES	WAGES
l		BOX 1 OF W2	BOX 3 OF W2	BOX 5 OF W2
I	GROSS PAY	0.00	0.00	0.00
+	PLUS GTL (C-BOX12)	36.68	36.68	36.68
I	PLUS OTHER	0.00	0.00	0.00
1	LESS SMP STC	0.00	0.00	0.00
I	PLUS NON-QUAL ER VEST MATCH	N/A	0.00	0.00
1	LESS H SA(EE)	600.00	600.00	600.00
I	LESS 401K/ECAP/DEF COMP	2,834.39	N/A	N/A
1	LESS OTHER CAFE 125	592.00	592.00	592.00
I	LESS OTHER			
1	EMPLOYEE W4 PROFILE. TO CHANGE	YOUR EMPLOYEE	W4 PROFILE INFO	RMATION, FILE,
ı	A NEW W4 WITH YOUR PAYROLL DEP	ARTMENT	EMPLOYEE ID:01	871288

GUNEET SINGH 1675 S MILPITAS BLVD, APT 445

MILPITAS, CA 95035

Social Security Number: XXX-XX-8973

2 Federal income tax withheld

4 Social security tax withheld 5561.66

Χ

6 Medicare tax withheld

19589.31

1300.71

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19 Local income tax

CA. State Filing

PAGE 01 OF 02

1 Wages, tips, other o	comp. 6 9.86	2 Federal income tax withheld 19589.31			
3 Social security wag 897	_{jes} '04.25	4 Social	security	tax withheld 5561.66	
5 Medicare wages an 897	6 Medica	are tax w	ithheld 1300.71		
d Control number Dept. 01871288 V68		Corp. SA08	Emplo	oyer use only 14634	
SAP AMERICA 3999 WEST CI NEWTOWN SC	HESTER		9073		
b Employer's FED ID number a Employee's SSA number 36-3556041 XXX-XX-8973			A number XX-8973		
7 Social security tips		8 Alloca	ted tips		
9		10 Dependent care benefits			
11 Nonqualified plans		12a C		36.68	
14 Other 592.00 HEA 815.11 CAS		^{12b} D		2834.39	
3.0	,61	12c W		900.00	
		12d AA		2834.39	
		13 Stat emp	Ret. plan	3rd party sick pay	
e/f Employee's name, a GUNEET SING 1675 S MILPIT MILPITAS, CA	H 'AS BL'	VD, AP			
15 State Employer's s CA 370-2974	tate ID no. 1	16 State v	vages, tip	os, etc. 87769.86	
7 State income tax		16 State v		87769.86	

20 Locality name

Copy

Wage and Tax

Statement

	001	77.20	1000.71				
	Control number 71288 V68	Dept.	Corp.	Employer use only			
010	1200 400		SA08	14634			
C E	Employer's name, a	ddress, a	nd ZIP cod	de			
S	AP AMERICA	INC					
3999 WEST CHESTER PIKE							
Ν	EWTOWN SQ	UARE,	PA 19	9073			
b E	Employer's FED ID	number	a Employee's SSA number				
	36-355604		XXX-XX-8973				
7 5	Social security tips		8 Allocated tips				
9			10 Dependent care benefits				
11 N	Nonqualified plans		12a				
			C	36.68			
14 (Other 592.00 HEA 815.11 CA	ALTH SDI	^{12b} D	2834.39			
		-	12c W	900.00			
			12d AA	2834.39			
			13 Stat em	p. Ret. plan 3rd party sick pay			

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

Wages, tips, other comp

3 Social security wages 89704.25

Medicare wages and tips 89704.25

86869.86

GUNEET SINGH 1675 S MILPITAS BLVD, APT 445 MILPITAS. CA 95035

15	State CA	Employer's state ID no. 370-2974 1	16	State wages, tips, etc. 87769.86
17	State	income tax 7489.38	18	Local wages, tips, etc.
19	Local	income tax	20	Locality name

