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36243.4 dicare wages and tips	6 Medica		36243.43 5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips 36243.
36243.4	43	525.53 Employer use only	36243.43 d Control number	525.53 Employer use only	d Control number
sloyer's name, address, and ZII	P code		c Employer's name, address, and ZIP cod	de	c Employer's name, address, and ZIP
LAXE.SOLUTIONS DAVIDSON AVENUE MERSET NJ 08873	E		GALAXE.SOLUTIONS 270 DAVIDSON AVENUE SOMERSET NJ 08873		GALAXE.SOLUTIONS 270 DAVIDSON AVENUE SOMERSET NJ 08873
mployer's FED ID number		oyee's SSA number	b Employer's FED ID number	a Employee's SSA number	b Employer's FED ID number
-0022071 cial security tips		-XX-8418 ated tips	27-0022071 7 Social security tips	XXX-XX-8418 8 Allocated tips	7 Social security tips
	10 Dept	endent care benefits	9	10 Dependent care benefits	9
longualified plans		instructions for box 12	11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans
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	12c			12¢	1
	12d			12d	
	13 State	emp Ret. plan 3rd party sick pay		13 Statemp Ret. plan 3rd party sick pay	
Employee's name, address, an	nd ZIP code		e Employee's name, address, and ZIP	code	e Employee's name, address, and Z
SAHITHI REDDY VENE 12106 MORIAH BEND AUSTIN TX 78732	REDDY	8 8 9 1	SAHITHI REDDY VENREDO 12106 MORIAH BEND AUSTIN TX 78732		SAHITHI REDDY VENREI 12106 MORIAH BEND AUSTIN TX 78732
5 State Employer's state ID n	no. 16 St	tate wages, tips, etc.	15 State Employer's state ID no.	16 State wages, tips, etc.	15 State Employer's state ID no. MI 27-0022071
MI 27-0022071		36243.43	MI 27-0022071	36243.43	MI 27-0022071
7 State income tax	18 L	ocal wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	17 State income tax
	415.68	36243.43	1415.6	68	
19 Local income tax	20 L	Locality name	19 Local income tax	20 Locality name	19 Local income tax 434
	434.92 MII	DET			
	10-1-11	Treasury-IRS OMB No. 1545-0008	Form W-2 Warre & Tax Statement De	opt. of the Treasury-IRS OMB No. 1545-0008	Form W-2 Wage & Tax Statement D
1 Wages, tips, other comp. 38 3 Social security wages 3	6243.43 6243.43	Federal Income tax withheld 4918.78 Social Security tax withheld 2247.09 Medicare tax withheld	company's employee s	ederal and state taxes with T self-service system. To take a to your UltiPro portal, view y	dvantage of this convenient our Form W-2, and click on the
5 Medicare wages and tips 3	86243.43	525.53	Export to TurboTax link	k. You can also get started w	ith TurboTax directly by scan
d Control number				ng this into your web browse	
GALAXE SOLUTIO 270 DAVIDSON AV SOMERSET NJ 08	s, and ZIP code	Employer use only	- https://turbotax.intuit	ng this into your web browse com/affiliate/ultipaper	
b Employer's FED ID number	/ENUE	Employer use only	This Earning Summary	c.com/affiliate/ultipaper y section is included with yo	ur W-2 to help describe port
27-0022071	/ENUE 873		This Earning Summary	c.com/affiliate/ultipaper y section is included with yo	
	/ENUE 873	a Employee's SSA number XXX-XX-8418	This Earning Summary	c.com/affiliate/ultipaper y section is included with yo	ur W-2 to help describe port
7 Social security tips	/ENUE 8873	a Employee's SSA number XXX-XX-8418 8 Allocated tips	This Earning Summary 1. The following informati Earnings Description	.com/affiliate/ultipaper y section is included with yo ion reflects your final pay statem Wages, Tips, Other Comp	ur W-2 to help describe port
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9 11 Nonqualified plans 14 Other FRGBNFT e Employee's name, addi SAHITHI REDDY 12106 MORIAH BI AUSTIN TX 78732 15 State Employer's state MI 27-002207	/ENUE .873 er 10.62 10.62 tress, and ZIP cod VENREDDY END 2	a Employee's SSA number XXX-XX-8418 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d 13 Statemp Ret. plan 3rd party sirk s	This Earning Summary 1. The following informati Earnings Description Gross Wages Less Exempt Wages Less Deferred Comp Less Housing/Transportati Less Dependent Care Less Sec 125 Less Excess Wages Taxable Wages (Reported on Form W-2) 2. Employee W-4 Profile Fit: S 1	com/affiliate/ultipaper y section is included with yo ion reflects your final pay statem Wages, Tips, Other Comp 36243.43 ion 36243.43 Box 1 of W	ur W-2 to help describe port nent plus employer adjustments to Social Security Wage 36243.43 -2 36243.43 -2 36243.43 -2 36243.43
9 11 Nonqualified plans 14 Other FRGBNFT e Employee's name, add SAHITHI REDDY 12106 MORIAN BI AUSTIN TX 7873 55 State Employee's sta	/ENUE .873 er 10.62 tress, and ZIP cod VENREDDY END 2 ate ID no. 1	a Employee's SSA number XXX-XX-8418 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 C 10 62 12b 12c 12d 12d 13 Statemp Ret. plan 3rd party sick side 16 State wages, tips, etc. 36243.4 20 Locality name	This Earning Summary 1. The following informati Earnings Description Gross Wages Less Exempt Wages Less Deferred Comp Less Housing/Transportati Less Dependent Care Less Sec 125 Less Excess Wages Taxable Wages (Reported on Form W-2) 2. Employee W-4 Profile Fit: S 1	com/affiliate/ultipaper y section is included with yo ion reflects your final pay statem Wages, Tips, Other Comp 36243.43 ion 36243.43 Box 1 of W	ur W-2 to help describe port nent plus employer adjustments to Social Security Wage 36243.43 -2 36243.43 -2 36243.43 -2 36243.43

