							C D 2.0.7	Madiana David	
1					Federal Bo	K1 50C	. Sec. Box 3 & 7	Medicare Box 5	
To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or				Gross Wages Txbl Benefits	94915	.05	94915.05	94915.05	
where the analysis of the arms that were subtracted from total wages to arrive at your W-2 wages.				Group Term Life	149	.58	149.58	149.58	
		ese forms, including an explan-	ation	Adoption Deferred Comp	(8568.6	50)			
of the letter codes used in box 12, are available on a separate document.				Section 125	(1691.:		(1691.10)	(1691.10)	
			Other Pretax/Wa W-2 Wages	ge Limit 84804	03	93373.53	93373.53		
				W-2 Wages	04004	.93	93373.33	93373.33	
a Employe	e's social security number	b Employer identification number (EIN	1)	d Control number	ı				
a Employee's social security number 681-92-5359 b Employer identification number (EIN) 94-3282454			000864771901			_		No. 1545-000	
c Employer	r's name, address, and ZIP co	de			1 Wages, tips, other compe	nsation 84804.93	2 Federal income t	ax withheld	12776.69
UL LLC 333 Pfingsten Road				3 Social security wages	0.0055	4 Social security to	ax withheld	12770.03	
Northbrook IL 60062				93373.53			5789.16		
					5 Medicare wages and tips	93373.53	6 Medicare tax wit	hheld	1353.92
	e's first name and initial keshwar	Last name Akkati	Su	ff.	7 Social security tips		8 Allocated tips		
2874	Kessler Dr elein IL 60060	ANGU			9		10 Dependent care	hanafite	
USA	Ciciii 12 00000						To Dependent care	Delients	
f Empleye	o'o address and 7ID ands				11 Nonqualified plans		12a See instruction	ons for box 12	149.58
15 State	e's address and ZIP code Employer's state ID Number	16 State wages, tips, etc.	17 State i	ncome tax	13 Statutory Retiremen	t Third-party	12b		
IL	94-3282454 000 9	84804.93		4190.40	employée plan	sick Pay	Code D		8568.60
18 Local w	rages, tips, etc.	19 Local income tax	20 Localit	tv name			Code W		1200.00
		TO ESSAI MOOMO MA	20 2000		14 Other		12d Code AA	- 1	6035.80
Form W-2 Copy C—Fo	Wage and Tax Statemen or EMPLOYEE'S RECORDS	t		2023	This information		partment of the Trea o the Internal Revenue Ser		
					negligence penalty	or other sanction n	nay be imposed on you if ti	nis income is taxable	and you fail to repo
a Employe	ee's social security number	b Employer identification number (EIN	1)	d Control number	T				
	92-5359	94-3282454		000864771901			T		No. 1545-000
	r's name, address, and ZIP co	de			1 Wages, tips, other compe	nsation 84804.93	2 Federal income t	tax withheld	12776.69
	fingsten Road						4 Social security to	ax withheld	
North	brook IL 60062				5 Medicare wages and tips	93373.53	6 Medicare tax wit	bbald	5789.16
					5 Medicare wages and tips	93373.53	6 Medicare tax wit	rineia	1353.92
e Employee's first name and initial Last name Suf Rushikeshwar Akkati				ff.	7 Social security tips		8 Allocated tips		
	Kessler Dr elein IL 60060			1					
USA					9		10 Dependent care	benefits	
f Employee					9				
	e's address and ZIP code						10 Dependent care 12a See instruction Code C		149.58
15 State	e's address and ZIP code Employer's state ID Number		17 State i	ncome tax	9 11 Nonqualified plans 12 Statutory Retiremen	t Third-party	12a See instruction Code C		
			17 State i	ncome tax 4190.40	9 11 Nonqualified plans 13 Statutory Retiremen employee plan	t Third-party sick Pay	12a See instruction		149.58 8568.60
IL	Employer's state ID Number		17 State i 20 Localit	4190.40	9 11 Nonqualified plans 12 Statutory Retiremen	t Third-party sick Pay	12a See instruction Code C 12b Code D 12c Code W		
IL	Employer's state ID Number 94-3282454 000 9	84804.93		4190.40	9 11 Nonqualified plans 13 Statutory Retiremen employee plan X	t Third-party sick Pay	12a See instruction Code C 12b Code D 12c		8568.60
