

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2023 Copy C for employee's records. OMB No. 1545-0008

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

SHAILAJA DONTHULA 1298 HIDDEN RIDGE APT# 1075 IRVING, TX 75038

Social Security Number: XXX-XX-7779



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Fold and Detach Here

1 Wages, tips, other comp. 49223.10 2 Federal income tax withheld 5607.72 3 Social security wages 52989.30 4 Social security tax withheld 3285.34 5 Medicare wages and tips 52989.30 6 Medicare tax withheld 768.34

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Federal Filing Copy W-2 Wage and Tax Statement 2023 Copy B to be filed with employee's Federal Income Tax Return.

State Filing Copy W-2 Wage and Tax Statement 2023 Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy W-2 Wage and Tax Statement 2023

2023 W-2 and Earnings Summary

Form W-2 Wage and Tax Statement
Copy C — For EMPLOYEE'S RECORDS 2023

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 fail to report it.

OMB No. 1545-0008
Department of Treasury - Internal Revenue Service

Control number: OFX81 A6JK 00714

Employer's name, address, and ZIP code:
CORSICANA ACQUISITION LLC
PO BOX 1050
CORSICANA TX 75151

Employee's name, address, and ZIP code:
SHAILAJA DONTHULA
1298 HIDDEN RIDGE APT NO 1075
IRVING TX 75038

1 Wages, tips, other comp.	18633.55	2 Federal income tax withheld	1548.68
3 Social security wages	20120.05	4 Social security tax withheld	1247.44
5 Medicare wages and tips	20120.05	6 Medicare tax withheld	291.74
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans	12a D 1486.50	12b	
13 Statutory employee	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay	
Employee's social security no.	862-09-7779	14	
Employer ID number (EIN)	88-3728506		
15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay \$22,445.41	\$22,445.41	\$22,445.41
Less: Non-Taxable Earnings (\$2,325.36)	(\$2,325.36)	(\$2,325.36)
Less: Retirement Deductions (\$1,486.50)	N/A	N/A
Less: Other Pre-tax Deductions \$0.00	\$0.00	\$0.00
Less: Third Party Sick Pay \$0.00	\$0.00	\$0.00
Less: Excess Wages N/A	\$0.00	N/A
Total Reported Wages \$18,633.55	\$20,120.05	\$20,120.05
Fed Income Box 2 of W-2 \$1,548.68	Social Security Box 4 of W-2 \$1,247.44	Medicare Box 6 of W-2 \$291.74

Tax Withheld

SHAILAJA DONTHULA
1298 HIDDEN RIDGE APT NO 1075
IRVING, TX 75038

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2 Wage and Tax Statement
Copy B — To Be Filed With 2023
Employee's FEDERAL Tax Return.

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Form W-2 Wage and Tax Statement
Copy 2 — To Be Filed With 2023
Employee's State, City, or Local Income Tax Return.

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Department of Treasury - Internal Revenue Service

Control number: OFX81 A6JK 00714

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PO BOX 1050
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APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

CORSICANA ACQUISITION LLC
PO BOX 1050
CORSICANA, TX 75151
(903) 875-7845

Table with columns: Plan Start Month, Offer of Coverage, Employee Required Contribution, Section 4980H Safe Harbor and Other Relief, ZIP Code. Rows for All 12 Months, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec.

Employer Provided Health Insurance Offer and Coverage

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Department of the Treasury - IRS

0FX81 A6JK 00681

EMPLOYEE'S name, address, ZIP/postal code & country
SHAILAJA DONTHULA
1298 HIDDEN RIDGE APT NO 1075
IRVING, TX 75038

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

APPLICABLE LARGE EMPLOYER'S identification number (EIN) 88-3728506
EMPLOYEE'S social security number (SSN) XXX-XX-7779

Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

Table with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 mos., (e) Months of coverage (Jan-Dec). Rows 18-23.

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage.

Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in the Covered Individuals section if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit www.irs.gov/ACA or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

Employee

Reports information about you, the employee. Reports your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Applicable Large Employer

Reports information about your employer. This includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Employer Offer of Coverage, Lines 14-17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14. The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit IRS.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Reserved for future use.

1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

1L. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.

1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

1N. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

1O. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.

1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

1Q. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.

1R. Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.

1S. Individual coverage HRA offered to an individual who was not a full-time employee.

1T. Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.

1U. Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.

1V. Reserved for future use.

1W. Reserved for future use.

1X. Reserved for future use.

1Y. Reserved for future use.

1Z. Reserved for future use.

Line 15. Reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. Provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit IRS.gov.

Line 17. Reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information about individual coverage HRAs, visit IRS.gov.

Covered Individuals, Lines 18-23

Reports the name, SSN (or TIN for covered individuals other than the listed employee), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the listed employee) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For months for which these individuals were covered. If there are more than 6 covered individuals, you will receive one or more additional forms).

B1095C1 3 B1095C1 B08C11REC NTF 2586064 CAA