	a Employee's social security number							
Import Code: 4DJ6JD6V ***-**-3170 OMB No. 1545			5-0008					
b Employer identification number	(EIN)	-	1 Wag	ges, tips, other compensation	2 Federal income tax withheld			
71-0794409			23471	0.33	44041.01			
c Employer's name, address, and	ZIP code		3 Soc	cial security wages	4 Social security tax withheld			
WAL-MART ASSOCIATES, INC.			160200	0.00	9932.40			
			5 Me	dicare wages and tips	6 Medicare tax withheld			
702 SW 8TH STREET			234710).33	3715.69	3715.69		
BENTONVILLE, AR 72716-0135			7 Soc	cial security tips	8 Alloca	ited tips		
-								
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial	Last name	Suff.	11 Nor	nqualified plans	12a See ir	12a See instructions for box 12		
00439610355	1 of 1				DD	9329.69		
VENKATA SAI SRI MADIRAJU			13 Statu empl	13 Statutory employee Retirement plan Third-party sick pay 12b X Statutory % AA 11612.97				
940 AZURE STREET, APT 4			14 Oth		12c	11012.07		
SUNNYALE, CA 94087			CASDI 1378.48					
					12d	1		
					o d e			
f Employee's address and ZIP cod	de							
15 State Employer's state ID numb	ber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inco	ome tax	20 Locality name	
CA 427 5978 7	234710.33	19898.35						

Form **W-2** Wage and Tax Statement

2023

Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

		a Employee	e's social security number									
Import C	ode: 4DJ6JD6V	***-**-3170)	OMB No. 154	5-0008	В						
b Emp	loyer identification number (EIN)			1 \	1 Wages, tips, other compensation			2 Fed	2 Federal income tax withheld		
71-079	94409				234	710.3	3		44041.	44041.01		
c Emp	loyer's name, address, and	ZIP code			3 Social security wages			4 Social security tax withheld				
WAL-MA	ART ASSOCIATES, INC.				160200.00			9932.40				
					5	Medica	re wages an	d tips	6 Me	dicare tax with	nheld	
702 534	STH STREET				234	710.33	3		3715.6	3715.69		
	NVILLE, AR 72716-0135				7	Social s	security tips		8 Allo	8 Allocated tips		
BENTO	VILLE, AK /2/10-0155											
d Cont	trol number				9				10 Dep	endent care	oenefits	
e Emp	loyee's first name and initial	Last r	name	Suff.	11	Nonqua	alified plans		12a			
00439	610355	1 of 1	l							9329.69		
					13	Statutory employee	Retirement plan	Third-party sick pay	12b			
VENKA	TA SAI SRI MADIRAJU				[X		d AA	11612.9	7	
0.40 1.77						Other			12c			
	RE STREET, APT 4				CASE	DI	1378	.48	o d e			
SUNNY	ALE, CA 94087								12d	<u> </u>		
									o d e			
f Empl	oyee's address and ZIP coc	le										
15 State	Employer's state ID numb	er	16 State wages, tips, etc.	17 State incor	ne tax	18	Local wage	s, tips, etc.	19 Local i	ncome tax	20 Locality name	
CA	427 5978 7		234710.33	19898.35								

Form W-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

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

	a Employee's social security number								
Import Code: 4DJ6JD6V ***-**-3170 OMB No. 1545			45-0008						
b Employer identification number	(EIN)		1 Wag	ges, tips, other compensatio	n 2 Fede	2 Federal income tax withheld			
71-0794409			234710	0.33	44041.0	44041.01			
c Employer's name, address, and	ZIP code		3 Soc	cial security wages	4 Soci	4 Social security tax withheld			
WAL-MART ASSOCIATES, INC.			16020	0.00	9932.40	9932.40			
			5 Me	dicare wages and tips	6 Med	6 Medicare tax withheld			
			234710	0.33	3715.69)			
702 SW 8TH STREET			7 Soc	cial security tips	8 Alloc	8 Allocated tips			
BENTONVILLE, AR 72716-0135									
d Control number			9		10 Depe	endent care benefits			
e Employee's first name and initia	Last name	Suff.	11 No	nqualified plans	12a				
00439610355	1 of 1					9329.69			
VENKATA SAI SRI MADIRAJU			13 Statu emp	utory Retirement Third-pa loyee plan sick pay	^{ty} 12b				
				X	e AA	11612.97			
940 AZURE STREET, APT 4			14 Oth	er	12c				
SUNNYALE, CA 94087			CASDI	1378.48	o d e				
					12d				
					o d e				
f Employee's address and ZIP cod	de								
15 State Employer's state ID numb	ber 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, et	c. 19 Local in	come tax 20 Locality name			
CA 427 5978 7	234710.33	19898.35							

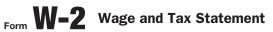
Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

