|  |  |   |                                 |  | Federal   | Box 1 So                     | ic. Sec. Box 3 & 7                                     | Medicare Box 5                          |                         |  |
|--|--|---|---------------------------------|--|---|------------------------------|--|---|-------------------------|--|
| To the   | e right is information v                             | which shows your total wages                        | by                              | Gross Wages                                  | 908   | 89.62                        | 90889.62   | 90889.62                                |                         |  |
| W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.  General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a |  |   |                                 | Txbl Benefits<br>Group Term Life<br>Adoption |   | 50.40                        | 50.40  | 50.40                                   |                         |  |
|  |  |   |                                 | Deferred Comp                                |   |                              |  |   |                         |  |
| separate document  |  |   | Section 125<br>Other Pretax/Wag | •  | 71.70)  | (4671.70)                    | (4671.70)  |   |                         |  |
|  |  |   |                                 | W-2 Wages                                    |   | 68.32                        | 86268.32   | 86268.32                                |                         |  |
| a Employe  | e's social security number                           | b Employer identification number (EIN               | I)                              | d Control number                             |   |                              |  |   |                         |  |
| 287-13-3256 81-4996118 c Employer's name, address, and ZIP code  |  |   |                                 | 007416887101                                 | 007416887101<br>1 Wages, tips, other compensation |                              |  | OMB No. 1545-0008                       |                         |  |
|  | ture Flex LLC  | de  |                                 |  | 1 Wages, tips, other cor                          | 86268.32                     | 2 rederal micom  | e tax withheld                          | 9238.60                 |  |
| 500 W. Madison Street<br>20th Floor  |  |   |                                 |  | 3 Social security wages                           | 86268.32                     | 4 Social security                                      | tax withheld                            | 5348.64                 |  |
| Chica  | go IL 60661  |   |                                 |  | 5 Medicare wages and t                            |                              | 6 Medicare tax v                                       | vithheld                                | 33 10.01                |  |
| e Employe  | e's first name and initial                           | Last name   | Su                              | ff.  | 7 Social security tips                            | 86268.32                     | 8 Allocated tips                                       |   | 1250.89                 |  |
| Prasanna K Cheppala<br>11849 Conant Ln   |  |   |                                 |  | 9   |                              |  | 0.0000000000000000000000000000000000000 |                         |  |
| Frisco TX 75035<br>USA   |  |   |                                 |  |   |                              | 10 Dependent ca  | 10 Dependent care benefits              |                         |  |
|  |  |   |                                 |  | 11 Nonqualified plans                             |                              |  | ctions for box 12                       | F0.40                   |  |
| f Employee   | e's address and ZIP code  Employer's state ID Number | 16 State wages, tips, etc.                          | 17 State is                     | ncome tax                                    | 13 Statutory Retirer                              | ment Third-party             | Code C   |   | 50.40                   |  |
|  | Employer's state ID Number                           | To State wages, tips, etc.                          | 17 State II                     |  | employee plan                                     | sick Pay                     | Code DD<br>12c   |   | 10368.36                |  |
| 18 Local w   | ages, tips, etc.                                     | 19 Local income tax                                 | 20 Localit                      | y name                                       | 14 Other  |                              | Code   | I                                       |                         |  |
|  |  |   |                                 |  |   |                              | 12d<br>Code  |   |                         |  |
| orm W-2  | Wage and Tax Statemen                                | •   |                                 |  |   | De                           | epartment of the Tr                                    | reasury—Internal                        | Revenue Servi           |  |
|  | r EMPLOYEE'S RECORDS                                 | •   |                                 | 2023   |   | ition is being furnished     | i to the Internal Revenue S<br>may be imposed on you i | Service. If you are require             | ed to file a tax return |  |
|  | e's social security number                           | b Employer identification number (EIN               | I)                              | d Control number                             |   |                              |  | 100                                     | E/W www.nesses.         |  |
|  | 3-3256<br>'s name, address, and ZIP co               | 81-4996118<br>de                                    |                                 | 007416887101                                 | 1 Wages, tips, other cor                          | mpensation                   | 2 Federal incom  |   | No. 1545-0008           |  |
