## 2023 W-2 and EARNINGS SUMMARY



**Employee** Reference Copy Wage and Tax Statement Copy C for employee's record: Control number Employer use only

NCN3/4GL Employer's name, address, and ZIP code

AMERICAN BANKERS INSURANCE CO OF FLORIDA P.O. BOX 16368 ATLANTA GA 30321

Batch #02160

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

SAI RAJARISHI ULAPU 272 LITTLETON ST. APT. 570

W	WEST LAFAYETTE IN 47906									
b		yer's FED II 59-05938	886	а	Empl		e's SS XX-X			
1	Wage	s, tips, other	comp.	2	Fede	ral i	income	tax	withheld	t
		58	871.60					6	509.84	ļ
3	Socia	I security wa	iges	4	Socia	al s	ecurity	tax	withheld	ı
		58	871.60					3	650.04	Ĺ
5	Medic	are wages a	nd tips	6	Medi	care	e tax w	ithhe	eld	
		58	871.60						853.64	ļ
7	Socia	security tip	s	8	Alloc	ate	d tips			
9				10	Deper	nde	nt care	ben	efits	
11	Nonqu	ualified plans	5	12	<b>a</b> See ir	stru	ctions f	or box	x 12	_
					<u>C</u>			1	2.55	
14	Other			12	•				7.70	
				12		<u> </u>			70.29	_
			-			<u></u>	Dot plor		50.25 party sick	
				13	Stat et	пр.	X	i Siu į	party Sick	μay
15	State	Employer's	state ID no.	. 16	State	wa	ges, ti	os, e	tc.	
I	N	01708416	77 900					58	871.60	)
17	17 State income tax			18 Local wages, tips, etc.						
	1950.69							58	871.60	)
19	Local	income tax		20 Locality name						
$oxed{oxed}$			<u>753.54</u>			_(	:-79			

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	Social Security	Medicare	IN. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay	60,665.03	60,665.03	60,665.03	60,665.03
Plus GTL (C-Box 12)	12.55	12.55	12.55	12.55
Less Other Cafe 125 Reported W-2 Wages	1,805.98	1,805.98	1,805.98	1,805.98
	<b>58,871.60</b>	<b>58,871.60</b>	<b>58,871.60</b>	<b>58,871.60</b>

2. Employee Name and Address.

SAI RAJARISHI 272 LITTLETON APT. 570 ST. **WEST LAFAYETTE IN 47906** 

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1	Wages, tips, other o	omp. 71.60	2 Federal income tax withheld 6509.84		
3 Social security wages 58871.60			4 Social security tax withheld 3650.04		
5 Medicare wages and tips 58871.60			6 Medicare tax withheld 853.64		
d	Control number	Dept.	Corp.	Employer use only	
360272 NCN3/4GL				Т	
C Employer's name address and ZIP code					

AMERICAN BANKERS INSURANCE CO OF FLORIDA P.O. BOX 16368 ATLANTA GA 30321

b	Employer's FED ID number 59-0593886	a Employee's SSA number XXX-XX-5158				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See	instructions for box 12 12.55			
14	Other	<sup>12b</sup> V	V <sub> </sub> 7.70			
		12c A				
		12d D[	D <sub> </sub> 8350.25			
		13 Stat e	emp. Ret. plan 3rd party sick pay			

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

SAI RAJARISHI ULAPU 272 LITTLETON ST. **APT. 570** WEST LAFAYETTE IN 47906

15 State	Employer's state ID no 0170841677 900	16 State wages, tips, etc. 58871.60			
17 State	income tax 1950.69	18 Local wages, tips, etc. 58871.60			
19 Local	income tax 753.54	20 Locality name C-79			
	Federal Fil	ing Copy			

Wage and Statement Copy B to be filed with employee's Federal Income Tax Retur

1 Wages, tips, other comp. 58871.60			2 Federal income tax withheld 6509.84		
3 Social security wages 58871.60			4 Social security tax withheld 3650.04		
5	Medicare wages an 588	d tips 71.60	6 Medicare tax withheld 853.64		
d	Control number	Dept.	Corp.	Employer use only	
360272 NCN3/4GL			Т		
c. Employer's name address and ZIP code					

AMERICAN BANKERS INSURANCE CO OF FLORIDA P.O. BOX 16368 ATLANTA GA 30321

b	Employer's FED ID number 59-0593886	a Employee's SSA number XXX-XX-5158			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a C   12.55			
14	Other	<sup>12b</sup> W 7.70			
		<sup>12c</sup> AA 2270.29			
		12d DD 8350.25			
		13 Stat emp. Ret. plan 3rd party sick pa			

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

SAI RAJARISHI ULAPU 272 LITTLETON ST. APT. 570 **WEST LAFAYETTE IN 47906** 

15 State	Employer's state ID no. 0170841677 900	16 State wages, tips, etc. 58871.60
17 State	income tax	18 Local wages, tips, etc.
	1950.69	
19 Local	income tax	20 Locality name
	IN.State Refe	erence Copy

