## Form W-2 Wage and Tax Statement 2023

				Сору	C, for	employee's recor	rds			
c Employer's name, address, and ZIP code			0940-14147854 0000000162 - EMPLOY					Department of the Treasury - Internal Revenue Servic OMB No. 1545-0008		
45460 WILLOW POND PLZ STE 200 STERLING VA 20164		number (EIN)	a Employees	social security numb	Jer	1 Wages, tips, other compensation		2 Federal income tax wit	thheld	
		01-0832135 805-09-6653					74523.17		8656.91	
					ty /	3 Social security wages		4 Social security tax withheld		
							74523.17		4620.44	
	12 See instructions for be	ox 12	14 Other			5 Medicare wages and	tips	6 Medicare tax withheld		
SIDDHANT RAJEEV SAWANT			RISDI		819.74		74523.17		1080.59	
						7 Social Security Tips		8 Allocated Tips		
						10 Dependent care ben	efits	11 Nonqualified plans		
17 State i	ncome tax	18 Local wa	ges, tips, etc.	19 Li	ocal income	tax	20 Locality name	9		
23.17	2827.13									
		094 000 b Employer identification 01-0832135 13 Statutory employee 12 See instructions for bit 17 State income tax	0940-14147854 0000000162 - E b Employer identification number (EIN) 01-0832135 13 Statutory Reti employee p 12 See instructions for box 12 12 See instructions for box 12 13 State income tax 18 Local wa	0940-14147854 0000000162 - EMPLOY     b Employer identification number (EIN)   a Employee's 01-0832135   805-     13 Statutory employee   Retirement plan   12     12 See instructions for box 12   14 Other RISDI     17 State income tax   18 Local wages, tips, etc.	d Control number 0940-14147854 0000000162 - EMPLOY   b Employer identification number (EIN) a Employee's social security numl   01-0832135 805-09-6653   13 Statutory   remployee Retirement   12 See instructions for box 12   12 See instructions for box 12   14 Other   RISDI   17 State income tax   18 Local wages, tips, etc.	d Control number Void   0940-14147854 0000000162 - EMPLOY   b Employer identification number (EIN) a Employee's social security number   01-0832135 805-09-6653   13 Statutory   remployee Retirement   12 See instructions for box 12   12 See instructions for box 12   14 Other   RISDI 819.74   17 State income tax   18 Local wages, tips, etc.   19 Local income	d Control number 0940-14147854 ODEpartment of til   0000000162 - EMPLOY b Employer identification number (EIN) a Employee's social security number 1 Wages, tips, other or   01-0832135 805-09-6653 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 RISDI 819.74 5 Medicare wages and   10 Dependent care ber 10 Dependent care ber 10 Dependent care ber   17 State income tax 18 Local wages, tips, etc. 19 Local income tax	0940-14147854 0000000162 - EMPLOY Department of the Treasury - OMB No. 1545-0008   b Employer identification number (EIN) a Employee's social security number 805-09-6653 1 Wages, tips, other compensation 74523.17   13 Statutory employee Retirement plan Third-party sick pay 3 Social security wages   12 See instructions for box 12 14 Other RISDI 6 Medicare wages and tips   12 See instructions for box 12 14 Other RISDI 5 Medicare wages and tips   10 Dependent care benefits 10 Dependent care benefits   11 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name	d Control number Void Department of the Treasury - Internal Revenue OMB No. 1545-0008   b Employer identification number (EIN) a Employer's social security number   13 Statutory employee Refirement plan Third-party sick pay 3 Social security wages 4 Social security tax wit   12 See instructions for box 12 14 Other RISDI 14 Other RISDI 819.74 5 Medicare wages and tips 74523.17 6 Medicare tax withheld 74523.17   17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name	

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

							Сору	B, to b	e filed with empl	oyee's FEDE	RAL tax return	
c Employer's name, address, and ZIP code			d Control number 0940-14147854 000000162 - EMPLOY b Employer identification number (EIN) a Employee's social security nur					Department of the Treasury - Internal Revenue S OMB No. 1545-0008			Service	
45460 WILLOW POND PLZ STE 200 STERLING VA 20164		01-0832135	805-09		805-09-6653		1 Wages, tips, other compensation 74523.17		2 Federal income tax w	ithheld 8656.91		
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										74523.17		4620.44
e Employee's	name, address, and ZIP code			12 See instructions for bo	ox 12	14 Other RISDI		819.74	5 Medicare wages and	<sup>tips</sup> 74523.17	6 Medicare tax withheld	1080.59
SIDDHANT RAJEEV SAWANT 31 GLENWOOD AVENUE								7 Social Security Tips		8 Allocated Tips		
PAWT	UCKET RI 02860								10 Dependent care ben	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 Lo	cal income	e tax	20 Locality name	9	
RI	01083213500	74523.17		2827.13								

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# Form W-2 Wage and Tax Statement 2023

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c Employer's name, address, and ZIP code REVERE IT LLC 45460 WILLOW POND PLZ STE 200			d Control number 0940-14147854 000000162 - EMPLOY b Employer identification number (EIN) a Employee's social security nun					Department of the Treasury - Internal Revenue Se OMB No. 1545-0008			Service	
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										74523.17		4620.44
e Employee	s name, address, and ZIP code			12 See instructions for be	ox 12	14 Other			5 Medicare wages and	1 tips	6 Medicare tax withhele	d
						RISDI		819.74		74523.17		1080.59
31 GL	HANT RAJEEV SAWANT ENWOOD AVENUE								7 Social Security Tips		8 Allocated Tips	
PAW	UCKET RI 02860								10 Dependent care be	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	
RI	01083213500	74523.17		2827.13								

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## Form W-2 Wage and Tax Statement 2023

							Void			
c Employer's name, address, and ZIP code	d Control number				Department of the Treasury - Internal Revenue Se OMB No. 1545-0008		Internal Revenue Service			
		1	b Employer identification	number (EIN)	a Employee's s	ocial security nur	mber	1		
						, , ,		1 Wages, tips, other co	ompensation	2 Federal income tax withheld
			13 Statutory employee		rement Ian	Third-p sick p	arty ay	3 Social security wage	5	4 Social security tax withheld
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 inc	come tax	18 Local wa	ges, tips, etc.	19	Local income	e tax	20 Locality name	e

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.