



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

d Control number 000003 K5/UCO	Dept.	Corp.	Employer use only A 1
c Employer's name, address, and ZIP code KALPA TECHNOLOGIES INC 42935 COURTLAND CHASE SQ ASHBURN, VA 20148			
Batch #91263			
e/f Employee's name, address, and ZIP code KRANTI CHINTAPALLY 42935 COURTLAND CHASE SQUARE ASHBURN, VA 20148			
b Employer's FED ID number 88-1060165	a Employee's SSA number XXX-XX-7757		
1 Wages, tips, other comp. 134758.00	2 Federal income tax withheld 18714.24		
3 Social security wages 155008.00	4 Social security tax withheld 9610.50		
5 Medicare wages and tips 155008.00	6 Medicare tax withheld 2247.62		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 D 20250.00		
14 Other	12b		
	12c		
	12d		
	13 Stat emp.	Ret. plan	3rd party sick pay
15 State VA	Employer's state ID no. 30881060165F001	16 State wages, tips, etc. 134758.00	
17 State income tax 6924.14	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	VA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	155,008.00	155,008.00	155,008.00	155,008.00
Less 401(k) (D-Box 12)	20,250.00	N/A	N/A	20,250.00
Reported W-2 Wages	134,758.00	155,008.00	155,008.00	134,758.00

2. Employee Name and Address.

KRANTI CHINTAPALLY
42935 COURTLAND CHASE SQUARE
ASHBURN, VA 20148

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1 Wages, tips, other comp. 134758.00	2 Federal income tax withheld 18714.24	
3 Social security wages 155008.00	4 Social security tax withheld 9610.50	
5 Medicare wages and tips 155008.00	6 Medicare tax withheld 2247.62	
d Control number 000003 K5/UCO	Dept. Corp. Employer use only A 1	
c Employer's name, address, and ZIP code KALPA TECHNOLOGIES INC 42935 COURTLAND CHASE SQ ASHBURN, VA 20148		
b Employer's FED ID number 88-1060165	a Employee's SSA number XXX-XX-7757	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 D 20250.00	
14 Other	12b	
	12c	
	12d	
	13 Stat emp.	Ret. plan X
e/f Employee's name, address and ZIP code KRANTI CHINTAPALLY 42935 COURTLAND CHASE SQUARE ASHBURN, VA 20148		
15 State VA	Employer's state ID no. 30881060165F001	16 State wages, tips, etc. 134758.00
17 State income tax 6924.14	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

Federal Filing Copy
W-2 Wage and Tax Statement
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 134758.00	2 Federal income tax withheld 18714.24	
3 Social security wages 155008.00	4 Social security tax withheld 9610.50	
5 Medicare wages and tips 155008.00	6 Medicare tax withheld 2247.62	
d Control number 000003 K5/UCO	Dept. Corp. Employer use only A 1	
c Employer's name, address, and ZIP code KALPA TECHNOLOGIES INC 42935 COURTLAND CHASE SQ ASHBURN, VA 20148		
b Employer's FED ID number 88-1060165	a Employee's SSA number XXX-XX-7757	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a D 20250.00	
14 Other	12b	
	12c	
	12d	
	13 Stat emp.	Ret. plan X
e/f Employee's name, address and ZIP code KRANTI CHINTAPALLY 42935 COURTLAND CHASE SQUARE ASHBURN, VA 20148		
15 State VA	Employer's state ID no. 30881060165F001	16 State wages, tips, etc. 134758.00
17 State income tax 6924.14	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

VA. State Reference Copy
W-2 Wage and Tax Statement
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 134758.00	2 Federal income tax withheld 18714.24	
3 Social security wages 155008.00	4 Social security tax withheld 9610.50	
5 Medicare wages and tips 155008.00	6 Medicare tax withheld 2247.62	
d Control number 000003 K5/UCO	Dept. Corp. Employer use only A 1	
c Employer's name, address, and ZIP code KALPA TECHNOLOGIES INC 42935 COURTLAND CHASE SQ ASHBURN, VA 20148		
b Employer's FED ID number 88-1060165	a Employee's SSA number XXX-XX-7757	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a D 20250.00	
14 Other	12b	
	12c	
	12d	
	13 Stat emp.	Ret. plan X
e/f Employee's name, address and ZIP code KRANTI CHINTAPALLY 42935 COURTLAND CHASE SQUARE ASHBURN, VA 20148		
15 State VA	Employer's state ID no. 30881060165F001	16 State wages, tips, etc. 134758.00
17 State income tax 6924.14	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

