| Copy B To Be Filed with Employee's FEDERAL Tax Return. 2023 OMB No. 1545-0008 | | | | | | | | |
|---|------------|-----------------------------------|--------------|-------------------------------|---|--|--|--|
| a Employee's SSN | 1 Wag | es, tips, ot | | 2 Federa | Prederal income tax withheld | | | |
| 880-49-8736 | 3 Soci | 55051.13 3 Social security wages | | | 6968.00 4 Social security tax withheld | | | |
| b Employer ID no. (EIN) | 9 0001 | ar scourty | wages | - Cociai s | Social Security tax withheld | | | |
| 82-1048677 | 5 Medi | icare wage | s and tips | 6 Medica | re tax withheld | | | |
| c Employer's name, address, and ZIP code | | | | | | | | |
| ASCENDO. | AI,IN | C | | | | | | |
| 228 HAMILTON AVE ,FLOOR 3, | | | | | | | | |
| PALO ALTO | | | | | CA 94301 | | | |
| d Control number | | | | | | | | |
| e Employee's name, | address, a | and ZIP co | de | | Suff. | | | |
| FNU ANURA | | | | | | | | |
| 143 W NORTHFILED RD LIVINGSTON NJ 07039 | | | | | | | | |
| LIVINGSION NO 07039 | | | | | | | | |
| 7 Social security tips | | 8 Allocate | ed tips | 9 | | | | |
| | | | | | | | | |
| 10 Dependent care benefits | | 11 Nonqua | lified plans | 12a Code See inst. for box 12 | | | | |
| | | | | | | | | |
| 13 Statutory employee | | 14 Other NJ-SDI 36.5 | | | 12b Code | | | |
| NJ - | | SUI | 99.83 | - | 12c Code | | | |
| | | -WFD 10.96 | | ا ج | 12d Code | | | |
| Third-party sick pay | | | | 124 0 | suc | | | |
| GA 3568698-WX | | | 30861.74 | | 1573.30 | | | |
| NJ 821048 | 26100 | | 00.00 | 1262.43 | | | | |
| 15 State Employer's | umber | 16 State wages, tij | os, etc. | 17 State income tax | | | | |
| 18 Local wages, tips, | etc. | 19 Local ir | ncome tax | 20 Loca | 20 Locality name | | | |
| | | | | | | | | |
| | | | | | | | | |

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. **2023** OMB No. 1545-0008 1 Wages, tips, other comp. 2 Federal income tax withheld a Employee's SSN 6968.00 55051.13 880-49-8736 **3** Social security wages 4 Social security tax withheld **b** Employer ID no. (EIN) 5 Medicare wages and tips 6 Medicare tax withheld 82-1048677 c Employer's name, address, and ZIP code ASCENDO.AI, INC 228 HAMILTON AVE , FLOOR 3, PALO ALTO CA 94301 d Control number e Employee's name, address, and ZIP code Suff. FNU ANURAG 143 W NORTHFILED RD LIVINGSTON NJ 07039 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 14 Other 12b Code Statutory employee NJ-SDI 36.54 12c Code 99.83 NJ-SUI Retirement Plan NJ-WFD 10.96 12d Code Third-party sick pay 3568698-WX GΑ 30861.74 1573.30 NJ 821048677/000 26100.00 1262.43 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fall to report it.

