2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement C for employee's records ontrol number Dept. Employer use only Control number 0000215673 WYH CONT SW90 ACS 12405 c Employer's name, address, and ZIP code APEX SYSTEMS LLC -4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT GLEN ALLEN, VA 23060

e/f Employee's name, address, and ZIP code MITHRA KOYYALAMUDI 170 80TH ST UNIT 101 WEST DES MOINES, IA 50266

| b Employer's FED ID number 54-1773546 | | XXX-XX-5007 | | | | | | |
|---------------------------------------|--------------------------------|-------------------------------|------------|----------|-------|--------|-----------------|----|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | Ī | | | |
| 105982.45 | | 7482.54 | | | | | | |
| 3 Social security wages | | 4 5 | Socia | l secur | ity t | ax w | ithheld | |
| | 121841.65 | | | | 7 | 554. | .18 | |
| 5 Medica | re wages and tips | 6 N | Medic | are tax | wit | hhel | d | |
| | 121841.65 | | | | 1 | 766. | 70 | |
| 7 Social | security tips | 8 4 | Alloca | ated tip | s | | | |
| 9 | | 10 | Depe | endent | car | e ben | efits | |
| 11 Nonqu | ualified plans | 12a | See i D | nstruci | tion | | box 12 59.20 |) |
| 14 Other | | 12b | DD | | | 165 | 34.60 | |
| | | 12¢ | | | | | | |
| | | 12d | | | | | | |
| 3 | | 13 St | at em | p. Rei | plan | 3rd pa | ırty sick p | ay |
| 15 State | Employer's state ID no | . 16 | State | wage | s, ti | ps, et | tc. | |
| IA | 3-04-003206 | | | 1 | 05 | 982. | 45 | |
| 17 State | 17 State income tax 4727.00 | | Loca | wage | s, ti | ps, e | tc. | |
| 19 Local | 19 Local income tax | | Loca | iity na | ne | | | |
| | | - | | | | - | | |

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

Social Security Number: XXX-XX-5007

MITHRA KOYYALAMUDI 170 80TH ST UNIT 101 WEST DES MOINES, IA 50266

✓ Fold and Detach Here ¬✓



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PAGE 1 OF 1

| 1 Wages, tips, other c 105982 | | 2 Federa | 2 Federal i come tax withheld 7482.54 | | |
|--|-------|----------|--|--|--|
| 3 Social security wage 121841 | | 4 Social | 4 Social security tax withheld 7554.18 | | |
| 5 Medicare wages and tips 121841.65 | | 6 Medica | are tax withheld 1766.70 | | |
| d Control number | Dept. | Corp. | Employer use only | | |
| 0000215673 WYH CONT | | SW90 | A C S 12405 | | |
| c Employer's name, address, and ZIP code | | | | | |

APEX SYSTEMS LLC 4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT GLEN ALLEN, VA 23060

| b Employer's FED ID number 54-1773546 | er a Employee's SSA number XXX-XX-5007 | | | |
|---|---|--|--|--|
| 7 Social security tips | 8 Allocated tips | | | |
| 9 | 10 Dependent care benefits | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 D 15859.20 | | | |
| 14 Other | ^{12b} DD 16534.60 | | | |
| | 12c | | | |
| | 12d | | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | | |
| e/f Employee's name, address and ZIP code | | | | |
| BAIRTING 1/01/1/41 AT | | | | |

MITHRA KOYYALAMUDI 170 80TH ST UNIT 101 WEST DES MOINES, IA 50266

| 15 State | Employer's state ID no. 3-04-003206 | 16 | State wages, tips, etc. | |
|----------|-------------------------------------|----|-------------------------|--|
| IA | 3-04-003206 | | 105982.45 | |
| | | 18 | Local wages, tips, etc. | |
| 10 Local | 4727.00 income tax | 20 | Locality name | |

Federal Filing Copy Wage and Tax Statement

OMB No. 1545-00 Copy B to be filed with employee's Federal Income Tax Return.

