d Control Number			OMB No. 1545-0008		
9031	1 Wages, tips, other compensation 122725.48	2 Federal income tax withheld 19429.48	d Control Number 9031	1 Wages, tips, other compensation 122725.48	2 Federal income tax withheld 19429.48
b Employer identification number (EIN) 48-1304650	3 Social security wages	4 Social security tax withheld	b Employer identification number (EIN) 48-1304650	3 Social security wages	4 Social security tax withheld
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld	a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
787-68-5695			787-68-5695		
<pre>c Employer's name, address and ZIP cod TRINET HR III, INC. SUITE 600 1 PARK PLACE DUBLIN CA 94568-79</pre>			Employer's name, address and ZIP co TRINET HR III, INC SUITE 600 1 PARK PLACE DUBLIN CA 94568-75		
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 8 8 8 C 36.00	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 8 8 7 36.00
^{12b} g DD 7716.24	12c	12d	^{12b} gDD 7716.24	12c 왕	12d චී
13 Statutory employee Retirement plan Third-party plan Third-party sick pay Third-party sick pay Third-party Sick pay TOP TOP	de	<u> </u>	Istatutory employee Retirement plan Third-party sick pay e Employee's name, address and ZIP cc UDAYAN KATE 6565 MCCALLUM BLVD DALLAS TX 7525	ode	<u></u>
	yer's state I.D. no.	16 State wages, tips, etc.		yer's state I.D. no.	16 State wages, tips, etc.
Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) This information is being furnished to the	17 State income tax 18	3 Local wages, tips, etc.	Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return.	17 State income tax 18	8 Local wages, tips, etc.
	19 Local income tax 20) Locality name	This information is being furnished to the Internal Revenue Service. Department of the Treasury – Internal Revenue Service	19 Local income tax 20) Locality name
OMB No. 1545-0008 d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld	OMB No. 1545-0008 d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
9031	122725.48	19429.48	9031	122725.48	19429.48
b Employer identification number (EIN) 48-1304650	3 Social security wages	4 Social security tax withheld	b Employer identification number (EIN) 48-1304650	3 Social security wages	4 Social security tax withheld
a Employee's social security number 787-68-5695	5 Medicare wages and tips	6 Medicare tax withheld	a Employee's social security number 787-68-5695	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP coor TRINET HR III, INC. SUITE 600	de	<u>.</u>	c Employer's name, address and ZIP co TRINET HR III, INC SUITE 600 1 PARK PLACE	ie	
1 PARK PLACE DUBLIN CA 94568-79			DUBLIN CA 94568-79		1.0
	8 Allocated tips	9	DUBLIN CA 94568-79 7 Social security tips 10 Dependent care benefits	8 Allocated tips	9
DUBLIN CA 94568-79 7 Social security tips 10 Dependent care benefits	8 Allocated tips 11 Nonqualified plans	12a 8 C 36.00	7 Social security tips 10 Dependent care benefits	8 Allocated tips 11 Nonqualified plans	^{12a} ⁸ / ₈ C 36.00
DUBLIN CA 94568-79	8 Allocated tips	12a ⁸ C 36.00 12d	7 Social security tips 10 Dependent care benefits 12b	8 Allocated tips	12a @
DUBLIN CA 94568-79 7 Social security tips 10 Dependent care benefits 12b	8 Allocated tips 11 Nonqualified plans 12c 8 Original of the second s	12a 8 C 36.00	7 Social security tips 10 Dependent care benefits 12b	8 Allocated tips 11 Nonqualified plans 12c 8 7 14 Other ode	^{12a} ⁸ / ₈ C 36.00
DUBLIN CA 94568-79 7 Social security tips 10 Dependent care benefits 12b 9 DD 7716.24 13 Statutory relation of the party employee e Employee's name, address and ZIP co UDAYAN KATE 6565 MCCALLUM BLVD DALLAS TX 75252	8 Allocated tips 11 Nonqualified plans 12c 8 12c 8 12c 8 14 Other ode APT 333	12a 8 C 36.00 12d 9 S	7 Social security tips 10 Dependent care benefits 12b 80 DD 7716.24 13 Statutory employee Retirement plan Third-party sick pay • Employee's name, address and ZIP co UDAYAN KATE 6565 MCCALLUM BLVD DALLAS TX 75252	8 Allocated tips 11 Nonqualified plans 12c 8 7 14 Other 14 Other APT 333	12a <u>8</u> C 36.00 12d <u>8</u> 3
DUBLIN CA 94568-79 7 Social security tips 10 Dependent care benefits 12b 7716.24 13 Statutory plan 14 Third-party plan 15 Retirement ATE 16 CALLUM BLVD DALLAS TX 75252	8 Allocated tips 11 Nonqualified plans 12c 8 12c 8 12c 8 14 Other ode APT 333	12a ⁸ C 36.00 12d	7 Social security tips 10 Dependent care benefits 12b § DD 7716.24 13 Statutory employee Retirement plan Third-party sick pay e Employee's name, address and ZIP or UDAYAN KATE 000000000000000000000000000000000000	8 Allocated tips 11 Nonqualified plans 12c 8 7 14 Other ode	^{12a} ⁸ / ₈ C 36.00
DUBLIN CA 94568-79 7 Social security tips 10 Dependent care benefits 12b 0 DD 7716.24 13 Statutory employee 7716.24 13 Statutory employee Retirement plan e Employee's name, address and ZIP co UDAYAN KATE 6565 MCCALLUM BLVD DALLAS TX 75252 CO23 15 State Employee g W-2 15 State Employee	8 Allocated tips 11 Nonqualified plans 12c 8 9 14 Other ode APT 333	12a 8 C 36.00 12d 9 S	7 Social security tips 10 Dependent care benefits 12b 0 DD 7716.24 13 Statutory Plan employee Retirement plan Third-party e Employee's name, address and ZIP or UDAYAN KATE 000000000000000000000000000000000000	8 Allocated tips 11 Nonqualified plans 12c. 8 12c. 8 14 Other de APT 333 yer's state I.D. no.	12a <u>8</u> C 36.00 12a <u>8</u> 8
DUBLIN CA 94568-79 7 Social security tips 10 Dependent care benefits 12b 9 DD 7716.24 13 Statutory plan Third-party plan 14 Statutory Plan Third-party plan 15 State Employee's name, address and ZIP co UDAYAN KATE 6565 MCCALLUM BLVD DALLAS TX 75252 2023 15 State Employee 16 Wage and Tax Statement Copy 2 - To Be Filed With	8 Allocated tips 11 Nonqualified plans 12c 8 9 14 Other ode APT 333	122 8 C 36.00 124 9 8 16 State wages, tips, etc.	7 Social security tips 10 Dependent care benefits 12b 8 DD 7716.24 13 Statutory employee 7716.24 13 Statutory employee Retirement plan Third-party sick pay • Employee's name, address and ZIP oc UDAYAN KATE 6565 MCCALLUM BLVD DALLAS TX 75252 Image: State St	8 Allocated tips 11 Nonqualified plans 12c. 8 12c. 8 14 Other de APT 333 yer's state I.D. no.	12a <u>8</u> C 36.00 12d <u>8</u> 3 16 State wages, tips, etc.
DUBLIN CA 94568-79 7 Social security tips 10 Dependent care benefits 12b 9 DD 7716.24 13 Statutory Retirement employee Third-party sick pay e Employee's name, address and ZIP co UDAYAN KATE 6565 MCCALLUM BLVD DALLAS TX 75252 I State Employee's State, City, or Local Income Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Sta	8 Allocated tips 11 Nonqualified plans 12c 90 y 14 Other ode APT 333 er's state I.D. no. 17 State income tax 18	122 8 C 36.00 124 9 8 16 State wages, tips, etc.	7 Social security tips 10 Dependent care benefits 12b 00 D 7716.24 13 Statutory Plan 13 Statutory Plan employee Retirement Plan Sick pay etc. DAYAN KATE 6565 MCCALLUM BLVD DALLAS TX 75252 Image: State State Statement State Employee Image: State Statement State Statement	8 Allocated tips 11 Nonqualified plans 12c 8 12c 8 12c 8 14 Other ode APT 333 yer's state I.D. no. 17 State income tax 18	12a g C 36.00 12a g

