

|  |  |                                   |                                |  |  |
|--|--|-----------------------------------|--------------------------------|--|--|
| OMB No. 1545-0048  |  |                                   |                                |  |  |
| d Control Number   |  | 1 Wages, tips, other compensation | 2 Federal income tax withheld  |  |  |
|  |  | 119675.41                         | 19164.91                       |  |  |
| b Employer identification number (EIN)   |  | 3 Social security wages           | 4 Social security tax withheld |  |  |
| 26-3740348   |  | 127264.46                         | 7890.40                        |  |  |
| a Employee's social security number  |  | 5 Medicare wages and tips         | 6 Medicare tax withheld        |  |  |
| XXX-XX-9634  |  | 127264.46                         | 1845.33                        |  |  |
| c Employer's name, address and ZIP code<br>STANDARD & POOR'S FINANCIAL SERVICE<br>55 WATER STREET<br>NEW YORK NY 10041 |  |                                   |                                |  |  |

|                            |  |                       |  |                                 |  |
|----------------------------|--|-----------------------|--|---------------------------------|--|
| 7 Social security tips     |  | 8 Allocated tips      |  | 9                               |  |
|                            |  |                       |  |                                 |  |
| 10 Dependent care benefits |  | 11 Nonqualified plans |  | 12a                             |  |
|                            |  |                       |  | Code C   146.88                 |  |
| 12b                        |  | 12c                   |  | 12d See instructions for box 12 |  |
| Code D   7589.05           |  | Code W   750.00       |  | Code DD   7539.63               |  |
| 13 Statutory employee      |  | 14 Other NY PFL       |  | 15                              |  |
| Retirement plan            |  | Third-party sick pay  |  | 399.43                          |  |
| X                          |  |                       |  |                                 |  |

e Employee's name, address and ZIP code  
DHRUVA KOTA  
3780 112TH CIR NE  
BLAINE MN 55449-6293

|                     |                                    |             |                            |  |
|---------------------|------------------------------------|-------------|----------------------------|--|
| 2023<br>Form<br>W-2 | 15 State Employer's state I.D. no. |             | 16 State wages, tips, etc. |  |
|                     | MN                                 | 9828459     | 119675.41                  |  |
|                     | NY                                 | 263740348 2 | 119675.41                  |  |

Wage and Tax Statement  
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

|                     |  |                            |  |
|---------------------|--|----------------------------|--|
| 17 State income tax |  | 18 Local wages, tips, etc. |  |
| 1174.00             |  |                            |  |
| 6577.87             |  |                            |  |
| 19 Local income tax |  | 20 Locality name           |  |
|                     |  |                            |  |

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

Department of the Treasury - Internal Revenue Service

|  |  |                                   |                                |  |  |
|--|--|-----------------------------------|--------------------------------|--|--|
| OMB No. 1545-0048  |  |                                   |                                |  |  |
| d Control Number   |  | 1 Wages, tips, other compensation | 2 Federal income tax withheld  |  |  |
|  |  | 119675.41                         | 19164.91                       |  |  |
| b Employer identification number (EIN)   |  | 3 Social security wages           | 4 Social security tax withheld |  |  |
| 26-3740348   |  | 127264.46                         | 7890.40                        |  |  |
| a Employee's social security number  |  | 5 Medicare wages and tips         | 6 Medicare tax withheld        |  |  |
| XXX-XX-9634  |  | 127264.46                         | 1845.33                        |  |  |
| c Employer's name, address and ZIP code<br>STANDARD & POOR'S FINANCIAL SERVICE<br>55 WATER STREET<br>NEW YORK NY 10041 |  |                                   |                                |  |  |

|                            |  |                       |  |                   |  |
|----------------------------|--|-----------------------|--|-------------------|--|
| 7 Social security tips     |  | 8 Allocated tips      |  | 9                 |  |
|                            |  |                       |  |                   |  |
| 10 Dependent care benefits |  | 11 Nonqualified plans |  | 12a               |  |
|                            |  |                       |  | Code C   146.88   |  |
| 12b                        |  | 12c                   |  | 12d               |  |
| Code D   7589.05           |  | Code W   750.00       |  | Code DD   7539.63 |  |
| 13 Statutory employee      |  | 14 Other NY PFL       |  | 15                |  |
| Retirement plan            |  | Third-party sick pay  |  | 399.43            |  |
| X                          |  |                       |  |                   |  |

e Employee's name, address and ZIP code  
DHRUVA KOTA  
3780 112TH CIR NE  
BLAINE MN 55449-6293

|                     |                                    |             |                            |  |
|---------------------|------------------------------------|-------------|----------------------------|--|
| 2023<br>Form<br>W-2 | 15 State Employer's state I.D. no. |             | 16 State wages, tips, etc. |  |
|                     | MN                                 | 9828459     | 119675.41                  |  |
|                     | NY                                 | 263740348 2 | 119675.41                  |  |

Wage and Tax Statement  
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

|                     |  |                            |  |
|---------------------|--|----------------------------|--|
| 17 State income tax |  | 18 Local wages, tips, etc. |  |
| 1174.00             |  |                            |  |
| 6577.87             |  |                            |  |
| 19 Local income tax |  | 20 Locality name           |  |
|                     |  |                            |  |

