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| FEDERAL Tax Ret | | OMB No. 1545-0008 | | | | | |
| a Employee's soc. sec. | no. | 1 W | lages, tips, other comp. | 2 | Pederal income tax withher | | |
| XXX-XX-2114 | | 122600.10 | | | 8529.87 | | |
| | | 3 S | ocial security wages | 4 | Social security tax withhel | | |
| b Employer ID number | (EIN) | 130767.80 | | | 8107.60 | | |
| 310501234 | | The second secon | | | Medicare tax withheld | | |
| | | | 130767.80 | 1896.13 | | | |
| c Employer's name, ad | | | | | | | |
| Great Ameri | can : | Ins | urance Company | | | | |
| 301 E. Fourth Street | | | | | | | |
| Cincinnati, | | | | | | | |
| 021102111111111111 | | | | | | | |
| | | | | | | | |
| d Control number | | | | | | | |
| GAIC Great | | | 1D I- | | | | |
| e Employee's name, ac Suresh Babu | | | IP code | | | | |
| | | | M | | | | |
| 6796 CHARLESTOWN LN | | | | | | | |
| MASON, OH 4 | 5040 | | | | , | | |
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| 7 Social security tips 8 Allocated tips 9 | | | | | | | |
| 7 Social security tips | | • / . | 6 Allocated tips | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| 10 Dependent care benefits | | 11 Nongualified plans | | 12 | 2a Code See inst. for box 1 | | |
| | | | Total de la constant | C 89.76 | | | |
| 13 Statutory employee 14 Oth | | | 7 | | 12b Code | | |
| To Statutory employee 14 Out | | | | | D 8167.70 | | |
| Retirement plan | 1 | | | 12 | 2c Code | | |
| X | W 3774.11 | | | | | | |
| Third-party sick pay 12d Code | | | | | | | |
| , , , , , | | | | | DD 21599.06 | | |
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| OH 510532484 | | | 122600.10 |) | 4101.58 | | |
| 15 State Employer's stat | e ID nur | nber | 16 State wages, tips, etc. | | 17 State income tax | | |
| 18 Local wages, tips, et | c. | 19 L | | 20 | 20 Locality name | | |
| 30824.79 | | | 554.89 | - | CINCI | | |
| 8055 | | 902.18 | | MASON | | | |
| | | - | | - | | | |

5053

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

| Copy 2—To Be Filed Wi | th Emplo | vee's State. | | |
|---------------------------------------|-------------|-------------------|---------------|---|
| City, or Local Income T | | | OMB | No. 1545-0008 |
| a Employee's soc. sec. no. | 1 Wages, | tips, other comp. | 2 Federal in | ncome tax withheld |
| XXX-XX-2114 | | 122600.10 | | 8529.87 |
| XXX XX ZIII | 3 Social s | security wages | 4 Social se | curity tax withheld |
| b Employer ID number (EIN) | | 130767.80 | | 8107.60 |
| 310501234 | 5 Medica | re wages and tips | 6 Medicare | tax withheld |
| | | 130767.80 | | 1896.13 |
| c Employer's name, address, | | | | |
| Great American | Insura | nce Company | | |
| 301 E. Fourth S | treet | | | |
| Cincinnati, OH | 45202- | 3110 | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| d Control number | | | | *************************************** |
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| e Employee's name, address, | and 7ID and | | | |
| Suresh Babu Nan | and zir cod | ie . | | |
| 6796 CHARLESTON | | | | |
| | | | | |
| MASON, OH 45040 |) | | | |
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| 7 Social security tips | 8 Allocate | ed tips | 9 | |
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| OH 510532484 | | 122600.10 | | 4101.58 |
| 15 State Employer's state ID nu | | | | ncome tax |
| 18 Local wages, tips, etc. | 19 Local in | | 20 Locality r | |
| 30824.79 | | 554.89 | CINCI | |
| 80558.60 | | 902.18 | | ASON |
| Form W-2 Wage and Tax Sta | tement | 2023 | Dept. c | of the Treasury - IRS |

