| 45104.1 1 Wages, tips, other comp. | | 564.79 ax withheld | | | |
|---|------------------------------------|-----------------------------|--|--|--|
| 3 Social security wages | 4 Social security t | ax withheld | | | |
| 5 Medicare wages and tips | 6 Medicare tax w | 6 Medicare tax withheld | | | |
| Employer's name, address, and ZIP code City Point Partners LLC 11 Elkins Street Suite 470 Boston MA 02127 | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| 9 | 10 Dependent care | benefits | | | |
| 11 Nonqualified plans | 12a D 12b | 677.18 | | | |
| 13 Statutory Retirement Third-part sick pay | 12c | | | | |
| 14 MBTA PreTax Pas 720.00 Employee's social security XXX-XX-6869 MAPFML 63.72 Employer ID number (EIN) 37-1583159 | | 69 er (EIN) 9 | | | |
| Swati Balam 162 Allston St Unit 3 Allston MA 02134 Employee's name, address, and ZIP code | | | | | |
| 15 st Employer's state 10 number MA 371583159 | 16 State wages, tips, etc 45104.18 | State income tax 2255.20 | | | |
| 18 Local wages, tips, etc. | 19 Local income tax 20 | Locality name | | | |
| Wage and Tax Statement Copy B This information is being turnished to the IRS To Be Filed With Employee's | | | | | |

FEDERAL Tax Return.

| | 45 | 104.1 | 18 | | | | 4564.79 |
|--|------------|----------|------------------|--------------------------------|---------|--------|------------------|
| 1 Wages, | tips, othe | r comp. | 2 | Fed | deral i | ncon | ne tax withheld |
| | | | \neg | | | | |
| 3 Social s | ecurity wa | iges | 4 | 4 Social security tax withheld | | | ity tax withheld |
| 5 Medicar | e wages a | and tips | e | 6 Medicare tax withheld | | | |
| Employer's name, address, and ZP code City Point Partners LLC 11 Elkins Street Suite 470 Boston MA 02127 | | | | | | | |
| 7 Social security tips | | 8 | 8 Allocated tips | | | | |
| 9 10 Dependent care benefits | | | | | | | |
| 11 Nonqualified plans | | 1 | 2a | D | | 677.18 | |
| | | 1 | 2b | | | | |
| 13 Statutory Retirement Third-party sick pay | | y 1 | 2c | | _ | | |
| ampioyee | plan X | aick pay | - la | 2d | | | |
| 14 Employee's social security no. XXX-XX-6869 MAPFML 63.72 Employer ID number (EIN) 37-1583159 | | | | | | | |
| | | | 9 | ontrol | 008 | 377 | 7000134001 |
| Swati Balam 162 Allston St Unit 3 Allston MA 02134 Employee's name, address, and ZIP code | | | | | | | |
| 15 St. Employer's state ID number 16 State wages, tips, etc 17 State income tax | | | | | | | |
| • | 15831 | | | | 2255.20 | | |
| 18 Local wages | tios etc | | 1910 | cal inco | ome tax | | 20 Locality name |

Wage and Tax Statement

Copy C - For EMPLOYEE'S RECORDS

is being furnished to the IRS. If you are required in, a negligence penalty or other sanction may be iff this income is taxable and you fail to report it.

partment of the Treasury - Inter

| 45104.1 | 0 4564.70 | | | |
|---|--|--|--|--|
| 45104.1 Wages, tips, other comp. | 4564.79 Federal income tax withheld | | | |
| 1 wages, tips, other comp. | Z 1 ocora monto tax wamen | | | |
| 3 Social security wages | 4 Social security tax withheld | | | |
| 5 Medicare wages and tips | dicare wages and tips 6 Medicare tax withheld | | | |
| Employer's name, sackees, and ZIP code City Point Partners LLC 11 Elkins Street Suite 470 Boston MA 02127 | | | | |
| 7 Social security tips | 8 Allocated tips | | | |
| 9 10 Dependent care benefits | | | | |
| 11 Nonqualified plans | 12a D 677.18 | | | |
| · · | 12b | | | |
| 13 Statutory Retirement Third-party | y 12c | | | |
| X | 12d | | | |
| MBTA PreTax Pas 720. | Employee's social security no. XXX-XX-6869 | | | |
| MAPFML 63. | Employer ID number (EIN) 37-1583159 | | | |
| | Control 008777000134001 | | | |
| Swati Balam 162 Allston St Unit 3 Allston MA 02134 Employee's name, address, and ZIP code | | | | |
| 15 St Employer's state ID number | 16 State wages, tips, etc. 17 State income tax | | | |
| MA 371583159 | 45104.18 2255.20 | | | |
| 18 Local wages, tips, etc. | 19 Local income tax 20 Locality name | | | |
| Wage and Tax State Copy 2 | W-2 | | | |

To Be Filed With Employee's State, City, or Local Income Tax Return 5053

| Instructions | for | Emp | lovee |
|--------------|-----|-----|-------|

5053

Form

W-2

5053

Instructions for Employee
Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the wages line of your tax return.
Box 5. You may be required to report this amount on Form 899. See the Form 1940
instructions to determine if you are required to complete Form 8999.
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% Actitional Medicare Tax on any of those
Medicare wages and tips above \$200.000.

and tips shown in box 5, as well as the 0.9% Aciditional Medicare Tax on any of those Medicare varges 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 tips more understood the second of the second and any and any and a second of the second

Employer Report of Special Wago Payments, with use source section, provided by the provided and provided and

the Form 1040 instructions.