Department of the Treasury - Internal Revenue Service

|  |  |                                   |                                |  |  |
|--|--|-----------------------------------|--------------------------------|--|--|
| OMB No. 1545-0048  |  |                                   |                                |  |  |
| d Control Number   |  | 1 Wages, tips, other compensation | 2 Federal income tax withheld  |  |  |
|  |  | 119675.41                         | 19164.91                       |  |  |
| b Employer identification number (EIN)   |  | 3 Social security wages           | 4 Social security tax withheld |  |  |
| 26-3740348   |  | 127264.46                         | 7890.40                        |  |  |
| a Employee's social security number  |  | 5 Medicare wages and tips         | 6 Medicare tax withheld        |  |  |
| XXX-XX-9634  |  | 127264.46                         | 1845.33                        |  |  |
| c Employer's name, address and ZIP code<br>STANDARD & POOR'S FINANCIAL SERVICE<br>55 WATER STREET<br>NEW YORK NY 10041 |  |                                   |                                |  |  |

|                            |  |                       |  |                                 |  |
|----------------------------|--|-----------------------|--|---------------------------------|--|
| 7 Social security tips     |  | 8 Allocated tips      |  | 9                               |  |
|                            |  |                       |  |                                 |  |
| 10 Dependent care benefits |  | 11 Nonqualified plans |  | 12a                             |  |
|                            |  |                       |  | Code C   146.88                 |  |
| 12b                        |  | 12c                   |  | 12d See instructions for box 12 |  |
| Code D   7589.05           |  | Code W   750.00       |  | Code DD   7539.63               |  |
| 13 Statutory employee      |  | 14 Other NY PFL       |  | 15                              |  |
| Retirement plan            |  | Third-party sick pay  |  | 399.43                          |  |
| X                          |  |                       |  |                                 |  |

e Employee's name, address and ZIP code  
DHRUVA KOTA  
3780 112TH CIR NE  
BLAINE MN 55449-6293

|                     |                                    |             |                            |  |
|---------------------|------------------------------------|-------------|----------------------------|--|
| 2023<br>Form<br>W-2 | 15 State Employer's state I.D. no. |             | 16 State wages, tips, etc. |  |
|                     | MN                                 | 9828459     | 119675.41                  |  |
|                     | NY                                 | 263740348 2 | 119675.41                  |  |

Wage and Tax Statement  
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

|                     |  |                            |  |
|---------------------|--|----------------------------|--|
| 17 State income tax |  | 18 Local wages, tips, etc. |  |
| 1174.00             |  |                            |  |
| 6577.87             |  |                            |  |
| 19 Local income tax |  | 20 Locality name           |  |
|                     |  |                            |  |

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

|  |  |                                   |                                |  |  |
|--|--|-----------------------------------|--------------------------------|--|--|
| OMB No. 1545-0048  |  |                                   |                                |  |  |
| d Control Number   |  | 1 Wages, tips, other compensation | 2 Federal income tax withheld  |  |  |
|  |  | 119675.41                         | 19164.91                       |  |  |
| b Employer identification number (EIN)   |  | 3 Social security wages           | 4 Social security tax withheld |  |  |
| 26-3740348   |  | 127264.46                         | 7890.40                        |  |  |
| a Employee's social security number  |  | 5 Medicare wages and tips         | 6 Medicare tax withheld        |  |  |
| XXX-XX-9634  |  | 127264.46                         | 1845.33                        |  |  |
| c Employer's name, address and ZIP code<br>STANDARD & POOR'S FINANCIAL SERVICE<br>55 WATER STREET<br>NEW YORK NY 10041 |  |                                   |                                |  |  |

|                            |  |                       |  |                   |  |
|----------------------------|--|-----------------------|--|-------------------|--|
| 7 Social security tips     |  | 8 Allocated tips      |  | 9                 |  |
|                            |  |                       |  |                   |  |
| 10 Dependent care benefits |  | 11 Nonqualified plans |  | 12a               |  |
|                            |  |                       |  | Code C   146.88   |  |
| 12b                        |  | 12c                   |  | 12d               |  |
| Code D   7589.05           |  | Code W   750.00       |  | Code DD   7539.63 |  |
| 13 Statutory employee      |  | 14 Other NY PFL       |  | 15                |  |
| Retirement plan            |  | Third-party sick pay  |  | 399.43            |  |
| X                          |  |                       |  |                   |  |

e Employee's name, address and ZIP code  
DHRUVA KOTA  
3780 112TH CIR NE  
BLAINE MN 55449-6293

|                     |                                    |             |                            |  |
|---------------------|------------------------------------|-------------|----------------------------|--|
| 2023<br>Form<br>W-2 | 15 State Employer's state I.D. no. |             | 16 State wages, tips, etc. |  |
|                     | MN                                 | 9828459     | 119675.41                  |  |
|                     | NY                                 | 263740348 2 | 119675.41                  |  |

Wage and Tax Statement  
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

|                     |  |                            |  |
|---------------------|--|----------------------------|--|
| 17 State income tax |  | 18 Local wages, tips, etc. |  |
| 1174.00             |  |                            |  |
| 6577.87             |  |                            |  |
| 19 Local income tax |  | 20 Locality name           |  |
|                     |  |                            |  |

Department of the Treasury - Internal Revenue Service