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 an you redit. Earned income credit (EC). 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 more than the specified amount for 2023 information, visit www.irs.gov/EIC. See also Pub. 556. Amy EIC that is more than your tax liability is refunded to you, but on vif 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 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

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 wages and tips 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 its 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 2414. IBox 11. This amount is (a) reported in box 1 if its a distribution made to you from a nonqualified or section 425 (balance) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified to escion 457(b) plan, to the substrate levels of 210 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 taxelable for social security and Medicare taxes this year because there is no longer a substratial risk of foreiture 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 is power Report of Special Wage Payments, with the Social Security Administration and give you a copy.

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 \$22,500 (\$15,500 if you only have SIMPLE plans; 252,500 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 \$7,000.

Nowever, 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) SIME Epians). 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—Incollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. B—Uncollected defarats under a SIMPLE retirement acoount that is part of a section 401(k) cash or deferred low arrangement. Also includes deferrats under a SIMPLE retirement acoount that is part of a section 401(k) and or adjust the elective deferrals to a section 401(k) any argument. E—Elective deferrals under a section 401(k) any requent the _Employee deferrals under a section 401(k) any requent on agreement the deferrals under a section 401(k) any reduction agreement the deferrals under a section 401(k) any reduction agreement the deferrals under a section 401(k) any reduction agreement the deferrals under a section 401(k) any reduction agreement the deferrals under a section 401(k) any reduction agreement the section 405(k) selay reduction agreement the section 405(k) section sect

section 40 (IK) arrangement. E—Elective deferrats under a section 403(b) salary reduction agreement F—Elective deferrats under a section 403(b) (si) salary reduction SEP G—Elective deferrats and employer contributions (including nonelective deferrats to a section 457(b) deferred compensation plan H—Elective deferrats 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% excises tax on excess golden parachute payments. See the Form 1040 instructions. L—Substantiated employee business expense reimbursements (nontraxable) M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employee business). See the Form 1040 instructions. N—Excludable moving expense reimbursements (noted) to be carbed in box 1, 3, or 5) Q—Nontaxable social encoding the insurance contrastable cost of group-term life insurance over \$50,000 (former employee business (not 1040 instructions, N—Excludable moving expense reimbursements (not details on reporting this amount, R—Employee contributions to your Archer MSA. Report on Form 863.

compensation plan that fails to satisfy section 409A. This amour is also included in box 1. It is subject to an additional 20% fax 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. FTe—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

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, jeus (bocy 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.

Texas Notice of Employee Right to Earned Income Tax Credit

Based on your annual earnings, you may be eligible to receive the earned income tax credit 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. Be sure to fill out the earned income tax credit form in the federal income tax credit, including 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 at 1-800-829-3676 or through its Web site at www.irs.gov.