**Employee** Reference Copy Wage and Tax Statement Copy C for employee's record Control number Dept. Employer use only LOS2/CAL 116400

Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 **SEATTLE WA 98108** 

### Batch #02975

e/f Employee's name, address, and ZIP code **NIKHIL VENKATA RAVI RAJA MALLALA** 7321 CAYMAN WAY **APARTMENT 5** 

M	AINEVILLE OH 45039	
b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-1439
1	Wages, tips, other comp.	2 Federal income tax withheld
	35425.24	5316.16
3	Social security wages	4 Social security tax withheld
	36094.09	2237.84
5	Medicare wages and tips	6 Medicare tax withheld
	36094.09	523.36
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
		C 25.20
14	Other	12b D 668.85
	2824.41 RSU	12c W 412.30 12d AA 634.23
		13 Stat emp Ret. plan 3rd party sick pay
15	State Employer's state ID no	. 16 State wages, tips, etc.
(	DH 54-0854783	35425.24
17	State income tax	18 Local wages, tips, etc.
	1042.35	
19	Local income tax	20 Locality name
L	570.68	TOTAL

1	Wages, tips, other o	omp. <b>25.24</b>	2 Federa	al income tax withheld 5316.16
3	Social security wag 360	es 94.09	4 Social	security tax withheld 2237.84
5	5 Medicare wages and tips 36094.09			are tax withheld 523.36
d	Control number	Dept.	Corp.	Employer use only
27	1757 LOS2/CAL	116400		Α

Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

_		_		
b	Employer's FED ID number 82-0544687	a E	mpl	oyee's SSA number XXX-XX-1439
7	Social security tips	8 A	lloc	ated tips
9		10 D	eper	ndent care benefits
11	Nonqualified plans	12a	See C	instructions for box 12 25.20
14	14 Other		D	668.85
	2824.41 RSU	12c	W	
		12d	AΑ	634.23
		<b>13</b> St	at em	Ret. plan 3rd party sick pay

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

NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY

**APARTMENT 5** 

**MAINEVILLE OH 45039** 

15 State   Employer's state ID no.   54-0854783		16 State wages, tips, etc. 35425.24	
17 State	income tax 1042.35	18 Local wages, tips, etc.	
19 Local income tax 570.68		20 Locality name TOTAL	
	Federal Fili	ng Copy	

Wage and Tax Statement opy B to be filed with employee's Federal Income Tax Retu

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

1. 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	OH. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	36,497.83	36,497.83	36,497.83	36,497.83
Plus GTL (C-Box 12)	25.20	25.20	25.20	25.20
Less 401(k) (D-Box 12)	668.85	N/A	N/A	668.85
Less Other Cafe 125	173.52	173.52	173.52	173.52
Less Cafe 125 HSA (W-Box 12)	255.42	255.42	255.42	255.42
Reported W-2 Wages	35,425.24	36,094.09	36,094.09	35,425.24

2. Employee Name and Address.

NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY **APARTMENT 5** MAINEVILLE OH 45039

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1 Wages, tips, other comp. 35425.24			2	Federa	al income tax withheld 5316.16	
3 Social security wages 36094.09			4	Social	security tax withheld 2237.84	
5	5 Medicare wages and tips 36094.09			6	Medica	are tax withheld 523.36
d	Contro	ol number	Dept.		Corp.	Employer use only
27	1757	LOS2/CAL	116400			Α

c Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-1439		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a C   25.20		
14	Other	<sup>12b</sup> D 668.85		
	2824.41 RSU	<sup>12c</sup> W 412.30		
		<sup>12d</sup> AA 634.23		
		13 Stat emp. Ret. plan 3rd party sick pay		

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

NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY **APARTMENT 5** 

**MAINEVILLE OH 45039** 

15 State Employer's state ID no. <b>54-0854783</b>	16 State wages, tips, etc. 35425.24
17 State income tax	18 Local wages, tips, etc.
1042.35	
19 Local income tax	20 Locality name
570.68	TOTAL
OH.State Re	ference Copy

