Copy B — To Be Filed With Employee's FEDERAL Tax Return. 41-0852411 OMB No. 1545-0008 a Employee's soc. sec. no. 93432.20 17037.33 286-31-1540 93432.20 **b** Employer ID number (EIN) 5792.80 5 Medicare wages and tips 6 Medicare tax withheld 35-2060071 93432.20 1354.77 c Employer's name, address, and ZIP code WorkSmart Systems, Inc. 8531 Bash Street Indianapolis, IN 46250 **d** Control number Employee's name, address, and ZIP code JAHNAVI RAVINDRA ALURI 418 CANAL COURT SOUTH DR APT J Indianapolis, IN 46202 7 Social security tips 0.00 0.00 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 С 10.85 13 Statutory employee 14 Other **2b** Code 11965.14 DD 12c Code Third-party sick pa 12d Code 0101715668001 93432.20 2943.12 16 State wages, tips, etc 19 Local income tax 15 State Employer's state ID number 18 Local wages, tips, etc. MARION COUNTY,IN 93432.20 1887.37 Dept. of the Treasury Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

| Copy 2 – To Be Filed V<br>State, City, or Local In                                |                        | 41-0852411<br>OMB No. 1545-0008 |                            |                           |
|---|------------------------|---------------------------------|----------------------------|---------------------------|
| a Employee's soc. sec. no.  | 1 Wages, tips, other   |                                 | 2 Federal inco             | ne tax withheld           |
| 286-31-1540   |                        | 93432.20                        |                            | 17037.33                  |
| 15 / TD / (511)   | 3 Social security wag  | 93432.20                        | 4 Social securi            | y tax withheld<br>5792.80 |
| <b>b</b> Employer ID number (EIN)   |                        |                                 |                            |                           |
| 35-2060071  | 5 Medicare wages ar    | 93432.20                        | 6 Medicare tax             | 1354.77                   |
| c Employer's name, address, a   | nd ZIP code            |                                 | L                          |                           |
| d Control number  e Employee's name, address, a  JAHNAVI RAVINDR  418 CANAL COURT | A ALURI                | PT J                            |                            | Sufi                      |
| Indianapolis, IN 462 7 Social security tips                                       | 02<br>8 Allocated tips |                                 | 19                         |                           |
| 7 Social security ups 0.0   | · ·                    | 0.00                            | 9                          |                           |
| 10 Dependent care benefits  | 11 Nonqualified        | d plans                         | 12a Code                   |                           |
|   |                        |                                 | С                          | 40.05                     |
|   |                        |                                 |                            | 10.85                     |
| ,   | 4 Other                |                                 | 12b Code<br>DD             | 11965.14                  |
| Retirement plan   | 4 Other                |                                 |                            |                           |
| Retirement plan   | 4 Other                |                                 | DD                         |                           |
| Retirement plan   | 4 Other                | 9343                            | DD<br>12c Code<br>12d Code |                           |

2023

Copy 2 - To Be Filed With Employee's State,

City, or Local Income Tax Return.

