| OMB No. 1545-0008<br>d Control Number  | REISSUED STATEMENT  1 Wages, tips, other compensation | 2 Federal income tax withheld                | OMB No. 1545-0008<br>d Control Number  | REISSUED STATEMENT  1 Wages, tips, other compensation | 2 Federal income tax withheld           |
|--|---|--|--|---|---|
| 841965   | 44094.12  | 6009.34                                      | 841965   | 44094.12  | 6009.34                                 |
| 0 2 - 0 4 6 2 0 0 9  | 3 Social security wages 44094.12                      | 4 Social security tax withheld 2733.84       | b Employer identification number (EIN) $02-0462009$  | 3 Social security wages 44094.12                      | 4 Social security tax withheld 2733.84  |
| Employee's social security number 861-01-3485  | 5 Medicare wages and tips 44094.12                    | 6 Medicare tax withheld 639.36               | a Employee's social security number 861-01-3485  | 5 Medicare wages and tips 44094.12                    | 6 Medicare tax withheld 639.36          |
| Employer's name, address and ZIP cod<br>LONZA BIOLOGICS<br>101 INTERNATIONAL I<br>PORTSMOUTH NH 0380   | PRIVE   |  | c Employer's name, address and ZIP cor<br>LONZA BIOLOGICS<br>101 INTERNATIONAL I<br>PORTSMOUTH NH 0380   | DRIVE   |   |
| 7 Social security tips   | 8 Allocated tips                                      | 9  | 7 Social security tips   | 8 Allocated tips                                      | 9                                       |
| 10 Dependent care benefits   | 11 Nonqualified plans                                 | 12a See instructions for box 12<br>8 C 32.73 | 10 Dependent care benefits   | 11 Nonqualified plans                                 | See instructions for box of 8 C   32.73 |
| 12b  | 120<br>  8 AA   1765.35                               | 124<br>                                      | 12b 799.97 13 Statutory employee Plan Sick pay   | 12c<br>  8 AA   1765.35                               | 12d<br>  8 DD   2948.35                 |
| Employee's name, address and ZIP co<br>RAVEENA PINTO<br>719 TRI CITY RD<br>APT 719<br>SOMERSWORTH NH 038                                       | 78  |  | e Employee's name, address and ZIP or<br>RAVEENA PINTO<br>719 TRI CITY RD<br>APT 719<br>SOMERSWORTH NH 038   | 378   |   |
| 2023   15 State Employ   | er's state I.D. no.                                   | 16 State wages, tips, etc.                   | 2023   State Emplo   | yer's state I.D. no.                                  | 16 State wages, tips, etc.              |
| Nage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)   | 17 State income tax 1                                 | 8 Local wages, tips, etc.                    | Wage and Tax Statement  Copy B - To Be Filed With Employee's FEDERAL Tax   | 17 State income tax                                   | 18 Local wages, tips, etc.              |
| his information is being furnished to the<br>nternal Revenue Service. If you are required<br>of file a tax return, a negligence penalty or     | 19 Local income tax 2                                 | 0 Locality name                              | Return.  This information is being furnished to the  | 19 Local income tax 2                                 | 20 Locality name                        |
| other sanction may be imposed on you if this neome is taxable and you fail to report it.  Department of the Treasury – nternal Revenue Service |   |  | Internal Revenue Service.  Department of the Treasury – Internal Revenue Service   |   |   |
| OMB No. 1545-0008  | REISSUED STATEMENT                                    | 2 Federal income tax withheld                | OMB No. 1545-0008<br>d Control Number  | REISSUED STATEMENT  1 Wages, tips, other compensation | 2 Federal income tax withheld           |
| 1 Control Number<br>841965   | 1 Wages, tips, other compensation 44094.12            | 6009.34                                      | 841965   | 44094.12  | 6009.34                                 |
| b Employer identification number (EIN) $02-0462009$  | 3 Social security wages 44094.12                      | 4 Social security tax withheld 2733.84       | b Employer identification number (EIN) $02-0462009$  | 3 Social security wages 44094.12                      | 4 Social security tax withheld 2733.84  |
| Employee's social security number 861-01-3485  | 5 Medicare wages and tips 44094.12                    | 6 Medicare tax withheld 639.36               | a Employee's social security number $861-01-3485$  | 5 Medicare wages and tips 44094.12                    | 6 Medicare tax withheld 639.36          |
| Employer's name, address and ZIP co<br>LONZA BIOLOGICS<br>101 INTERNATIONAL I<br>PORTSMOUTH NH 038(  | DRIVE   |  | c Employer's name, address and ZIP co<br>LONZA BIOLOGICS<br>101 INTERNATIONAL I<br>PORTSMOUTH NH 038(  | DRIVE   |   |
| 7 Social security tips   | 8 Allocated tips                                      | 9  | 7 Social security tips   | 8 Allocated tips                                      | 9                                       |
| 10 Dependent care benefits   | 11 Nonqualified plans                                 | <sup>12a</sup><br>g C   32.73                | 10 Dependent care benefits   | 11 Nonqualified plans                                 | <sup>12a</sup> 8 C 32.73                |
| <sup>12b</sup> W   799.97  | 8 AA 1765.35  | © DD 2948.35                                 | 12b<br>8 W   799.97  | 8AA 1 1765.35   | 8DD 2948.35                             |
| 13 Statutory employee Retirement plan Third-party sick pay   |   |  | 13 Statutory employee Plan Statutory employee Plan Statutory Statutory Plan Statutory and Alexanders and Alexan |   |   |
| e Employee's name, address and ZIP or<br>RAVEENA PINTO<br>719 TRI CITY RD<br>APT 719<br>SOMERSWORTH NH 038                                     |   |  | e Employee's name, address and ZIP co<br>RAVEENA PINTO<br>719 TRI CITY RD<br>APT 719<br>SOMERSWORTH NH 038   |   |   |
| 2023   15 State Employe  | er's state I.D. no.                                   | 16 State wages, tips, etc.                   | בטכז   | yer's state I.D. no.                                  | 16 State wages, tips, etc.              |
| ₺ W-2  | 17 State income tax 18                                | Local wages, tips, etc.                      | ₺ W-2  | 17 State income tax                                   | 18 Local wages, tips, etc.              |
| Wage and Tax Statement   | Sale moone tax  | . Local regula, upa, cito.                   | Wage and Tax Statement<br>Copy 2 - To Be Filed With  | Sate moone tax  | .o Local wagoo, upo, Ctb.               |
| Employee's State, City, or Local Income Tax Return.  | (0.1)   |  | Employee's State, City, or<br>Local Income Tax Return.   | 40 Landing  | 20 Levelle                              |
|  | 19 Local income tax 20                                | Locality name                                |  | 19 Local income tax                                   | 20 Locality name                        |