Wage and Tax Statement employee's State Income Tax

1	Wages, tips, other comp. 35425.24			Federa	l income tax withheld 5316.16
3	Social security wages 36094.09			Social	security tax withheld 2237.84
5	Medicare wages and tips 36094.09			Medica	are tax withheld 523.36
d	Control number	Dept.		Corp.	Employer use only
27	1757 LOS2/CAL	116400			Α

c Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

Employer's FED ID number 82-0544687	аЕ	a Employee's SSA number XXX-XX-1439		
Social security tips	8 A	8 Allocated tips		
	10 Dependent care benefits			
Nonqualified plans	12a	С	25.20	
Other	12b	D	668.85	
2824.41 RSU	12c	W	412.30	
		AΑ	634.23	
	<b>13</b> S	Stat e	emp. Ret. plan 3rd party sick pa	
	\$2-0544687 Social security tips  Nonqualified plans Other	\$2-0544687   Social security tips	\$2-0544687   Social security tips   8 Allow	

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

NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY **APARTMENT 5 MAINEVILLE OH 45039** 

15 State Employer's state ID no.	16 State wages, tips, etc.
OH 54-0854783	35425.24
17 State income tax	18 Local wages, tips, etc.
1042.35	
19 Local income tax	20 Locality name
570.68	ΤΟΤΔΙ

OH.State Filing Copy Wage and

Statement Copy 2 to be filed with employee's State Income Tax



Employee Refe	erence Copy
	nd Tax 2022
W-2 wage all statement	
Copy C for employee's records.	OMB No. 1545-0008
<b>d Control number</b> Dept. 271757 LOS2/CAL 116400	Corp. Employer use only
Employer's name, address, a	
AMAZON COM PO BOX 80726	SERVICES LLC
SEATTLE WA 9	28108
SEATTLE WAS	70100
	Batch #02975
e/f Employee's name, address, a	and ZIP code
NIKHIL VENKATA RAVI RAJ	
7321 CAYMAN WAY	
APARTMENT 5	
MAINEVILLE OH 45039	
Employer's FED ID number	a Employee's SSA number
82-0544687	XXX-XX-1439
Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
Medicare wages and tips	6 Medicare tax withheld
, modicare wages and tips	o modoare tax withinisid
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
I1 Nongualified plans	12a See instructions for box 12
	DD 2555.24
14 Other	12b
	12d
	13 Stat emp Ret. plan 3rd party sick pay
15 State Employer's state ID no	. 16 State wages, tips, etc.

17 State income tax
19 Local income tax

Wages, tips, other comp.

3 Social security wages

18 Local wages, tips, etc.

Federal income tax withheld

4 Social security tax withheld

20 Locality name TOTAL ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY APARTMENT 5 MAINEVILLE OH 45039

2 Federal income tax withheld

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5 Medicare wages and	l tips	6 Medic	are tax withheld	
d Control number	Dept.	Corp.	Employer use only	
271757 LOS2/CAL	116400		Α	
c Employer's name, a AMAZON PO BOX SEATTLE	COM 80726	SERVI		
Employer's FED ID r 82-054468	number 7	a Emplo	oyee's SSA number	
7 Social security tips		8 Alloca		
9		10 Depe	ndent care benefits	
11 Nonqualified plans		12a See i DD	nstructions for box 12 2555.24	
14 Other		12b		
		12c		
		12d		
		13 Stat em	p. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY APARTMENT 5 MAINEVILLE OH 45039  15 State   Employer's state ID no.   16 State wages, tips, etc.				
OH 54-085478	3			
17 State income tax		18 Local	wages, tips, etc.	
19 Local income tax		20 <b>Local</b>	ity name TOTAL	
Federa		0	ору	
W-2 Wage and Tax 2023 Statement OMB No. 1545-0008 Copy B to be filed with employee's Federal Income Tax Return.				