|  | ture Flex LLC  |   |                                 |  |   | 86268.32                     |  |   | 9238.60                 |  |
| 20th   |  |   |                                 | 3 Social security wages                      | 86268.32  | 4 Social security            | tax withheld   | 5348.64                                 |                         |  |
| Chica  | go IL 60661  |   |                                 |  | 5 Medicare wages and t                            |                              | 6 Medicare tax v                                       | vithheld                                |                         |  |
| e Employee's first name and initial Last name Suff   |  |   | ff.                             | 7 Social security tips                       | 86268.32  | 8 Allocated tips             |  | 1250.89                                 |                         |  |
| Prasanna K Cheppala<br>11849 Conant Ln<br>Frisco TX 75035  |  |   |                                 | 9  |   | 40.0                         |  |   |                         |  |
| USA  | 1 1  |   |                                 |  | y   |                              | 10 Dependent ca  | are benefits                            |                         |  |
| f Employee   | s's address and ZIP code                             |   |                                 |  | 11 Nonqualified plans                             |                              | 12a See instruc  | ctions for box 12                       | 50.40                   |  |
| 15 State   | Employer's state ID Number                           | 16 State wages, tips, etc.                          | 17 State in                     | ncome tax                                    | 13 Statutory Retirer employee plan                |                              | 12b  |   |                         |  |
|  |  |   |                                 |  |   | sick Pay                     | Code DD<br>12c   | - 1                                     | 10368.36                |  |
| 18 Local wages, tips, etc. 19 Local income tax 20 L  |  | 20 Localit  | y name                          | 14 Other                                     |   | Code<br>12d                  |  |   |                         |  |
|  |  |   |                                 |  | Code  |                              |  |   |                         |  |
| orm W-2<br>Copy B—To   | Wage and Tax Statemen<br>Be Filed With Employee's FE | t<br>DERAL Tax Return.                              |                                 | 2023   |   | D                            | epartment of the Ti                                    | reasury - Internal                      | Revenue Servi           |  |
|  | 8 80 80 8  | L F   | n.                              | 10-1-1-1                                     |   |                              |  |   |                         |  |
|  | e's social security number<br>.3-3256                | b Employer identification number (EIN<br>81-4996118 | ŋ                               | d Control number<br>007416887101             | 1   | -                            |  |   | No. 1545-0008           |  |
|  | 's name, address, and ZIP co                         | de  |                                 |  | 1 Wages, tips, other cor                          | mpensation<br>86268.32       | 2 Federal incom  | e tax withheld                          | 9238.60                 |  |
| 500 V  | ture Flex LLC<br>V. Madison Street                   |   |                                 |  | 3 Social security wages                           |                              | 4 Social security                                      | tax withheld                            |                         |  |
| 20th<br>Chica  | go IL 60661  |   |                                 |  | 5 Medicare wages and t                            | 86268.32<br>ips              | 6 Medicare tax v                                       | vithheld                                | 5348.64                 |  |
| e Employee's first name and initial Last name Sufi   |  |   | ff                              | -  | 86268.32  |                              |  | 1250.89                                 |                         |  |
| Prasanna K Cheppala<br>11849 Conant Ln   |  |   | 7 Social security tips          |  | 8 Allocated tips                                  |                              |  |   |                         |  |
| Frisco TX 75035<br>USA   |  |   |                                 |  | 9   |                              | 10 Dependent ca  | 10 Dependent care benefits              |                         |  |
| ,  |  |   |                                 |  | 11 Nonqualified plans                             |                              | 12a See instruc  | ctions for box 12                       |                         |  |
| f Employee's address and ZIP code  |  |   |                                 | 04-1-1                                       | T   | Code C                       |  | 50.40                                   |                         |  |
| 15 State   | Employer's state ID Number                           | 16 State wages, tips, etc.                          | 17 State in                     | ncome tax                                    | 13 Statutory Retirer employee plan                | ment Third-party<br>sick Pay | Code DD  |   | 10368.36                |  |
| 401  |  | 40.1!   | 20.                             |  |   |                              | 12c<br>Code  | I                                       |                         |  |
| 16 Local w   | ages, tips, etc.                                     | 19 Local income tax                                 | 20 Localit                      | y name                                       | 14 Other  |                              | 12d<br>Code  | Ĩ                                       |                         |  |
|  |  | I   | ı                               |  | İ   |                              |  | _                                       |                         |  |