

| | Federal Box 1 | Soc. Sec. Box 3 & 7 | Medicare Box 5 |
|--------------------------|---------------|---------------------|----------------|
| Gross Wages | 133548.00 | 133548.00 | 133548.00 |
| Txbl Benefits | 546.60 | 546.60 | 546.60 |
| Group Term Life Adoption | 74.32 | 74.32 | 74.32 |
| Deferred Comp | (5100.00) | | |
| Section 125 | (1235.52) | (1235.52) | (1235.52) |
| Other Pretax/Wage Limit | | | |
| W-2 Wages | 127833.40 | 132933.40 | 132933.40 |

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| a Employee's social security number 095-33-7609 | | b Employer identification number (EIN) 26-1658811 | | d Control number 000008982901 | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP code Spark Red Inc. 155 N Wacker Drive Suite 4250 Chicago IL 60606 | | | | 1 Wages, tips, other compensation 127833.40 | | 2 Federal income tax withheld 19523.46 | |
| | | | | 3 Social security wages 132933.40 | | 4 Social security tax withheld 8241.87 | |
| | | | | 5 Medicare wages and tips 132933.40 | | 6 Medicare tax withheld 1927.53 | |
| e Employee's first name and initial Jyothi D | | Last name Gargeswari | | Suff. | | 7 Social security tips | |
| 8657 N MacArthur Blvd Apt 1091 Irving TX 75063 USA | | | | 9 | | 10 Dependent care benefits | |
| f Employee's address and ZIP code | | | | 11 Nonqualified plans | | 12a See instructions for box 12 Code C 74.32 | |
| 15 State Employer's state ID Number | | 16 State wages, tips, etc. | | 17 State income tax | | 13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | |
| | | | | | | 12b Code D 5100.00 | |
| | | | | | | 12c Code DD 12970.24 | |
| 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Locality name | | 14 Other | |
| | | | | | | 12d Code | |

Form W-2 Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS

2023

Department of the Treasury—Internal Revenue Service
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.

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
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| 15 State Employer's state ID Number | | 16 State wages, tips, etc. | | 17 State income tax | | 13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | |
| | | | | | | 12b Code D 5100.00 | |
| | | | | | | 12c Code DD 12970.24 | |
| 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Locality name | | 14 Other | |
| | | | | | | 12d Code | |

Form W-2 Wage and Tax Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.

2023

Department of the Treasury - Internal Revenue Service

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| a Employee's social security number 095-33-7609 | | b Employer identification number (EIN) 26-1658811 | | d Control number 000008982901 | | OMB No. 1545-0008 | |
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| 15 State Employer's state ID Number | | 16 State wages, tips, etc. | | 17 State income tax | | 13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | |
| | | | | | | 12b Code D 5100.00 | |
| | | | | | | 12c Code DD 12970.24 | |
| 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Locality name | | 14 Other | |
| | | | | | | 12d Code | |

Form W-2 Wage and Tax Statement
Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return

2023

Department of the Treasury - Internal Revenue Service