IL 18 Local w	Employer's state ID Number 94-3282454 000 9 ages, tips, etc.	84804.93		4190.40	9 11 Nonqualified plans 13 Statutory Retiremen employee plan X	sick Pay	12a See instruction Code C 12b Code D 12c Code W 12d Code AA	ons for box 12	8568.60 1200.00 6035.80
18 Local w	Employer's state ID Number 94-3282454 000 9	84804.93 19 Local income tax		4190.40	9 11 Nonqualified plans 13 Statutory Retiremen employee plan X	sick Pay	12a See instruction Code C 12b Code D 12c Code W 12d	ons for box 12	8568.60 1200.00 6035.80
18 Local w	Employer's state ID Number 94-3282454 000 9 ages, tips, etc.	84804.93 19 Local income tax		4190.40 ty name	9 11 Nonqualified plans 13 Statutory Retiremen employee plan X	sick Pay	12a See instruction Code C 12b Code D 12c Code W 12d Code AA	ons for box 12	8568.60 1200.00 6035.80
IL 18 Local w Form W-2 Copy B—To	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen Be Filed With Employee's FE	19 Local income tax It DERAL Tax Return. b Employer identification number (EIN	20 Localii	4190.40 ty name 2023	9 11 Nonqualified plans 13 Statutory Retiremen employee plan X	sick Pay	12a See instruction Code C 12b Code D 12c Code W 12d Code AA	ons for box 12	8568.60 1200.00 6035.80
IL 18 Local w Form W-2 Copy B—To a Employe 681-9	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen Be Filed With Employee's FE	19 Local income tax It DERAL Tax Return. b Employer identification number (EIN 94-3282454	20 Localii	4190.40 ty name	9 11 Nonqualified plans 13 Statutory Retiremen employee plan 14 Other	sick Pay	12a See instruction Code C 12b Code D 12c Code W 12d Code AA	ons for box 12 I I assury - Internal	8568.60 1200.00 6035.80
18 Local w Form W-2 Copy B—To a Employe 681-9 c Employer	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen Be Filed With Employee's FE social security number 92-5359	19 Local income tax It DERAL Tax Return. b Employer identification number (EIN 94-3282454	20 Localii	4190.40 ty name 2023	9 11 Nonqualified plans 13 Statutory Retiremen employee plan X	sick Pay	12a See instruction Code C 12b Code D 12c Code W 12d Code AA	ons for box 12 I I assury - Internal	8568.60 1200.00 6035.80 Revenue Sen
IL 18 Local w Form W-2 Copy B—To a Employe 681-9 c Employer UL LL 333 P	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen Be Filed With Employee's FE 92-5359 or's social security number 92-5359 or's C C Offingsten Road	19 Local income tax It DERAL Tax Return. b Employer identification number (EIN 94-3282454	20 Localii	4190.40 ty name 2023	9 11 Nonqualified plans 13 Statutory Retiremen employee plan 14 Other	De De sation 84804.93	12a See instruction Code C 12b Code D 12c Code W 12d Code AA	ons for box 12 I I assury - Internal OMB	8568.60 1200.00 6035.80 Revenue Sen No. 1545-000
IL 18 Local w Form W-2 Copy B—To a Employe 681-9 c Employer UL LL 333 P	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen Be Filed With Employee's FE se's social security number 92-5359 r's name, address, and ZIP co	19 Local income tax It DERAL Tax Return. b Employer identification number (EIN 94-3282454	20 Localii	4190.40 ty name 2023	9 11 Nonqualified plans 13 Statutory Retiremen employee plan	sick Pay De	12a See instruction Code C 12b Code D 12c Code W 12d Code AA 2 Federal income to 4 Social security to 12	ons for box 12 I I assury - Internal OMB ax withheld ax withheld	8568.60 1200.00 6035.80 Revenue Sen