| Copy C For EMPLOYEE'S RECORDS. 2023 | | | | | | | | |
|---|-------------------------------------|------------------------------------|-------------------------------|--------------------------------|--------------------------------|----------------------|--|--|
| (See Notice to Employees). | | | | | | OMB No. 1545-0008 | | |
| a Employee's SSN | 1 Wages, tips, other comp. 55051.13 | | 2 Federal income tax withheld | | | | | |
| 000 40 000 | | | 6968.00 | | | | | |
| 880-49-8736 | 3 Socia | al security | wages | 4 Social security tax withheld | | | | |
| b Employer ID no. (EIN) | | | | | | | | |
| 82-1048677 | 5 Medi | care wage | s and tips 6 Med | | | edicare tax withheld | | |
| | | | | | | | | |
| c Employer's name, address, and ZIP code ASCENDO.AI, INC | | | | | | | | |
| 228 HAMILTON AVE ,FLOOR 3, | | | | | | | | |
| PALO ALTO | | | | | A | 94301 | | |
| d Control number | | | | | | | | |
| | | | | | | | | |
| e Employee's name, address, and ZIP code Suff. | | | | | | | | |
| FNU ANURAG | | | | | | | | |
| 143 W NORTHFILED RD | | | | | | | | |
| LIVINGSTON NJ 07039 | | | | | | | | |
| 7 Social security tips 8 Alloca | | | ed tips | 9 | | | | |
| 10 Dependent care benefits | | 11 Nonqualified plans | | | 12a Code See inst. for box 12 | | | |
| Dependent care ben | 11 Nonqualilled plans | | | a | ode See Ilist. Ioi box 12 | | | |
| 13 14 Other | | | | 12 | 2b C | ode | | |
| Statutory employee NJ - | | SDI 36.54 | | | | | | |
| Retirement Plan | | SUI 99.83 | | 3 12c Code | | | | |
| NJ- | | WFD | FD 10.96 | | 12d Code | | | |
| Third-party sick pay | | | | | | | | |
| GA 3568698-WX | | | 30861.74 | | 74 | 1573.30 | | |
| NJ 8210486 15 State Employer's sta | 000 nber | 2610 16 State wages, tip | 0 . (| 00 | 1262.43 17 State income tax | | | |
| 18 Local wages, tips, et | come tax | 20 Lo | calit | y name | | | | |
| | | | | | | | | |

REV 11/30/23 QBDT

| | RE | V 11/30/23 QDD1 | | | | | |
|--|--------------------------------|-----------------------------|--------------------------------|---------------------------------------|--|--|--|
| Copy 2 To Be Fi City, or Local Inc | come Tax Re | turń. | | 23 B No. 1545-0008 | | | |
| a Employee's SSN | 1 Wages, tips, ot | her comp. | 2 Federal income tax withheld | | | | |
| | | 55051.13 | 6968.00 | | | | |
| 880-49-8736 | 3 Social security | wages | 4 Social security tax withheld | | | | |
| b Employer ID no. (EIN) | 5 Madiana | | | | | | |
| 82-1048677 | 5 Medicare wage | s and ups | 6 Medicare tax withheld | | | | |
| c Employer's name, ad ASCENDO . A | ldress, and ZIP cod I , INC | de | | | | | |
| 228 HAMIL | TON AVE | ,FLOOR 3, | | | | | |
| PALO ALTO | CA | 94301 | | | | | |
| d Control number | | | | | | | |
| e Employee's name, ac FNU ANURA 143 W NOR' | G | de RD | | Suff. | | | |
| LIVINGSTO | N | | NJ | 07039 | | | |
| 7 Social security tips | 8 Allocat | ed tips | 9 | | | | |
| 10 Dependent care bene | fits 11 Nonqu | alified plans | 12a Code See inst. for box 12 | | | | |
| 13 | 14 Other | | 12b Co | ode | | | |
| Statutory employee | NJ-SDI | 36.54 | | | | | |
| Retirement Plan | NJ-SUI | 99.83 | 3 | | | | |
| | NJ-WFD | 10.96 | | | | | |
| Third-party sick pay | | 1 | | | | | |
| GA 3568698 | | 3086 | 1.74 | 1573.30 | | | |
| NJ 8210486 15 State Employer's state | 577/000 e ID number | 2610 16 State wages, tip | 0.00 s, etc. | 1262.43 17 State income tax | | | |
| 18 Local wages, tips, etc | | ncome tax | 20 Locality name | | | | |
| Form W-2 Wage and Ta | x Statement | | <u> </u> | Dept. of the Treasury - IR | | | |
| - | | | | | | | |