State, City, Local Filing Copy Wage and Tax Statement

2023

W-2

2023

Federal Filing Copy Wage and Tax

Statement

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2

State, City, Local Filing Copy Wage and Tax Statement 2023 Statement
Copy B to be filed with employee's Federal Income Tax Return

Copy B to be filed with employee's State/City/Local Income Tax Return

Copy 2 to be filed with employee's State/City/Local Income Tax Return

Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp.
36243.43

2 Federal Income tax withheld
4918.78 Copy 2 to be filed with employee's State/City/Local Income Tax Return

ne tax withheld 4918.78 2247.09

525.53

Employer's FED ID number 27-0022071			ee's SSA nu (X-8418	mber
Social security tips		8 Allocate	d tips	
		10 Depend	dent care b	enefits
1 Nonqualified plans		12a See Int	structions f	for box 12 10.62
4 Other FRGBNFT	10.62	12b		
	10.02	12c		
		12d		
		13 Stat emp	Ret. plan	3rd party sick pay

15 State MI	Employer's state ID no. 27-0022071	16 State wages, tips, etc. 36243.43
17 State in	1415.68	18 Local wages, tips, etc. 36243.43
19 Local in	10 day 434.92	20 Locality name MIDET

pt. of the Treasury-IRS OMB No. 1545-0008





Medicare Wages 36243.43

ons in more detail.

at comprise your W-2 statement

36243.43 Box 5 of W-2

with the payroll department

ork: MISIT S 1

Page 1 of 1

CORF	ECTED (if checked)		
TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number WEX Inc. 1 Hancock Street		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019)	Distributions From an HSA Archer MSA, o Medicare
Portland ME 04101 877-470-1760		For calendar year 2023	Advantage MSA
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code 4-833-15199-0001001-001-1-000-000-000	1 Gross distribution \$4,830.89	2 Earnings on excess cont.	Copy B
4-833-15199-0001001-001-1-000-000-000 SRI RAGHAV REDDY BOBBILI 12106 MORIAH BND	3 Distribution code	4 FMV on date of death \$	Recipient
AUSTIN TX 78732-4405	5 HSA X Archer MSA MA MSA MSA		This information is being furnished
կկնոնիկվիկիկիկին Արկիկիկիկիկիկիկ	01-0526993	RECIPIENT'S TIN XXX-XX-5868	to the IRS.
	Account number (see inst	ructions)	

Instructions for Recipient

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution

An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or eligible family member or you rolled it over. An HSA may be rolled over to another HSA, an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8889). Also, you may owe a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing the trustee allows the repayment.