IL 18 Local w Form W-2 Copy B—To a Employe 681-9 c Employer UL LL 333 P North	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen be Filed With Employee's FE se's social security number 92-5359 r's name, address, and ZIP co C C Geffingsten Road brook IL 60062	19 Local income tax It DERAL Tax Return. b Employer identification number (EIN 94-3282454	20 Localii	4190.40 ty name 2023 d Control number 000864771901	9 11 Nonqualified plans 13 Statutory Retiremen employee plan 14 Other 1 Wages, tips, other compe 3 Social security wages 5 Medicare wages and tips	De De sation 84804.93	12a See instruction Code C 12b Code D 12c Code W 12d Code AA 2 Federal income to the Treation of the Treation	ons for box 12 I I assury - Internal OMB ax withheld ax withheld	8568.60 1200.00 6035.80 Revenue Sen No. 1545-000
IL 18 Local w Form W-2 Copy B—To a Employee 681-9 c Employee UL LL 333 P North	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen Be Filed With Employee's FE ee's social security number 92-5359 r's name, address, and ZIP co C effingsten Road brook IL 60062	19 Local income tax It DERAL Tax Return. b Employer identification number (EIN 94-3282454	20 Localii	4190.40 ty name 2023 d Control number 000864771901	9 11 Nonqualified plans 13 Statutory Retiremen employee plan	De De 93373.53	12a See instruction Code C 12b Code D 12c Code W 12d Code AA 2 Federal income to 4 Social security to 12	ons for box 12 I I assury - Internal OMB ax withheld ax withheld	8568.60 1200.00 6035.80 Revenue Sen No. 1545-000 12776.69 5789.16
IL 18 Local w 18 Local w Form W-2- Copy B—To 681-9 c Employee UL LL 333 P North e Employee Rushi 2874 Mund	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen Be Filed With Employee's FE se's social security number 92-5359 r's name, address, and ZIP co C Pringsten Road brook IL 60062	te DERAL Tax Return. b Employer identification number (EIN 94-3282454 de	20 Localii	4190.40 ty name 2023 d Control number 000864771901	9 11 Nonqualified plans 13 Statutory Retiremen employee plan 14 Other 1 Wages, tips, other compe 3 Social security wages 5 Medicare wages and tips	De De 93373.53	12a See instruction Code C 12b Code D 12c Code W 12d Code AA 2 Federal income to the Treation of the Treation	ons for box 12 I I assury - Internal OMB ax withheld which is a simple of the control of t	8568.60 1200.00 6035.80 Revenue Sen No. 1545-000 12776.69 5789.16
IL 18 Local w Form W-2 Copy B—To a Employe 681-5 c Employe UL LL 333 P North	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen be Filed With Employee's FE se's social security number 92-5359 r's name, address, and ZIP co C Offingsten Road brook IL 60062 e's first name and initial keshwar Kessler Dr	te DERAL Tax Return. b Employer identification number (EIN 94-3282454 de	20 Localii	4190.40 ty name 2023 d Control number 000864771901	9 11 Nonqualified plans 13 Statutory Retiremen employee plan	De De 93373.53	12a See instruction Code C 12b Code D 12c Code D 12d Code AA 2 Federal income to 4 Social security to 6 Medicare tax with 8 Allocated tips	ons for box 12 I I I Basury - Internal OMB ax withheld ax withheld be benefits	8568.60 1200.00 6035.80 Revenue Sen No. 1545-000 12776.69 5789.16
IL 18 Local w Form W-2 Copy B—To a Employe 681-9 c Employer UL LL 333 P North e Employe Rushi 2874 Mund USA	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen be Filed With Employee's FE se's social security number 92-5359 r's name, address, and ZIP co C Offingsten Road brook IL 60062 e's first name and initial keshwar Kessler Dr	te DERAL Tax Return. b Employer identification number (EIN 94-3282454 de	20 Localii	4190.40 ty name 2023 d Control number 000864771901	11 Nonqualified plans 13 Statutory Retiremen employee plan X 14 Other 1 Wages, tips, other compe 3 Social security wages 5 Medicare wages and tips 7 Social security tips	De De 93373.53	12a See instruction Code C 12b Code D 12c Code W 12d Code AA 2 Federal income to 4 Social security to 6 Medicare tax with 8 Allocated tips	ons for box 12 I I I Basury - Internal OMB ax withheld ax withheld be benefits	8568.60 1200.00 6035.80 Revenue Sen No. 1545-000 12776.69 5789.16