| Notice to Employe | | | RECORDS (See | | OMB No. 1545-0008 | | |
|---|----------|-------------------------|---|--|---|--|--|
| Notice to Employee on the back of Copy B.) | | | | | | | |
| a Employee's soc. sec | c. no. | 1 V | 1 Wages, tips, other comp. 2 Federal income tax with | | | | |
| XXX-XX-2114 | | 122600.10 | | | 8529.87 | | |
| | | 3 Social security wages | | 4 5 | 4 Social security tax withheld | | |
| b Employer ID numbe | r (EIN) | | 130767.80 | | 8107.60 | | |
| 310501234 | | | Medicare wages and tips | 61 | 6 Medicare tax withheld | | |
| | | L | 130767.80 | | 1896.13 | | |
| c Employer's name, a Great Ameri | | | urance Company | | | | |
| 301 E. Four | cth S | tre | et | | | | |
| Cincinnati | OH · | 452 | 02-3110 | | | | |
| | | | | | | | |
| d Control number GAIC Great | | | | | | | |
| e Employee's name, a | ddress : | and 7 | 7IP code | | | | |
| Suresh Bab | u Nar | ra | in oods | | | | |
| 6796 CHARL | ESTOW | NΙ | LN | | | | |
| MASON, OH | | | | | | | |
| MASON, OH | 45040 | | | | | | |
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| 7 Social security tips | | 8 A | Illocated tips | 9 | | | |
| | a ofita | | | | | | |
| | nefits | | . Illocated tips | 12a | Code See inst. for box 12 | | |
| 0 Dependent care ber | | 11 N | | 12a | Code See inst. for box 12 89.76 | | |
| 0 Dependent care ber | | 11 N | | 12a | Code See inst. for box 12 89.76 Code | | |
| 10 Dependent care ber | | 11 N | | 12a C 12b | Code See inst. for box 12 89.76 Code 8167.70 | | |
| 0 Dependent care ber | | 11 N | | 12a C 12b | Code See inst. for box 12 89.76 Code 8167.70 | | |
| 10 Dependent care ber 13 Statutory employee Retirement plan X | | 11 N | | 12a C 12b D 12c W | Code See inst. for box 12 89.76 Code 8167.70 | | |
| 10 Dependent care ber 13 Statutory employee Retirement plan | | 11 N | | 12a C 12b D 12c W | Code See inst. for box 12 89.76 Code 8167.70 Code 3774.11 | | |
| 10 Dependent care ber 13 Statutory employee Retirement plan X | 14 Oth | 11 N | | 12a C 12b D 12c W 12d D | Code See inst. for box 12 89 . 76 Code 8167 . 70 Code 3774 . 11 Code | | |
| 10 Dependent care ber 13 Statutory employee Retirement plan X Third-party sick pay OH 5105324 | 14 Oth | 11 N | lonqualified plans | 12a C 12b D 12c W 12d D | Code See inst. for box 12 89.76 Code 8167.70 Code 3774.11 Code D 21599.06 | | |
| O Dependent care ber Statutory employee Retirement plan X Third-party sick pay OH 5105324 State Employer's state B Local wages, tips, e | 14 Oth | 11 N er | 122600.10 16 State wages, tips, etc. ocal income tax | 12a C 12b D 12c W 12d D | Code See inst. for box 12 89.76 Code 8167.70 Code 3774.11 Code D 21599.06 4101.58 7 State income tax cocality name | | |
| 10 Dependent care ber 13 Statutory employee Retirement plan X Third-party sick pay OH 5105324 15 State Employer's state 18 Local wages, tips, e | 14 Oth | 11 N er | lonqualified plans 122600.10 | 12a C 12b D 12c W 12d D | Code See inst. for box 12 89.76 Code 8167.70 Code 3774.11 Code D 21599.06 4101.58 7 State income tax | | |

| Form W-2 Wage and Tax S | tatement | 2023 | Dept. of the Treasury - IRS |
|--|-----------------------|-----------------|---------------------------------|
| This information is being furnish penalty or other sanction may be | ed to the IRS. If you | are required to | file a tax return, a negligence |

| | 1 | colar cocarity wages | | | | |
|--|-------|-------------------------|---------------------------|----------------------------|--|--|
| b Employer ID number (EIN) | | 130767.80 | 8107.60 | | | |
| 310501234 | | ledicare wages and tips | 6 Medicare tax withheld | | | |
| 3233325 | | 130767.80 | 1896.13 | | | |
| c Employer's name, address, | | | | | | |
| Great American | | | | | | |
| 301 E. Fourth S | tre | et | | | | |
| Cincinnati, OH 45202-3110 | | | | | | |
| | | | | | | |
| d Control number | | | | | | |
| GAIC Great | | | | | | |
| e Employee's name, address, | | IP code | | | | |
| Suresh Babu Na | | | | | | |
| 6796 CHARLESTO | NN I | JN | | | | |
| MASON, OH 45040 |) | | | | | |
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| 7 Social security tips | Ι ο Λ | llocated tips | 9 | | | |
| 7 Social security ups | | siocated tips | 9 | g in has been allegate our | | |
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| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax | | | | | | |
| 18 Local wages, tips, etc. | 19 L | ocal income tax | 20 Locality name CINCI | | | |
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| 80558.60 902.18 MASON | | | | | | |
| Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS | | | | | | |

3 BW24UP

1 Wages, tips, other comp.

3 Social security wages

122600.10

OMB No. 1545-0008

2 Federal income tax withheld

4 Social security tax withheld

8529.87

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

a Employee's soc. sec. no.

XXX-XX-2114

BW24UP

NTF 2585808