3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
d Control number Dept.	Corp. Employer use only				
271757 LOS2/CAL 116400	A				
c Employer's name, address, a  AMAZON COM PO BOX 80726 SEATTLE WA 9	SERVICES LLC				
b Employer's FED ID number 82-0544687	a Employee's SSA number				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a DD 2555.24				
14 Other	12b				
	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pay				
e/f Employee's name, address a	and ZIP code				
NIKHIL VENKATA RAVI RA	JA MALLALA				
7321 CAYMAN WAY					
APARTMENT 5					
MAINEVILLE OH 45039					
15 State Employer's state ID no OH 54-0854783	b. 16 State wages, tips, etc.				
17 State income tax 18 Local wages, tips, etc.					
19 Local income tax	9 Local income tax 20 Locality name TOTAL				
OH.State Ro	eference Copy				
W-2 Wage and Tax 2023					
Copy 2 to be filed with _employee's State Income Tax _Return [1]					

wages, tips, other comp.	2 Federal income tax withheld				
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
d Control number Dept.	Corp. Employer use only				
271757 LOS2/CAL 116400	A				
c Employer's name, address, a	nd ZIP code				
AMAZON COM PO BOX 80726 SEATTLE WA 9					
b Employer's FED ID number 82-0544687	a Employee's SSA number				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	DD 2555.24				
14 Other	12b				
	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pay				
e/f Employee's name, address ar					
NIKHIL VENKATA RAVI RAJ	A MALLALA				
7321 CAYMAN WAY					
APARTMENT 5					
MAINEVILLE OH 45039					
15 State Employer's state ID no. 54-0854783	16 State wages, tips, etc.				
17 State income tax	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name TOTAL				
OH.State Fill	ing Copy				
W-2 Wage ar	nd Tax 2022				
Statement Copy 2 to be filed with employee's State Income Tax Return. 1545-0008					
Copy 2 to be filed with employee's State	Income Tax Return.				



City	or I	_ocal	Referen	се Сору	
W_2	W	age a	and Tax	2022	
VV-Z		Statem	ent	OMB No. 1545-0008	
Copy 2 to be filed v	with empl	oyee's City	or Local Inc	OMB No. 1545-0008 come Tax Return.	
d Control nun	nber	Dept.	Corp.	Employer use only	
271757 LOS	2/CAL	116400		Α	
Employer's name, address, and ZIP code					
AMA	ZON	COM	SERVI	CES LLC	

PO BOX 80726 **SEATTLE WA 98108** 

#### Batch #02975

e/f Employee's name, address, and ZIP code **NIKHIL VENKATA RAVI RAJA MALLALA** 7321 CAYMAN WAY **APARTMENT 5** 

**MAINEVILLE OH 45039** 

b	Employer's FED 82-054		а	En		yee's SS XXX-X		
1	Wages, tips, otl	ner comp.	2	Fe	dera	I income	tax wi	thheld
	;	35425.24					531	6.16
3	Social security	wages	4	So	cial	security	tax wi	thheld
	;	36094.09					223	37.84
5	Medicare wages		6	Me	dica	are tax w	ithheld	
	;	36094.09					52	23.36
7	Social security	tips	8	All	oca	ted tips		
9			10	De	pen	dent care	benef	its
11	Nonqualified pla	ins	12	<b>a</b> Se	e ins	tructions fo		.20
14	Other		12	_	DΙ		668	
•		I //I DOII	12	_	W		412	
				d A		1	_ 634	
			13	Sta	it em	Ret. plan	Brd par	ty sick pay
15	State Employe	r's state ID no.	16	Sta	ate v	vages, tip	s, etc.	
17	State income ta	x	18	Lo	cal v	vages, tij	os, etc.	
						- ' '	3609	94.09
19	Local income ta		20	Lo	calit	y name		
		570.68	╙			UNION	<b>1</b>	

Wages, tips, other comp 2 Federal income tax withheld 35425.24 5316.16 3 Social security wages 36094.09 4 Social security tax withheld 2237.84 Medicare wages and tips 36094.09 Control number Dept. Employer use only 271757 LOS2/CAL 116400

Employer's name, address, and ZIP code

# AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-1439
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 25.20
14 Other	<sup>12b</sup> D 668.85
2824.41 RSU	<sup>12c</sup> W 412.30
	<sup>12d</sup> AA 634.23
	13 Stat emp. Ret. plan 3rd party sick pay