For more information, see the Instructions for Form 8853 and the Instructions for Form 8889. Also see Pub. 969.

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

Spouse beneficiary. If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See the Instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889.

Estate beneficiary. If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includible in the account holder's gross income. Report the amount on the account holder's final income tax return.

Nonspouse beneficiary. If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line of your tax return.

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

Box 1. Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

Box 2. Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

Box 3. These codes identify the distribution you received: 1-Normal distribution; 2-Excess contributions; 3—Disability, 4—Death distribution other than code 6; 5—Prohibited transaction; 6—Death distribution after year of death to a nonspouse beneficiary

Box 4. If the account holder died, shows the FMV of the account on the date of death.

Box 5. Shows the type of account that is reported on this Form 1099-SA

Future developments. For the latest information about developments related to Form 1089-SA and its instructions, such as legislation enacted after they were published, go to www.as.gove.Form resessA.



Department of the Treasury Internal Revenue Service Submission Processing Kansas City, MO 64999-0017 Notice CP01A
Tax year 2023
Notice date January 8, 2024
To contact us 800-908-4490
Page 1 of 1

MSA opy B

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s information sing furnished to the IRS.

al Revenue Service

SRI RAGHAV REDDY BOBBILI 12106 MORIAH BND AUSTIN, TX 78732-4405

Important information about filing your 2023 federal tax return

We assigned you an Identity Protection Personal Identification Number

Your assigned IP PIN is 095633

Use this IP PIN when filing any Forms 1040 during the calendar year beginning in January.

If you don't use your IP PIN, we could reject your tax return or delay processing.

You don't need to file a Form 14039, Identity Theft Affidavit, to notify us you are a victim of identity theft.

What you need to do

- Keep this letter in a safe place. You'll need it to prepare your tax return.
- When you file your federal tax return, enter the IP PIN in the correct place:
 - If filing electronically, your tax software or preparer will tell you when and where to enter it.
- If filing a paper return, enter your IP PIN in the box marked "Identity Protection PIN".
- Even if you don't have to file a tax return, your account is still protected from fraudulent filing.

What to remember about your IP PIN

Use this IP PIN to confirm your identity on your current tax return and any prior year returns filed during the calendar year.

Keep your number private and don't give it to anyone other than a tax professional filing your tax return.

If you misplace your IP PIN

- · Go to www.irs.gov/ippinfaqs.
- You can call us at 800-908-4490 (Monday-Friday, 7:00 a.m. – 7:00 p.m. local time; Alaska and Hawaii follow Pacific time).

Additional information

Visit www.irs.gov/cp01a for more information on your notice.

The IRS recognizes that identify theft is a serious issue and we're committed to helping taxpayers affected by it.

The IRS doesn't initiate contact with taxpayers by email, text messages, or social media channels to request personal or financial information. This includes requests for PIN numbers, passwords, or similar access information for credit cards, banks, or other financial accounts.

MSA from someone e FMV of the account e account owner died the Instructions for ount after the date of urnings on the "Other

e payer assigned to

een a direct payment

om an HSA or Archer ss, plus any earnings, s in your income in the edical expenses. This line of your tax return, idividual and employer xes on Qualified Plans

ormal distribution; 2 code 6; 5—Prohibited beneficiary the date of death. -SA ted to Form 1099-SA and www.irs.gov/Form1099SA.





2023 W-2 and EARNINGS SUMMARY (402)

W-2 Wage and Tax Statement

Copy C for employee's records
d Control number Dept. 920312 SANF/E4A 005210

Employer use only

Employer's name, address, and ZIP code FORMFACTOR INC 9100 SW GEMINI DRIVE BEAVERTON OR 97008

Batch #02349

e/ Employee's name, address, and ZIP code SRI RAGHAV REDDY BOBBILI 12106 MORIAH BND ALISTIN TX 78732

b Employer's FED ID number	a Employee's SSA number
13-3711155	XXX-XX-5868
1 Wages, tips, other comp.	2 Federal income tax withheld
29897.4	6026.92
3 Social security wages	4 Social security tax withheld
30836.8	1011 00
5 Medicare wages and tips	6 Medicare tax withheld
30836.8	4 447.13
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
11 Nonquamieu piane	C 30.80
	12b D 939.36
14 Other	120 W 1000,00
	12d DD 3461.53
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID	
17 State income tax	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.