IN.State Reference

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

1 Wages, tips, other comp. 58871.60			2 Federal income tax withheld 6509.84			
3	Social security wag	es 71.60	4	4 Social security tax withheld 3650.04		
5 Medicare wages and tips 58871.60			6	Medica	are tax withheld 853.64	
d	Control number	Dept.		Corp.	Employer use only	
36	0272 NCN3/4GL				T	

Employer's name, address, and ZIP code AMERICAN BANKERS INSURANCE CO OF FLORIDA P.O. BOX 16368 ATLANTA GA 30321

b	Employer's FED ID number 59-0593886	аЕ	a Employee's SSA number XXX-XX-5158				
7	Social security tips	8 A	8 Allocated tips				
9		10 Dependent care benefits					
11	Nonqualified plans	12a	С		12.55		
14	Other	12b	W		7.70		
		12c	AΑ		2270.29		
		12d	DD		8350.25		
		13 5	Stat er	np. Ret. plan	3rd party sick pay		
			_				

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

SAI RAJARISHI ULAPU 272 LITTLETON ST. **APT. 570 WEST LAFAYETTE IN 47906** 

15 State Employer's state ID n	o. 16 State wages, tips, etc.
IN 0170841677 900	58871.60
17 State income tax	18 Local wages, tips, etc.
1950.69	
19 Local income tax	20 Locality name

IN.State Filing Сору Wage and

Statement Copy 2 to be filed with employee's State Income Tax

## 2023 W-2 and EARNINGS SUMMARY

City or Local Reference Copy
Wage and Tax 2023
Statement OMB, No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Max Return. 1545-0008
Control number Dept. Corp. Employer use only
360272 NCN3/4GL

c Employer's name, address, and ZIP code

AMERICAN BANKERS INSURANCE CO OF FLORIDA P.O. BOX 16368 ATLANTA GA 30321

Batch #02160

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

SAI RAJARISHI ULAPU 272 LITTLETON ST. APT. 570

WEST LAFAYETTE IN 47906

•	LUI		•	7130	,0		
b	Emplo	yer's FED ID number 59-0593886	а	Empl	oyee's SS XXX-X	A number X-5158	
1	Wage	s, tips, other comp.	2 Federal income tax withheld				
		58871.60	6509.84				
3	3 Social security wages		4	Socia	l security	tax withheld	
58871.60					3650.04		
5	Medic	are wages and tips	6	Medic	are tax w		
		58871.60				853.64	
7	Socia	security tips	8	Alloca	ated tips		
9			10	Depe	ndent care	e benefits	
11	Nonqu	ualified plans	12a See instructions for box 12				
			401	C,		<u> 12.55</u>	
14	Other		120			7.70	
			120	$-\Delta\Delta$		2270.29 8350.25	
					nn Pet nlar	3rd party sick pay	
			13	Stat Ci	X	Toru party sick pay	
15	State	Employer's state ID no	. 16	State	wages, tip	os, etc.	
ı	N	0170841677 900					
17	State	income tax	18	Local	wages, ti	ps, etc.	
						58871.60	
19	19 Local income tax			Local	ity name	•	
		753.54	1		C-79		

1	1 Wages, tips, other comp. 58871.60		2 Federal income tax withheld 6509.84		
3	3 Social security wages 58871.60		4 Social security tax withheld 3650.04		
5 Medicare wages and tips 58871.60			6 Medicare tax withheld 853.64		
d	Control number	Dept.	Corp.	Employer use only	
36	0272 NCN3/4GL			T	

c Employer's name, address, and ZIP code

AMERICAN BANKERS INSURANCE CO OF FLORIDA P.O. BOX 16368 ATLANTA GA 30321

b	Employer's FED ID number 59-0593886	a E	Emplo	yee's SSA number XXX-XX-5158
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a	See i C	nstructions for box 12 12.55
14	Other	12b	W	7.70
			AA	2270.29
		12d	DD	8350.25
		<b>13</b> St	tat em	p. Ret. plan 3rd party sick pay

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

SAI RAJARISHI ULAPU 272 LITTLETON ST. APT. 570 WEST LAFAYETTE IN 47906

15 State	Employer's state ID ( 0170841677 900	no. 16 State wages, tips, etc.					
17 State	income tax	18 Local wages, tips, etc. 58871.60					
19 Local	income tax 753.54	20 Locality name C-79					
	City or Local	Filing Copy					
W-2 Wage and Tax 2023 Statement Copy 2 to be filed with employee's City or Local Income Tax Return.							

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.

C-79 Local Wages, Tips, Etc. Box 18 of W-2

 Gross Pay
 60,665.03

 Plus GTL (C-Box 12)
 12.55

 Less Other Cafe 125
 1,805.98

 Reported W-2 Wages
 58,871.60

2. Employee Name and Address.

SAI RAJARISHI ULAPU 272 LITTLETON ST. APT. 570 WEST LAFAYETTE IN 47906

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#### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959

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% Additional Medicare Tax on any of those Medicare wages 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 tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k) (11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B- Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

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.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former 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 amount.

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

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

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from 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.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA-Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

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)

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

#### NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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 fail to report it.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



### Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You 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 2023 or if income is earned for services provided while you were an inmate at a penal institution.

For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA 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.

Credit for excess taxes. If you had more than one employer in 2023 and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) 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 \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

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Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service