Department of the Treasury – Internal Revenue Service

Department of the Treasury – Internal Revenue Service

## 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 it 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.

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 may also visit the SSA website at .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 railroad 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 or 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.

## 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 3. 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 Medicare wages and tips shows 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 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).

Injure your beheints). 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. See Form 2441. 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 box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security 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 deferral 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 with be age 25 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 year you are only layer payments.

## Instructions for Employee (Continued)

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (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 \$25.500 (\$15.500 if you 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 \$22,500. Deferrals under code H are limited to

However, if you were at least age 50 in 2023, your employer may have allowed an additional deterral of up to \$7.500 (\$3.500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral for ook ode, the limit on elective deferrals mount is not subject to the overall limit on elective deferrals moved one 6, the limit 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, your made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. A—Incollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. 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 deferrals under a section 401(k) carnagement. E—Elective deferrals under a section 403(s) salary reduction agreement.—Elective deferrals under a section 408(k)(6) salary reduction SEP —Elective deferrals under a section 408(k)(6) salary reductions (including contributions) in the section 401 duding the contribution of the cont

section 40 (N) arrangement E—lective deferrals under a section 40(N) salary reduction agreement F—Elective deferrals under a section 408(N)(6) salary reduction SEP G—Elective deferrals and employer contributions (including nonelective deferrals and employer contributions (including nonelective deferrals to a section 457(N) deferred compensation plan H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct. J—Nontaxable sick pay (information only, not included in box 1, 3, or 5) R—20% exciss tax on excess golden parachute payments. See the Form 1040 instructions. 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. P—Excludable moving expense reimbursements (not flood for the control of the Control

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 8339 to figure any taxable and nontaxable amounts. V—Income from exercise of nonstabutory 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 contribute using a section 125 (cafeteria) plan) to your heatth savings account. Report on Form 8889. Y—Deferrals under a section 409A nonqualified deferred compensation plan T-income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions. AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable. EED—esignated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan. FF—Permitted benefits under a qualified small employer health reimbursement arrangement GG—Income from qualified equity grants under section 83(i) HH—Aggregate deferrals under section 63(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. 590-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 payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 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 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular vaer