Copy B-To Be Filed With Employee's OMB No. 1545-0008 a Employee's soc. sec. no

108679.65 16168.77 130-13-4589 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 5 Medicare wages and tips 13-5266470

c Employer's name, address, and ZIP code Citibank, N.A.

3800 Citigroup Center Drive

Tampa, FL 33610

00002 Citi.6400 LAS C.b.75039

e Employee's name, address, and ZIP code Sowjanya Jaladi 401 Northwest Highway

Apt#4208, Building#B2

| Irving, TX 7 | 5039 | | | | | | | |
|---------------------------|----------------|------|-------------------|----------|------------------|----------------|-----------------|---------------|
| 7 Social security tips | | 8 A | llocated tips | | 9 | | | |
| 10 Dependent care bene | fits 1 | 11 N | onqualified plans | | 12a C | Code | See inst. for b | ox 12 . 26 |
| 13 Statutory employee | 14 Othe | er | | | 12b D | Code | 6246 | .11 |
| Retirement plan X | | | | | 12c W | Code | 620 | .00 |
| Third-party sick pay | | | | | 12d Di | Code D | 8495 | .16 |
| 15 State Employer's state | e ID num | nher | 16 State wages t | tins etc | 1 | 7 State | e income tax | |
| 18 Local wages, tips, etc | | | ocal income tax | | _ | | / name | |

This information is being furnished to the Internal Revenue Service

Form W-2 Wage and Tax Statement 5053 Dept. of the Treasury - IRS Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 2 Federal income tax withheld a Employee's soc. sec. no. 1 Wages, tips, other comp. 108679.65 16168.77 130-13-4589 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 5 Medicare wages and tips 6 Medicare tax withheld 13-5266470 c Employer's name, address, and ZIP code Citibank, N.A. 3800 Citigroup Center Drive Tampa, FL 33610 d Control number 00002 Citi.6400 LAS C.b.75039 e Employee's name, address, and ZIP code Sowjanya Jaladi 401 Northwest Highway Apt#4208, Building#B2 Irving, TX 75039 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code C 65.26 13 Statutory employee 14 Other 12b Code D 6246.11 12c Code Retirement plan 620.00 Х W Third-party sick pay 12d Code DD 8495.16

Form W-2 Wage and Tax Statement

15 State Employer's state ID number 16 State wages, tips, etc.

18 Local wages, tips, etc. 19 Local income tax

5053

Dept. of the Treasury - IRS

17 State income tax 20 Locality name

| Copy C—For EMPLOYE Notice to Employee on th | OMB No. 1545-0008 | | | | |
|--|----------------------------|--------------------------------|--|--|--|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | |
| 130-13-4589 | 108679.65 | 16168.77 | | | |
| 130-13-4309 | 3 Social security wages | 4 Social security tax withheld | | | |
| b Employer ID number (EIN) | | | | | |
| 13-5266470 | 5 Medicare wages and tips | 6 Medicare tax withheld | | | |

c Employer's name, address, and ZIP code

Citibank, N.A.

3800 Citigroup Center Drive

Tampa, FL 33610

d Control number

00002 Citi.6400 LAS C.b.75039

e Employee's name, address, and ZIP code Sowjanya Jaladi 401 Northwest Highway Apt#4208, Building#B2 Irving, TX 75039

| =0 | | | | | _ | | |
|--------------------------|---------------|------|----------------------|--------|------------------|--------|-------------------------------|
| 7 Social security tips | | 8 A | Illocated tips | | 9 | | |
| 10 Dependent care bene | efits | 11 N | lonqualified plans | | 12a C | Code | See inst. for box 12 65.26 |
| 13 Statutory employee | 14 Oth | er | | | 12b D | Code | 6246.11 |
| Retirement plan X | | | | | 12c W | Code | 620.00 |
| Third-party sick pay | | | | | 12d DI | Code | 8495.16 |
| 15 State Employer's stat | e ID nu | mber | 16 State wages, tips | , etc. | 17 | ' Stat | e income tax |
| 18 Local wages, tips, et | c. | 19 L | ocal income tax | | 20 L | ocalit | y name |

Form W-2 Wage and Tax Statement
This information is being furnished to the IRS. 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 fall to report it. Dept. of the Treasury - IRS

| Copy 2—To Be Filed W City, or Local Income | OMB No. 1545-0008 | | | | | |
|---|----------------------------|--------------------------------|--|--|--|------------------|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | |
| 130-13-4589 | 108679.65 | 16168.77 | | | | |
| 150-15-4505 | 3 Social security wages | 4 Social security tax withheld | | | | |
| b Employer ID number (EIN) | | | | | | |
| 13-5266470 | 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| c Employer's name, address | and ZIP code | | | | | |
| Citibank, N.A. | | | | | | |
| 3800 Citigroup | Center Drive | | | | | |
| Tampa, FL 33610 | | | | | | |
| - | | | | | | |
| d Control number | | | | | | |
| 00002 Citi.6400 LAS C.b.75039 | | | | | | |
| e Employee's name, address, and ZIP code | | | | | | |
| Sowjanya Jaladi | | | | | | |
| 401 Northwest Highway Apt#4208, Building#B2 | | | | | | |
| | | | | | | Irving, TX 75039 |
| 7 Social security tips 8 Allocated tips 9 | | | | | | |
| 7 Social security tips | 6 Allocated tips | 3 | | | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code | | | | |
| | · · | C 65.26 | | | | |
| 13 Statutory employee 14 O | ther | 12b Code | | | | |
| | | D 6246.11 | | | | |
| Retirement plan | 12c Code | | | | | |
| X | W 620.00 | | | | | |

Form W-2 Wage and Tax Statement

Х Third-party sick pay

5053

15 State Employer's state ID number 16 State wages, tips, etc. | 17 State incom

Dept. of the Treasury - IRS

17 State income tax

8495.16

12d Code DD

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