VA. State Filing Copy
W-2 Wage and Tax Statement
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008



Employee Reference Copy		Wage and Tax Statement		2023	
Copy C for employee's records. OMB No. 1545-0008					
d Control number	Dept.	Corp.	Employer use only	2	
K5/UCO					
c Employer's name, address, and ZIP code					
UCO					
e/f Employee's name, address, and ZIP code					
b Employer's FED ID number			a Employee's SSA number		
88-1060165					
1 Wages, tips, other comp.	2 Federal income tax withheld				
134758.00	18714.24				
3 Social security wages	4 Social security tax withheld				
155008.00	9610.50				
5 Medicare wages and tips	6 Medicare tax withheld				
155008.00	2247.62				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
14 Other	12b				
	12c				
	12d				
	13 Stat emp	Ret. plan	3rd party sick pay		
15 State	Employer's state ID no.	16 State wages, tips, etc.		134758.00	
17 State income tax	18 Local wages, tips, etc.		6924.14		
19 Local income tax	20 Locality name				

COMPANY UCO

1
2
0
2

Total Employees
Total Forms Count
Total eForms
Total Forms Processed

20,250.00 401(K) (D-Box 12)

***** T O T A L S *****

For : BATCH NO. 2023/4/91263
For : COMPANY K5/UCO

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Balancing Form W-2/W-3 Totals to the Wage and Tax Register

The Internal Revenue Service (IRS) stipulates that Box 15 of paper Form W-3 (State and Employer's State ID Number) contain the two letter state abbreviation and the employer's state identification number. If the W-2 forms being filed with the W-3 contain wage and income tax information for multiple states, an "X" should be entered under "State" and no state I.D. should be shown. (Note: Clients using the ADP Tax Filing Service or receiving a federal CD-ROM for filing will not receive a copy of Form W-3. Your magnetic media filing will be populated correctly.)

The total state and/or local wages and income tax withheld in W-2 boxes 16-19 should be reported in the corresponding W-3 boxes. If multiple states and/or locals are being reported on the W-2s, a sum total of the various states/locals should be reported.

Although individual state/local specific W-2 forms are produced for employees with earnings in multiple states/localities, there is only one total box on form W-3. If you have employees with earnings in multiple states and/or localities the total wages for these employees will display opposite the wording "Total Copy 2 State Wages" or "Total Copy 2 Local Wages".

When balancing your Form W-2 totals to your Wage and Tax Register, the following formulas should be used:

From the W-2:	From the W-2:
'State Wages (Box 16)'	'Local Wages (Box 18)'
plus 'Total Copy 2 State Wages'	plus 'Total Copy 2 Local Wages'

Totals from the W-2 calculations above will equal totals from Wage and Tax Register calculations below.

From the Wage and Tax Register:	From the Wage and Tax Register:
'State Wages' (Jurisdictional Recap)	'Local Wages' (Taxable)** (Jurisdictional Recap)
plus 'State 2 Wages' (Jurisdictional Recap)	plus 'Local 2 Wages' (Taxable)** (Jurisdictional Recap)
minus 'Puerto Rico State Wages' (Jurisdictional Recap)	plus 'Local 9 Wages' (Taxable)** (Jurisdictional Recap)
minus 'Virgin Island State Wages' (Jurisdictional Recap)	plus 'Local 10 Wages' (Taxable)** (Jurisdictional Recap)
	minus 'Oregon Local Wages' (Jurisdictional Recap)
	minus Other locals where W-2 Local Wage reporting is not required (e.g. St. Louis Expense Tax, ER Paid Taxes, or others with no EE deduction.)

** Local Wages (Subject)/Local 2 Wages (Subject), and not Local Wages (Taxable)/Local 2 Wages (Taxable), should be used for balancing the following Kentucky localities: Burkesville, McLean County, Ohio County, West Point County, Wilder, and for the following Ohio local: Mercy West JEDD III. Subject wages, and not taxable wages, are required in box 18 of Form W-2 for these localities.

Note: Jurisdictional Recap pages are not produced if there is only a single jurisdiction for the company. In that case the Company Total page can be used. Wages for non-employee taxing locals are not included on the Company Total page. The Jurisdictional Recap pages must be used when employees have multiple jurisdictional movement.

Also subtract any "credit" employee state/local total wages found on the SIT Credit Report Company Total Page, if present. Do not subtract if the employee state total wages are also included in the state total wages on the Puerto Rico or Virgin Island Jurisdictional Recap (this would result in duplication).