| 1 Wages, tips, other co | | 2 Federa | al income tax withheld 7482.54 | | |
|--------------------------------|--------------------------------------|----------|--|--|--|
| | 3 Social security wages 121841.65 | | 4 Social security tax withheld 7554.18 | | |
| 5 Medicare wages and 121841 | | 6 Medica | are tax withheld 1766.70 | | |
| d Control number | Dept. | Corp. | Employer use only | | |
| 0000215673 WYH CONT | | SW90 | A C S 12405 | | |

c Employer's name, address, and ZIP code APEX SYSTEMS LLC 4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT GLEN ALLEN, VA 23060

| i | | | | | |
|---|--|---|--|--|--|
| | b Employer's FED ID number 54-1773546 | a Employee's SSA number XXX-XX-5007 | | | |
| | 7 Social security tips | 8 Allocated tips | | | |
| | 9 | 10 Dependent care benefits | | | |
| ł | 11 Nonqualified plans | 12a | | | |
| İ | | D 15859.20 | | | |
| l | 14 Other | ^{12b} DD 16534.60 | | | |
| | 2 | 12c | | | |
| l | | 12d | | | |
| - | | 13 Stat emp. Ret. plan 3rd party sick pay | | | |
| I | e/f Employee's name, address | and ZIP code | | | |

MITHRA KOYYALAMUDI 170 80TH ST UNIT 101 WEST DES MOINES, IA 50266

| 15 | State | Employer's state ID no. | 16 | State wages, tips, etc. |
|----|-------|-------------------------|--|-----------------------------|
| 1 | Α | 3-04-003206 | | 105982.45 |
| 17 | State | income tax | 18 | Local wages, tips, etc. |
| | | 4727.00 | | 1931 |
| 19 | Local | income tax | 20 | Locality name |
| | 17 | IA 17 State | IA 3-04-003206 17 State income tax 4727.00 | 17 State income tax 4727.00 |

A. State Filing Copy

Wage and Tax Statement Copy 2 to be filed with employee's State Income 1ax Return.

| 1 | Wages, tips, other co | mp. | 2 Federal income tax withheld | | | |
|---|-----------------------|-------------------------|-------------------------------|-------------------------|--|--|
| | 105982 | 105982.45 7482.54 | | | | |
| 3 | Social security wage | s | 4 Social | security tax withheld | | |
| | 121841 | .65 | 7554.18 | | | |
| 5 | | Medicare wages and tips | | 6 Medicare tax withheld | | |
| | 121841 | .65 | 1766.70 | | | |
| d | Control number | Dept. | Corp. | Employer use only | | |
| | 0000215673 WYH | CONT | SW90 | A C S 12405 | | |

c Employer's name, address, and ZIP code APEX SYSTEMS LLC 4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT **GLEN ALLEN, VA 23060**

| İ | b Employer's FED ID number 54-1773546 | a Employee's SSA number XXX-XX-5007 | | | |
|---|--|---|--|--|--|
| | 7 Social security tips | 8 Allocated tips | | | |
| | 9 | 10 Dependent care benefits | | | |
| | 11 Nonqualified plans | 12a D 15859.20 | | | |
| l | 14 Other | ^{12b} DD 16534.60 | | | |
| l | | 12c | | | |
| ł | | 12d | | | |
| | | 13 Stat emp. Ret. plan 3rd party sick pay | | | |
| 1 | e/f Employee's name, address | and ZIP code | | | |

MITHRA KOYYALAMUDI 170 80TH ST UNIT 101 WEST DES MOINES, IA 50266

| - 1 | | | | |
|-----|-------|-------------------------------------|----|-------------------------|
| 15 | State | Employer's state ID no. | 16 | State wages, tips, etc. |
| 3 1 | Α | Employer's state ID no. 3-04-003206 | | 105982.45 |
| | | income tax | | Local wages, tips, etc. |
| | | 4727.00 | | |
| 19 | Local | income tax | 20 | Locality name |
| | | | | |

City or Local Filing Con Wage and Tax Statement Copy 2 to be filed with employee's City or Local income Tax Return