|   | ne back of            | Copy B.)                                 |            | OMB No. 1545-0008  |  |  |  |
|---|-----------------------|--|------------|--|--|--|--|
| a Employee's soc. sec. no.  |                       | tips, other comp.                        | [:         | 2 Federal income tax withheld  |  |  |  |
| 286-31-1540   |                       |  | 3432.20    | 17037.33   |  |  |  |
|   | 3 Social sec          | curity wages                             | 3432.20    | 4 Social security tax withheld 5792.80   |  |  |  |
| Employer ID number (EIN)  |                       |  |            |  |  |  |  |
| 35-2060071  | 5 Medicare            | wages and tips                           | 3432.20    | 6 Medicare tax withheld<br>1354.77   |  |  |  |
| Employer's name, address, an  |                       |  |            |  |  |  |  |
| الWorkSmart S   | ystems                | s, Inc.                                  |            |  |  |  |  |
| 8531 Bash St  | reet                  |  |            |  |  |  |  |
| Indianapolis, I   | N 462                 | 50                                       |            |  |  |  |  |
| Control number  |                       |  |            |  |  |  |  |
| Control number  |                       |  |            |  |  |  |  |
| Employee's name, address, a   | nd ZIP code           | •  |            | Suff   |  |  |  |
| JAHNAVI RAVINDR   | A ALURI               |  |            |  |  |  |  |
| ·   |                       |  |            |  |  |  |  |
|   |                       |  |            |  |  |  |  |
| 418 CANAL COUR  | T SOUTH               | DR APT J                                 |            |  |  |  |  |
| Indianapolis, IN 462  | 202                   |  |            |  |  |  |  |
| 7 Social security tips  | l l                   | cated tips                               |            | 9  |  |  |  |
| 0.0   | 00                    |  | 0.00       |  |  |  |  |
| Dependent care benefits   | <b>11</b> No          | nqualified plans                         |            | 12a Code See inst. for box 12  |  |  |  |
|   |                       |  |            | C 10.85  |  |  |  |
| 3 Statutory employee 1  | 4 Other               |  |            |  |  |  |  |
|   | T Ouici               |  |            | 12b Code   |  |  |  |
| , , ,   | 4 Other               |  |            |  |  |  |  |
| , , ,   | 4 Other               |  |            | 12b Code   |  |  |  |
| Retirement plan   | 4 Outer               |  |            | 12b Code<br>DD 11965.14  |  |  |  |
| Retirement plan   | 4 Outci               |  |            | 12b Code<br>DD 11965.14  |  |  |  |
| Retirement plan   | - Guid                |  |            | 12b Code<br>DD 11965.14<br>12c Code  |  |  |  |
| Retirement plan   | - J                   |  | 93432      | 12b Code<br>DD 11965.14<br>12c Code  |  |  |  |
| Retirement plan X Third-party sick pay  |                       |  | *****      | 12b Code<br>DD 11965.14<br>12c Code<br>12d Code<br>2943.1                                |  |  |  |
| Retirement plan X Third-party sick pay IN 0101715668001 5 State Employer's state I.D. r                               | number                | <b>16</b> State wages, to be lineared to | *****      | 12b Code DD 11965.14 12c Code 12d Code 2943.1  |  |  |  |
| Retirement plan X Third-party sick pay  IN 0101715668001  5 State Employer's state I.D. r 18 Local wages, tips, etc.  | number<br> 19 Loc     | 16 State wages, al income tax            | tips, etc. | 12b Code DD 11965.14  12c Code  12d Code  12d Code  17 State income tax 20 Locality name |  |  |  |
| Retirement plan  X Third-party sick pay  IN 0101715668001  5 State Employer's state I.D. r 18 Local wages, tips, etc. | number                | 16 State wages, all income tax           | *****      | 12b Code DD 11965.14  12c Code  12d Code  2943.1  17 State income tax  20 Locality name  |  |  |  |
| Retirement plan X Third-party sick pay  IN 0101715668001  5 State Employer's state I.D. r 18 Local wages, tips, etc.  | number 19 Local 22.20 | cal income tax                           | tips, etc. | 12b Code DD 11965.14  12c Code  12d Code  12d Code  17 State income tax 20 Locality name |  |  |  |