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

NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY

**APARTMENT 5** 

**MAINEVILLE OH 45039** 

1	15 State	Emplo	yer's	state ID	no.	16	State v	vages, ti	ps, etc.
-									
	17 State	income	tax			18	Local	wages, t	ips, etc.
									36094.09
	19 Local	l income				20 <b>l</b>	_ocali	y name	
				570.68	l			UNIO	N
1		City	or	Local	F	ilir	ng	Сору	
			١.	Maga	an	٨	Tov	_	

and Statement Copy 2 to be filed with employee's City or Local This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

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

UNION Local Wages, Local Wages, Tips. Etc. Tips, Etc. Box 18 of W-2 Box 18 of W-2 Gross Pay 36,497.83 Plus GTL (C-Box 12) 25.20 Less 401(k) (D-Box 12) N/A Less Other Cafe 125 173.52 Less Cafe 125 HSA (W-Box 12) 255.42 Reported W-2 Wages 36,094.09

2. Employee Name and Address.

NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY **APARTMENT 5 MAINEVILLE OH 45039** 

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1	1 Wages, tips, other comp. 35425.24		2 Federal income tax withheld 5316.16		
3	Social security wages 36094.09		4 Social security tax withheld 2237.84		
5	5 Medicare wages and tips 36094.09		6 Medica	are tax withheld 523.36	
d	Control number	Dept.	Corp.	Employer use only	
27	1757 LOS2/CAL	116400		Α	

c Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-1439	
7	Social security tips	8 Allocated tips	
9		10 Dependent care benefits	
11	Nonqualified plans	12a	
14	Other	12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			

NIKHIL VENKATA RAVI RAJA MALLALA

7321 CAYMAN WAY **APARTMENT 5** 

**MAINEVILLE OH 45039** 

15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name MONROE City

Wage and

or Local

Statement Copy 2 to be filed with employee's City or Local

Copy

Reference

1	Wages, tips, other of 354	comp. 25.24	2 Federal income tax withher 5316.1			
3	Social security wag	<sub>jes</sub> 94.09	4 Social security tax withheld 2237.84			
5	Medicare wages and tips 36094.09		6 Medica	are tax withheld 523.36		
d	Control number	Dept.	Corp.	Employer use only		
27	1757 LOS2/CAL	116400		Α		
_	C Employer's name address and 7ID ands					

2

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-1439
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
e/f	Employee's name, address at	nd ZIP code

NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY **APARTMENT 5 MAINEVILLE OH 45039** 

15	State	Employer's state ID no.	סון	State wages, tips, etc.
17	State	income tax	18	Local wages, tips, etc.
19	Local	income tax	20	I ocality name

20 Locality name MONROE Filing City or Local Copy

Wage and Statement Copy 2 to be filed with employee's City or Local

PAGE	4
City or Local	
W-2 Wage a Statement	
Copy 2 to be filed with employee's City d Control number Dept. 271757 LOS2/CAL 116400	
Employer's name, address,	
AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108	
Batch #02975	
e/f Employee's name, address, and ZIP code NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY APARTMENT 5	
MAINEVILLE OH 45039	
Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-1439
Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 2555.24
14 Other	12b 12c
	12d   13 Stat emp Ret. plan 3rd party sick par
15 State Employer's state ID no	o. 16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name UNION
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1 Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept.	Corp. Employer use only
271757 LOS2/CAL 116400 c Employer's name, address,	A A A A A A A A A A A A A A A A A A A
AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108	
Employer's FED ID number	a Employee's SSA number
82-0544687 7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 2555.24
14 Other	12b
	12c
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY	
APARTMENT 5 MAINEVILLE OH 45039	
15 State Employer's state ID no	o. 16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name UNION
City or Local Filing Copy	
W-2 Wage and Tax 2023 Statement Copy 2 to be filed with employee's City or Local Income Tax Return.	

ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

NIKHIL VENKATA RAVI RAJA MALLALA 7321 CAYMAN WAY APARTMENT 5 MAINEVILLE OH 45039

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## 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, 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)

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

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)

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 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.

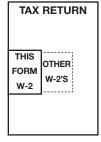
Department of the Treasury - Internal Revenue Service

# 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.

Department of the Treasury - Internal Revenue Service