Note: If a year follows code D through H. S. Y. AA. BB, or EE, you made a make-up person of the property of the p

the social security wage base), and 5)
— Elective deferrate to a section 401(k) cash or deferred arrangement. Also includes deferratis under a SIMPLE retirement account that is part of a section 401(k) arrangement. Elective deferrate surder a section 403(k) seakery reduction agreement F.—Becitive deferrate under a section 408(k)(k) salary reduction SEP
— Becitive deferrate under a section 408(k)(k) salary reduction SEP
— Becitive distrates and employer contributions (including nonelective deferrats) to a section 457(k) deferred compensation plan
H.—Elective deferrate to a section 501(k)(18)(b) tax-exempt organization plan. See the Form 1646 instructions for how to destact.

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.

instructions.

L. Substantiated employee business expense reimbursements (nontaxable)
M.—Uncollected social security or RRTA tax on taxable cost of group-lerm life insurance
over \$50,000 (ommer employees only). See the Form 1040 instructions.
N.—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000
(ommer employees only). See the Form 1040 instructions.

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

Q-Nontaxable combat pay. See the Form 1040 instructions for details on reporting this

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

| 45104.1 Wages, tips, other comp. | .8 4564.79 2 Federal income tax withheld | | | |
|---|---|--|--|--|
| 3 Social security wages | 4 Social security tax withheld | | | |
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| 13 Statutory Retirement Third-party sick pay | | | | |
| 14 MBTA PreTax Pas 720. MAPFML 63. | XXX-XX-6869 | | | |
| Swati Balam 162 Allston St Unit 3 Allston MA 02134 Employee's name, address, and ZIP code | | | | |
| 15 St. Employer's state ID number MA 371583159 | 16 State wages, tips, etc 45104.18 2255.20 | | | |
| 18 Local wages, tips, etc. | 19 Local income tax 20 Locality name | | | |
| Wage and Tax Statement Form Copy 2 To Be Filed With Employee's State. | | | | |

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

2023

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

inclusion in low. 1)

—Adoption benefits (not included in box 1). Complete Form 8899 to figure any taxable and nonlixeable amounts. The more 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. We Employer contributions grounds under the employee elected to contribute using a section 125 (calebring plan) to your health sevings account. Report on Form 8899.

**Ye—Deterrals under a section 4904 nonqualified deferred compensation plan.

Y — Deferred sunder a section 409A nonqualified deferred compensation plan
2—herone under a nonqualified deferred compensation plan that fails to satisfy section
409A. This amount is also made to the section of the section 400 and additional 20% tax plus
interest. See the section 400 allowed to the section 400 and additional 20% tax plus
interests. See the section 400 and the section 400 allowed to the section
AB—Designated Roth contributions under a section 400 allowed to the section
DD—Good to the section 400 allowed the section
DD—Good to the

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)

GG—Income from qualified equity grants under section 83(i)
HH—Aggregate delarrais under section 83(ii) elections as of the close of the calendar year
Box 13. If the "Retirement plant" box is checked, special limits may apply to the amount of
traditional IPA contributions you may deduct. See Pub. 590-A.
Box 14. Employers may use this box to report information such as state disability
insurance taxes writineld, union dues, uniform payments, health insurance prenums
deducted, nonlazoble income, educational assistance payments, or a member of the
deducted, nonlazoble income, educational assistance payments, or a member of the
factual of the contribution of the c

Notice to Employee

Notice to Employee

Do you have to file? Refer to the Form 10:40 instructions to determine if you are required to file a fax return. Even if you don't have to file a tax return, you may be eligible for a rotund if box 2 shows an amount or if you are depilied for any croding to file.

Earned income credit (EIC). You may be able to take the EIC for 20:31 fyour sqlusted gross income (AGO) is less than a certain amount. The amount or if the credit is besed on gross income (AGO) is less than a certain amount. The amount or the credit is besed on 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 20:30 or if income is-seried for services provided while you were an immale at a pend institution. For 20:32 income limits and more information, visit wavels gov/EITC. See also Pub. 98-6. Any EIC that is more than you can take the provided to you, but only if you file a tax return to the provided second to the provided to you complete SSN to the IRS and the Social Security Administration (SSN).

Compared the country Administration (SSA).

Compared to social security and Medicare taxes, see Pub. 517.

see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your amployer to correct your employment record. Be sure to ask the employer to till Form W-2o. Corrected Wage and fax Statement, with the SSA to correct any name. Sor or money amount error reported to the SSA on Form W-2 be sure to get your copies of Form W-2b to my our employer for all corrections made so you may file them with your tax naturn. If you man and SSA we correct but agent the same as shown in your social 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.

not taxable. Credit for excess taxes. If you had more than one employer in 2023 and more than \$9.923.40 in social security and/or Tier 1 railroad retirement (RFTA) 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 \$5.82.1.20 in Tier 2 RFTA tax was withheld, you may be able to claim a retund on Form 843. See the instructions for Form 843.