City or Local Filing

Wage and Tax Statement

2023 W-2 and EARNINGS SUMMARY

ADDITIONAL W-2 FOR BOX 12 OR 14 OVERFLOW

Employee Re	ference	Сору
NAL 2 Wage a	nd Tax	2022
Copy C for employee's records.	ent	OMB No. 1545-0008
d Control number Dept.	Corp.	Employer use only
01871288 V68	SA08	14635
c Employer's name, address, a	and ZIP code	1
SAP AMERICA INC	D DU/E	
3999 WEST CHESTER NEWTOWN SQUARE		073
HENTOWN OGOARE,	17 10	010
e/f Employee's name, address, a	and ZIP code	1
GUNEET SINGH		=
1675 S MILPITAS BL MILPITAS, CA 9503		445
WILLITAS, CA 9303	5	
b Employer's FED ID number	a Employe	ee's SSA number
36-3556041		XXX-XX-8973
1 Wages, tips, other comp.	2 Federal	income tax withheld
3 Social security wages	4 Social s	ecurity tax withheld
5 Medicare wages and tips	6 Medicar	e tax withheld
7 Social security tips	8 Allocate	d tips
9	10 Depende	ent care benefits
11 Nonqualified plans	DD	uctions for box 12 2498.64
14 Other	12b 12c	
	12d	5 h
	l,	Ret. plan 3rd party sick pay
15 State Employer's state ID no	. 16 State wa	iges, tips, etc.
17 State income tax	18 Local wa	ages, tips, etc.
19 Local income tax	20 Locality	name
L	1	
1 Wages, tips, other comp.	2 Federal	income tax withheld
• / . /		
3 Social security wages	4 Social s	ecurity tax withheld
5 Medicare wages and tips	6 Medicar	e tax withheld
d Control number Dept. 01871288 V68	Corp. SA08	Employer use only 14635
c Employer's name, address, a	and ZIP code	,
SAP AMERICA INC		
3999 WEST CHESTE		
NEWTOWN SQUARE,	PA 19	073

Employer's FED ID number 36-3556041

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

MILPITAS, CA 95035

1675 S MILPITAS BLVD, APT 445

15 State Employer's state ID no. 16 State wages, tips, etc.

Filing

Wage and Tax Statement

Social security tips

11 Nonqualified plans

GUNEET SINGH

17 State income tax

19 Local income tax

Federal

14 Other

Employee's SSA number XXX-XX-8973

10 Dependent care benefits 12a See instructions for box 12

13 Stat emp Ret. plan 3rd party sick pay

18 Local wages, tips, etc.

20 Locality name

Copy

2498.64

8 Allocated tips

12b

12c 12d

	¤©	2023 ADP, Inc.				PAGE	02
	Wage	s, tips, other c	omp.	2 Federa	al income	tax withh	eld
			4 Social	security	tax withh	eld	
Medicare wages and tips			6 Medica	are tax wi	thheld		
i 01	Contro 871288	ol number 3 V68	Dept.	Corp. SA08	Emplo	yer use or	nly 1635
	3999	AMERICA WEST CH TOWN SQ	HESTER		9073		
,	Emplo	oyer's FED ID 36-355604	number 11	a Emplo	yee's SS	A number	3
•	Socia	I security tips		8 Allocated tips			
)				10 Depen	dent care	benefits	
1	Nonq	ualified plans		12a DD		2498.	64
4	Other	r		12b			
				12c			
				12d			
				13 Stat emp	Ret. plan	3rd party si	ck pay
·/f	GUN 1675	pyee's name, a EET SING S MILPIT PITAS, CA	H AS BL	VD, AP			
15	State	Employer's s	tate ID no.	16 State v	wages, tip	os, etc.	
17	State	income tax		18 Local	wages, ti	ps, etc.	
		income tay		20 Locali			

. State Filing

Copy

Wage and Tax

Statement

GUNEET SINGH

MILPITAS, CA 95035

1675 S MILPITAS BLVD, APT 445

Social Security Number: XXX-XX-8973

2 Federal income tax withheld

4 Social security tax withheld

OF 02

1 Wages, tips, other comp.

3 Social security wages

5 Medicare wages and ti	ips 6 Medicare tax withheld
d Control number 01871288 V68	Dept. Corp. Employer use only SA08 1463
c Employer's name, add SAP AMERICA IN 3999 WEST CHES NEWTOWN SQUA	NC STER PIKE
b Employer's FED ID nu 36-3556041	mber a Employee's SSA number XXX-XX-8973
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	DD 2498.64
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick p
e/f Employee's name, add GUNEET SINGH 1675 S MILPITAS MILPITAS, CA	B BLVD, APT 445
15 State Employer's state	e ID no. 16 State wages, tips, etc.
. , ,	5 / 1 /
15 State Employer's state 17 State income tax	e ID no. 16 State wages, tips, etc. 18 Local wages, tips, etc.
. , ,	3 , , ,
17 State income tax 19 Local income tax City or Lo	18 Local wages, tips, etc. 20 Locality name
17 State income tax 19 Local income tax City or Lo	18 Local wages, tips, etc. 20 Locality name

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