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

29,897.48

TX. State Wages, Medicare Social Security Wages, Tips, other Tips, Etc. Box 16 of W-2 Wages Box 5 of W-2 Wages Box 3 of W-2 Compensation Box 1 of W-2 31,354.04 31,354.04 31,354.04 30.80 30.80 30.80 N/A N/A 939.36 548.00 548.00 548.00

30,836.84

2. Employee Name and Address.

SRI RAGHAV REDDY BOBBILI 12106 MORIAH BND AUSTIN TX 78732

O 2023 ADP. Inc.

Gross Pay

Plus GTL (C-Box 12)

Less Other Cafe 125

Less 401(k) (D-Box 12)

Reported W-2 Wages

1	Wages, tips, other comp. 29897.48			Federa	Income tax withheld 6026.92
3	Social security wages 30836.84		4 Social secu ity tax withhe		secu ity tax withheld 1911.88
5			6	Medica	are tax withheld 447.13
d 92	Control number 20312 SANF/E4A	Dept 005210		Corp.	Employer use only T 182

Employer's name, address, and ZIP code FORMFACTOR INC 9100 SW GEMINI DRIVE BEAVERTON OR 97008

Employer's FED ID number 13-3711155	a Employee's SSA number XXX - XX - 5868
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12 C 30.80
4 Other	12b D 939.36
	12c W 1000.00
	12d DD 3461.53
	13 Stat emp Ret. plan 3rd party sick pay
	12d DD 3461

e/l Employee's name, address and ZIP code SRI RAGHAV REDDY BOBBILI 12106 MORIAH BND AUSTIN TX 78732

15 State TX	Employer's state ID no.	16 State wages, tips, etc.
17 State	income tax	18 Local wages, tips, etc.
19 Local	Income tax	20 Locality name

Federal Filing Copy W-2 Wage and Tax 2023
Statement Cold Inc. 1846-0009
Opy B to be filed with employer's Foderal Income Tax Hotel Inc.

1	Wages, tips, other comp. 29897.48			2 Federal Income tax wit 6020			
3	3 Social security wages 30836.84			4 Social security tax withheld 1911.88			
5 Medicare wages and tips 30836.84			6	Medic	are tax w	thheld 447.13	
d 92	Control number 20312 SANF/E4A	Dept. 005210		Corp.	Emplo T	yer use only 182	
c	Employer's name, a		_	ZIP cod	e		

Fold and Detach Here

FORMFACTOR INC 9100 SW GEMINI DRIVE BEAVERTON OR 97008

b	Employer's FED ID number 13-3711155	a Employee's SSA number XXX-XX-5868		
7	Social security tips	8 Allocated tips		
9		10 Depend	ent care benefits	
11	Nonqualified plans	12a C	30.80	
14	Other	12b D	939.36	
		12c W	1000.00	
		12d DD	3461.53	
		13 Stat emp.	Ret. plan 3rd party sick pay	

e/f Employee's name, address and ZIP code

SRI RAGHAV REDDY BOBBILI 12106 MORIAH BND AUSTIN TX 78732

15 T	State X	Employer's state ID no.	16 State wages, tips, etc.
17	State	income tax	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

TX.State Reference Copy 2 Wage and Tax 2023
Statement Round No. 1545-0008

1	Wages, tips, other 298	comp. 97.48	2	Feder	al incom	6026.92
3	Social security wages 30836.84			Social	security	tax withheld 1911.88
5	5 Medicare wages and tips 30836.84			Medic	are tax w	447.13
d 92	Control number 0312 SANF/E4A	Dept. 005210		Corp.	Emp	loyer use only 182

FORMFACTOR INC 9100 SW GEMINI DRIVE BEAVERTON OR 97008

30,836.84

b	Employer's FED ID number 13-3711155	a Employee's SSA number XXX-XX-5868	
7	Social security tips	8 Allocated tips 10 Dependent care benefits	
9			
11	Nonqualified plans	12a C	30.80
14	Other	12b D	939.36
		120 W	1000.00
		12d DD	3461.53
		13 Stat emp. Re	rt. plan 3rd party sick pa

e/f Employee's name, address and ZIP code SRI RAGHAV REDDY BOBBILI 12106 MORIAH BND

AUSTIN TX 78732 15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

TX.State Filing Copy W-2 Wage and Tax Statement