IL 18 Local w 18 Local w Form W-2 Copy B—To 681-9 C Employee UL LL 333 P North E Employee Rushi 2874 Mund USA f Employee	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen Be Filed With Employee's FE ee's social security number 92-5359 r's name, address, and ZIP co C C fingsten Road brook IL 60062 e's first name and initial keshwar Kessler Dr elein IL 60060 e's address and ZIP code Employer's state ID Number	t DERAL Tax Return. b Employer identification number (EIN 94-3282454 de	20 Localii	4190.40 ty name 2023 d Control number 000864771901 ff.	9 11 Nonqualified plans 13 Statutory Retiremen employee plan 14 Other 1 Wages, tips, other compe 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 13 Statutory Retiremen	De De De Triird-party	12a See instruction Code C 12b Code D 12c Code W 12d Code AA 2 Federal income to 4 Social security to 6 Medicare tax with 8 Allocated tips 10 Dependent care 12a See instruction Code C 12b	ons for box 12 I I I Basury - Internal OMB ax withheld ax withheld be benefits	8568.60 1200.00 6035.80 Revenue Sen No. 1545-000 12776.69 5789.16 1353.92
IL 18 Local w Form W-2 Copy B—To a Employe 681-9 c Employer UL LL 333 P North e Employe Rushi 2874 Mund USA	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen Be Filed With Employee's FE 92-5359 e's social security number 92-5359 o's name, address, and ZIP co C offingsten Road brook IL 60062 e's first name and initial keshwar Kessler Dr elein IL 60060	tended to the control of the control	20 Localii	4190.40 ty name 2023 d Control number 000864771901	9 11 Nonqualified plans 13 Statutory Retiremen employee plan 14 Other 1 Wages, tips, other compe 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans	De nsation 84804.93 93373.53	12a See instruction Code C 12b Code D 12c Code W 12d Code AA 2 Federal income to the Treatment of the Treatment of the Treatment of Medicare tax with the Allocated tips 10 Dependent care to the Code C 12b Code D 12c Code D	ons for box 12 I I I Basury - Internal OMB ax withheld ax withheld be benefits	8568.60 1200.00 6035.80 Revenue Sen No. 1545-000 12776.69 5789.16 1353.92
IL 18 Local w 18 Local w Form W-2 Copy B—To a Employee 681-5 c Employee UL LL 333 P North e Employee Rushi 2874 Mund USA f Employee 15 State IL	Employer's state ID Number 94-3282454 000 9 ages, tips, etc. Wage and Tax Statemen Be Filed With Employee's FE ee's social security number 92-5359 r's name, address, and ZIP co C C fingsten Road brook IL 60062 e's first name and initial keshwar Kessler Dr elein IL 60060 e's address and ZIP code Employer's state ID Number	t DERAL Tax Return. b Employer identification number (EIN 94-3282454 de	20 Localii	4190.40 ty name 2023 d Control number 000864771901 ff.	9 11 Nonqualified plans 13 Statutory Retiremen employee plan	De De De Triird-party	12a See instruction Code C 12b Code D 12c Code D 12d Code AA 12d Code AA 2 Federal income to the Treatment of the Treatment of the Treatment of Medicare tax with the Allocated tips 10 Dependent care to the Code C 12a See instruction Code C 12b Code D	ons for box 12 I I I Basury - Internal OMB ax withheld ax withheld be benefits	8568.60 1200.00 6035.80 Revenue Sen No. 1545-000 12776.69 5789.16 1353.92

W-2 b other wages Gener of the	ox and the amount of pretax deductions that to arrive at your W-2 ral instructions for the	which shows your total wages any deferred compensation a it were subtracted from total 2 wages. se forms, including an explan box 12, are available on a	and/or	Gross Wages Txbl Benefits Group Term Life Adoption Deferred Comp Section 125 Other Pretax/Wag W-2 Wages	ge Limit				