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

		a Employee	e's social security number			This i	nformation is b	peing furnis	shed to the Int	ernal Revenu	e Service. If yo	bu
Import Co	ode: 4DJ6JD6V	***-**-3170)	OMB No. 154	5-0008	are re may b	equired to file a oe imposed on	v tax return you if this	, a negligence income is tax	penalty or o able and you	ther sanction fail to report it	t.
b Emp	loyer identification number	(EIN)			1 Wa	1 Wages, tips, other compensation			2 Federal income tax withheld			
71-079	4409				23471	234710.33			44041.01			
c Empl	loyer's name, address, and	ZIP code			3 Social security wages			4 Social security tax withheld				
WAL-MA	ART ASSOCIATES, INC.				160200.00			9932.40				
					5 M	5 Medicare wages and tips			6 Media	6 Medicare tax withheld		
702 SW 9	3TH STREET				23471	10.33			3715.69	3715.69		
	WILLE, AR 72716-0135				7 Sc	ocial se	ecurity tips		8 Allocated tips			
DENTON	() IEEE, / IR / 2/10 0135											
d Control number			9	9 10 Dependent care b			oenefits					
e Employee's first name and initial Last name Suff.			11 Nonqualified plans12a See ins			instructions	for box 12					
004396	610355	1 of 1	1						d DD	9329.69		
VENKATA SAI SRI MADIRAJU				13 Sta	atutory iployee	Retirement plan	Third-party sick pay	12b				
							^o _e AA 11612.97					
940 AZU	RE STREET, APT 4				14 Other 12c			12c				
SUNNYA	ALE, CA 94087				CASDI 1378.48							
									12d			
									o d e			
f Emplo	oyee's address and ZIP co	de										
15 State	Employer's state ID numb	ber	16 State wages, tips, etc.	17 State incor	ne tax	18	Local wages,	tips, etc.	19 Local inc	come tax	20 Locality na	me
CA	427 5978 7		234710.33	19898.35								



2023

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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 if 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/IEITC. 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.

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 form 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 www.SSA.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 one 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

(See also Notice to Employee on the back of Copy B.)

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 5. 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 shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$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).

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 will be age 62 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 give you a copy.

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 \$22,500 (\$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 \$2,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the

401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, 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, you 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-Uncollected 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 to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

Instructions for Employee

Box 12 (continued)

E-Elective deferrals under a section 403(b) salary reduction agreement

F-Elective deferrals under a section 408(k)(6) salary reduction SEP

 ${\bf G-}$ Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

 ${\rm H-Elective}$ 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)

K-20% excise 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.

 $\rm N-Uncollected$ Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

 ${\rm P-Excludable}$ moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

 $\mathbf{Q}-\mathbf{N}\text{ontaxable}$ combat pay. See the Form 1040 instructions for details on reporting this amount.

R-Employer contributions to your Archer MSA. Report on Form 8853.

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 8839 to figure any taxable and nontaxable amounts.

 ${\rm V-}$ Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

 $\begin{array}{ll} \textbf{W-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.\\ \textbf{Y-Deferrals under a section 409A nonqualified deferred compensation plan} \end{array}$

Z-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.

EE—Designated 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 83(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 year.

Walmart Associates, Inc.

To:	All Associates
From:	Payroll Services
Date:	January 1, 2024
Subject:	2023 W-2 Wage and Tax Statement

To assist you in understanding the 2023 W-2 forms, the following information is provided:

General Information:

- Please verify upon receipt that your name and social security number are correct. If incorrect, refer to the section entitled "Corrections" on the back of the W-2 form.
- If your Federal tax withholding was not sufficient to meet your tax liability, you might want to file a new Form W-4 for 2024.
- If you received compensation in more than 2 states or 2 localities, you will receive as many copies of Form W-2 as is
 necessary to list the amounts separately. However, all wages reported in Boxes 1, 3 and 5 will be printed on only 1
 copy of Form W-2.
- The W-2 form includes an Import Code. This code is an eight digit alpha numeric value that can be used with tax preparation software to import your W-2 information. The import code is located in the lower right corner of the employee address box on the W-2. More information regarding the use of the new import code can be found on the tax preparer's website.
- Box 13: The "Retirement Plan" box will be marked for anyone who contributed to their 401(k) plan for the plan year ending January 31, 2024. If the box is marked, special limits may apply to the amount of IRA contributions you may deduct.

Notice to California, Colorado, Texas, and Illinois Associates - Federal Earned Income Tax Credit

If you have earned less than \$63,698 last year, you may be eligible to receive the earned income tax credit of up to \$7,430 from the federal government. The earned income tax credit is a refundable federal income tax credit for low-income working individuals and families. The earned income tax credit has no effect on certain welfare benefits. In most cases, earned income tax credit payments will not be used to determine eligibility for Medicaid, supplemental security income, food stamps, low-income housing or most temporary assistance for needy families' payments. Even if you do not owe federal taxes, you must file a tax return to receive the earned income tax credit. For information regarding your eligibility to receive the earned income tax credit, including information on how to obtain the IRS Notice 797, or any other necessary forms and instructions, contact the Internal Revenue Service by calling 1-800-829-3676 or through its web site at www.irs.gov.

Oregon residents- www.oregon.gov/dor

Philadelphia residents-www.YouEarnedItPhilly.com

Additional information for California residents:

You may also be eligible to receive the California Earned Income Tax Credit (California EITC) starting with the calendar year 2015 tax year. The California EITC is a refundable state income tax credit for low-income working individuals and families. The California EITC is treated in the same manner as the Federal EITC and generally will not be used to determine eligibility for welfare benefits under California law. To claim the California EITC, even if you do not owe California taxes, you must file a California income tax return and complete and attach the California EITC form (FTB 3514). For information on the availability of the credit, eligibility requirements, and how to obtain the necessary California forms and get help filing, contact the franchise tax board at 1-800-852-5711 or through the website at www.ftb.ca.gov.

Notice to Associates with New York Wages

If you received compensation in the State of New York, Box 16 for the State of New York will match the amount in Box 1. For questions pertaining to this state law, you may call the New York State Department of Taxation and Finance at (518) 485-6654.

Online W-2 Delivery

Support the company's sustainability efforts by consenting to online delivery at <u>www.mytaxform.com</u>.

For questions concerning your W-2 contact Payroll Services at (479) 273-4323.