Copy C - For EMPLOYEE'S RECORDS (See

| 286-31-1540                         | i rragos, c | 93432.20                 |         | 7037.33       |                              |             |  |
|-------------------------------------|-------------|--------------------------|---------|---------------|------------------------------|-------------|--|
| 200-31-1340                         | 3 Social se | Social security wages 4  |         |               | Social security tax withheld |             |  |
| <b>b</b> Employer ID number (EIN)   |             |                          | 32.20   |               |                              | 5792.80     |  |
| 35-2060071                          |             | e wages and tips<br>9343 | 32.20   | Medicare ta   | x withheld                   | 1354.77     |  |
| c Employer's name, address, ar      |             |                          |         |               |                              |             |  |
| WorkSmart S                         | ystem       | s, Inc.                  |         |               |                              |             |  |
| 8531 Bash St                        | reet        |                          |         |               |                              |             |  |
| Indianapolis, I                     | N 462       | 250                      |         |               |                              |             |  |
| d Control number                    |             |                          |         |               |                              |             |  |
| 2 2 3                               |             |                          |         |               |                              |             |  |
| e Employee's name, address, a       | nd ZIP code |                          |         |               |                              | Suff.       |  |
| JAHNAVI RAVINDR                     | A ALURI     |                          |         |               |                              |             |  |
|                                     |             |                          |         |               |                              |             |  |
| 418 CANAL COURT                     | SOUTH       | I DR APT J               |         |               |                              |             |  |
| Indianapolis, IN 462                | 02          |                          |         |               |                              |             |  |
| 7 Social security tips              | -           | ocated tips              |         | 9             |                              |             |  |
| 0.0                                 |             |                          | 0.00    |               |                              |             |  |
| 10 Dependent care benefits          | 11 N        | onqualified plans        |         | 12a Code<br>C | 10.85                        |             |  |
| 13 Statutory employee 1             | 4 Other     |                          |         | 12b Code      | 10.65                        |             |  |
|                                     |             |                          |         | DD            | 11965.                       | 14          |  |
| Retirement plan                     |             |                          |         | 12c Code      |                              |             |  |
| Χ                                   |             |                          |         |               |                              |             |  |
| Third-party sick pay                |             |                          |         | 12d Code      |                              |             |  |
| IN 0101715668001                    |             |                          | 93432.2 | 20            |                              | 2943.12     |  |
| 0101715666001                       |             |                          | 93432.2 | 20            |                              | 2943.12     |  |
| 15 State Employer's state I.D. r    | number      | 16 State wages, tips,    | etc.    |               | income tax                   |             |  |
| 18 Local wages, tips, etc. 93432.20 |             | ocal income tax          | 1887.37 | 20 Locality   | name<br>I COUNTY,            | INI         |  |
| 934                                 | 32.20       |                          | 1007.37 | IVIARION      | COUNTY,                      | IIN         |  |
| Form W-2 Wage and Tax State         | ment        | 2023                     |         | 1             | Dept. of the T               | reasury IRS |  |
| L4UP                                |             |                          |         |               |                              | 520         |  |

41-0852411

OMB No. 1545-0008

Dept. of the Treasury

41-0852411

OMB No. 1545-0008

## 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 also may 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 Trailroad 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.

(Also see Instructions for Employee, below.)

## 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 Exx 6. This amount includes the 1.45% Medicare Tax withheld on Medicare wages and tips shown in box, 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 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

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. The 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 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for Social Sociuty 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 de 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

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 delerarls (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 (155,001 fyou 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 \$2,000. 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 amoun is not subject to the overall limit on elective deferrals. For code G, the is not subject to the overall limit on elective generals. For code so, une filmit 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 deferr consider these amounts for the year shown, not the current year. If 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 instructions for Forms 1040 and 1040-SR.
- 1040-SR.

  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 deferrate to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that in
- part of a section 401(k) arrangement.

  E—Elective deferrals under a section 403(b) salary reduction
- E—elective deterrais under a section 40x(s) satisfy reduction SEP.

  G—Elective deferrals under a section 40x(s)(c) satisfy reduction SEP.

  G—Elective deferrals a section 457(b) deferred compensation plan.

  H—Elective deferrals to a section 57(b) deferred compensation plan.

  H—Elective deferrals to a section 50(c)(8)(b) tax-exempt organization plan. See the Form 1040 instructions for hold of both of 1, 3, or 1, or 1, organization plan section only, not included to x 1, 3, or 1, or 1
- 5).
  K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

- L-Substantiated employee business expense reimbursements
- 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.
- 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 Instructions for 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 box 1, 3) (up to the social security wage base), and

- to rigure any taxatore ann fortunatative shortunes.

  Vol.—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 contributions (including amounts the employee elected to contributions (including amounts away of the exercise of the exer

- reimbursement arrangement.

  GG—Income from qualified equity grants under section 83(i).

  HH—Aggregate deferrals under section 83(i) elections as of the
- 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. 890-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 apyments, or amenber of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation. Ter 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 unibly out egil.
- 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.