	e's social security number 2-5359	b Employer identification number (EIN 94-3282454	1)	d Control number 000864771902	OVEN 4545				
	's name, address, and ZIP co			000004771302	1 Wages, tips, other compensation	OMB No. 1545-0 ther compensation 2 Federal income tax withheld			
UL LLC 333 Pfingsten Road Northbrook IL 60062					3 Social security wages	4 Social security tax withheld			
				6 Medicare wages and tips 6 Medicare tax withheld					
e Employee's first name and initial Last name Suff Rushikeshwar Akkati 2874 Kessler Dr			ff.	7 Social security tips	8 Allocated tips				
Munde USA	elein IL 60060				9	10 Dependent care benefits			
f Employee	's address and ZIP code				11 Nonqualified plans	12a See instructions for box 12 Code DD 7853.10			
15 State	Employer's state ID Number	16 State wages, tips, etc.	17 State in	ncome tax	13 Statutory Retirement Third-party employee plan sick Pay	12b Code			
						12c Code			
18 Local wa	ages, tips, etc.	19 Local income tax	20 Localit	y name	14 Other	12d Code			
						Code			
	Wage and Tax Statement FEMPLOYEE'S RECORDS	t		2023	This information is being furnished to	artment of the Treasury—Internal Revenue Serv the Internal Revenue Service. If you are required to file a tax retu ay be imposed on you if this income is taxable and you fail to repo			
	e's social security number 2-5359	b Employer identification number (EIN 94-3282454	1)	d Control number 000864771902	OMB No. 15-				
c Employer	's name, address, and ZIP co	de			1 Wages, tips, other compensation	2 Federal income tax withheld			
UL LLC 333 Pfingsten Road Northbrook IL 60062					3 Social security wages	4 Social security tax withheld			
					5 Medicare wages and tips	6 Medicare tax withheld			
e Employee's first name and initial Last name Suff. Rushikeshwar Akkati 2874 Kessler Dr Mundelein IL 60060 USA			ff.	7 Social security tips	8 Allocated tips				
				9	10 Dependent care benefits				
					11 Nonqualified plans	12a See instructions for box 12 Code DD 7853.10			
	's address and ZIP code Employer's state ID Number	16 State wages, tips, etc.	17 State it	ncome tax	13 Statutory Retirement Third-party	12b			
					employee plan sick Pay	Code 12c			
18 Local wa	ages, tips, etc.	19 Local income tax	20 Localit	y name	14 Other	Code 12d			
						Code			
Farm W 2	Maga and Tay Statemen				Der	partment of the Treasury - Internal Revenue Serv			
Copy B—To	Wage and Tax Statement Be Filed With Employee's FE	t DERAL Tax Return.		2023	50,	naturon of the reasony - memarite vertice con-			
	e's social security number 2-5359	b Employer identification number (EIN 94-3282454	1)	d Control number 000864771902	· · · · · · · · · · · · · · · · · · ·	OMB No. 1545-000			
c Employer	's name, address, and ZIP cod	de			1 Wages, tips, other compensation	2 Federal income tax withheld			
UL LLC 333 Pfingsten Road Northbrook IL 60062				3 Social security wages	4 Social security tax withheld				
					5 Medicare wages and tips	6 Medicare tax withheld			
e Employee's first name and initial Last name Suff. Rushikeshwar Akkati				ff.	7 Social security tips	8 Allocated tips			
Rushikeshwar Akkati 2874 Kessler Dr Mundelein IL 60060 USA				9	10 Dependent care benefits				
	's address and ZIP code				11 Nonqualified plans	12a See instructions for box 12 Code DD			
15 State		16 State wages, tips, etc.	17 State in	ncome tax	13 Statutory Retirement Third-party	12b			
					employee plan sick Pay	Code 12c			
18 Local wa	ges, tips, etc.	19 Local income tax	20 Localit	y name	14 Other	Code 12d			
						Code			