Note: If you have New York State, New York City, or Yonkers, New York employees, remember that New York requires the reporting of federal wages in the state/city wage boxes on Form W-2 and not actual state/city wages. Because the federal wages may differ from state/city wages, the following steps should be added to the balancing steps above:

From the W-2:
plus Actual New York State (or Local) Wages
minus New York State (or Local) Federal Wages

Box 12 Other: The IRS does not require a W-2 when the only thing to report is the cost of employer-sponsored health coverage (Code DD). Therefore if Code DD is the only qualifying item for the employee W-2, it will not be produced nor will the amount be included in the W-2 totals. It will be included on the Wage and Tax Register for reference.

Box 14 Other: New Mexico State Disability Insurance (SDI) tax withheld is not required to be displayed on the state W-2 nor is it included in total SDI withheld on the federal W-2. It is, however, included on the Wage and Tax Register for reference.

Washington Paid Family and Medical Leave Insurance (FLI/MLI) tax withheld is not required to be displayed on any W-2 but is included on the Wage and Tax Register for reference. Massachusetts Paid Family and Medical Leave Insurance (FLI/MLI) tax paid by the employee is required to be displayed on the W-2 (tax withheld less amount paid by the employer on behalf of the employee). The tax withheld and the amount paid by the employer on behalf of the employee are included on the Wage and Tax Register for reference.

1099-NEC COPY B, 2

FOR RECIPIENT

RO/COMPANY CODE: K5/UCO

K5/UCO/2023/4/91263 / /000005
27160241

KALPA TECHNOLOGIES INC
42935 COURTLAND CHASE SQ
ASHBURN VA 20148

TRIGUNA LLC
5615 ASPEN
BARTLESVILLE OK 74006

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5–7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. 27160241 KALPA TECHNOLOGIES INC (309)868-0292 42935 COURTLAND CHASE SQ ASHBURN VA 20148		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 23		Nonemployee Compensation
PAYER'S TIN 88-1060165	RECIPIENT'S TIN XX-XXX4672	1 Nonemployee compensation \$ 88584.00		
RECIPIENT'S name TRIGUNA LLC		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy 2 To be filed with recipient's state income tax return, when required.
Street address (including apt. no.) 5615 ASPEN		3		
City or town, state or province, country, and ZIP or foreign postal code BARTLESVILLE OK 74006		4 Federal income tax withheld \$		
Account number (see instructions) 000005 K5/UCO A		5 State tax withheld \$	6 State/Payer's state no. VA30881060165F001	
			7 State income \$ 88584.00	

Form **1099-NEC** (Rev. 1-2022)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service



Detach Here



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. 27160241 KALPA TECHNOLOGIES INC (309)868-0292 42935 COURTLAND CHASE SQ ASHBURN VA 20148		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 23		Nonemployee Compensation
PAYER'S TIN 88-1060165	RECIPIENT'S TIN XX-XXX4672	1 Nonemployee compensation \$ 88584.00		
RECIPIENT'S name TRIGUNA LLC		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 5615 ASPEN		3		
City or town, state or province, country, and ZIP or foreign postal code BARTLESVILLE OK 74006		4 Federal income tax withheld \$		
Account number (see instructions) 000005 K5/UCO A		5 State tax withheld \$	6 State/Payer's state no. VA30881060165F001	
			7 State income \$ 88584.00	

Form **1099-NEC** (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

K5/UCO/2023/4/91263 / /000005



TOTAL FORMS COUNT

2

***** TOTAL *****
FOR: BATCH NO. 2023/4/91263
FOR: COMPANY K5/UCO

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Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

CO UCO TOTALS VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. 88584.00 GROSS		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 23		Nonemployee Compensation
PAYER'S TIN 88-1060165	RECIPIENT'S TIN	1 Nonemployee compensation \$ 88584.00		
RECIPIENT'S name ***** T O T A L S ***** FOR: BATCH NO. 2023/4/91263 Street address (including apt. no.) FOR: COMPANY K5/UCO City or town, state or province, country, and ZIP or foreign postal code		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy 2 To be filed with recipient's state income tax return, when required.
		3		
		4 Federal income tax withheld \$		
Account number (see instructions) K5/UCO		5 State tax withheld \$	6 State/Payer's state no.	

Form **1099-NEC** (Rev. 1-2022) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service



Detach Here



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 23		Nonemployee Compensation
TOTAL PAYEES	1			
TOTAL FORMS COUNT	2			
TOTAL eFORMS	0			
TOTAL FORMS PROCESSED	2			
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
Street address (including apt. no.)		3		
City or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld \$		
Account number (see instructions) K5/UCO		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

K5/UCO/2023/4/91263