Copy B To Be Filed With Emp	loyee's FEDERAL Tax Return.	OMB No. 1545-0008	Copy 2-To Be Filed With En	nployee's State, City, or Local	Income Tax Return			
Employee's social security number	1 Wages, tips, other compensation	2 Federal income tax withheld	Employee's social security number	1 Wages, tips, other compensation	2 Federal income			
	36942.3	4682.47		36942.3	30			
XXX-XX-9617	3 Social security wages	4 Social security tax withheld	XXX-XX-9617	3 Social security wages	4 Social security			
Employer identification number (EIN)			Employer identification number (EIN					
46-2283648	5 Medicare wages and tips 36942.3	6 Medicare tax withheld 535.62	46-2283648	5 Medicare wages and tips 36942.3	6 Medicare tax v			
Employer's name, address, and ZIP	code		Employer's name, address, and ZIP	code				
JUSTWORKS EMPL	OYMENT GROUP LL	C	JUSTWORKS EMPLOYMENT GROUP LLC					
P.O. BOX 7119	CHURCH STREET S	TATION	P.O. BOX 7119 CHURCH STREET STATION					
NEW YORK, NY 10008			NEW YORK, NY 10008					
Control number			Control number					
	M886970			M886970				
Employee's name			Employee's name	Employee's name				
MAHARSHI SINGI	RIKONDA		MAHARSHI SINGI	MAHARSHI SINGIRIKONDA				
8282 CAMBRIDGE	STREET APT 240	8	8282 CAMBRIDGE STREET APT 2408					
HOUSTON, TX 77	054		HOUSTON, TX 77054					
Employee's address and ZIP code			Employee's address and ZIP code					
7 Social security tips 12 C	2a 	13 Statutory Retirement Third-party employee plan sick pay	7 Social security tips	2a 	13 Statutory Reti			
8 Allocated tips 12	2b		8 Allocated tips 1.	2b				
ode		14 Other	de		14 Other			
9 12 C	2c		9	2c				
10 Dependent care benefits 12	2d		10 Dependent care benefits 1	2d				
11 Nonqualified plans	20		11 Nonqualified plans	2e				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	15 State Employer's state ID number	er 16 State wages, tips, etc.	17 State income t			
			<u> </u>					
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
Form W-2 Wage and Tax Statement This information is being furnished t	2023 o the Internal Revenue Service.	Department of the Treasury— Internal Revenue Service	Form W-2 Wage and Tax Statement	5053	Departm Internal F			
Copy C-For EMPLOYEE'S R	ECORDS (See Notice to Employee	on the back of Copy B.) OMB No. 1545-0008	Copy 2—To Be Filed With En	nployee's State, City, or Local	Income Tax Return			
Employee's social security number	1 Wages, tips, other compensation 36942.3	2 Federal income tax withheld 4682.47	Employee's social security number	1 Wages, tips, other compensation 36942.3	2 Federal income			
XXX-XX-9617	3 Social security wages	4 Social security tax withheld	XXX-XX-9617	3 Social security wages	4 Social security			

7 Social security tips	12a	1	13	Statutory Retirement Third employee plan sick	
	d e		4		Ĩ
8 Allocated tips	12b		14	Other	
9	12c		+		
	od e				
10 Dependent care benefits	12d ິ	1			
11 Nonqualified plans	12e		-		
11 Nonqualified plans	C				
15 State Employer's state ID r	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 Vage and Tax		5053		Department of the Tre- Internal Revenue Service	asury
tatement					
Copy 2—To Be Filed Wit	h Employ	ee's State, City, or Loca	al Inco	ome Tax Return OMI	3 No 5-000
Employee's social security nur	nber 1 V		20	2 Federal income tax withheld	4 -
XXX-XX-961	7 3 9	36942. Social security wages	30	4682.	4 /
Employer identification numbe	· . · . ·	36942.30 4 Social security tax withheld 2290		40	
. ,	· · ·	Medicare wages and tips		6 Medicare tax withheld	
46-2283648		36942.	30	535.	62
Employer's name, address, an	d ZIP code				
JUSTWORKS EM	IPLOYN	MENT GROUP L	LC		
P.O. BOX 711	.9 CH	JRCH STREET	STA	TION	
	1 1 1 1 1 1	08			
NEW YORK, NY	1000				
NEW YORK, NY	1000				
NEW YORK, NY Control number	1000	М886970			
NEW YORK, NY Control number		M886970			
NEW YORK , NY Control number Employee's name	IGIRIF	M886970 KONDA	08		
NEW YORK, NY Control number Employee's name MAHARSHI SIN	GIRIF	M886970 KONDA FREET APT 24	08		
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX	IGIRIF OGE ST	M886970 KONDA FREET APT 24	08		
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of	IGIRIF OGE ST	M886970 KONDA FREET APT 24		Statutory Retirement Third employee plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips	IGIRIF OGE ST 77054	M886970 KONDA FREET APT 24		Statutory Retirement Third employee plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of	IGIRIF OGE ST 77054	M886970 KONDA FREET APT 24	13		
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips 8 Allocated tips	IGIRIF OGE ST 77054	M886970 KONDA FREET APT 24	13	employee plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips 8 Allocated tips	IGIRIF OGE ST 77054	M886970 KONDA FREET APT 24	13	employee plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips 8 Allocated tips	IGIRIF OGE ST 77054	M886970 KONDA FREET APT 24	13	employee plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips 8 Allocated tips 9	IGIRIF 77054 77054 12a	M886970 KONDA FREET APT 24	13	employee plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips 8 Allocated tips 9	IGIRIF OGE ST 77054	M886970 KONDA FREET APT 24	13	employee plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips 8 Allocated tips 9	IGIRIF OGE ST 77054 oode 12a 12b 03 12c 03 12c 03 12c 03 04 05 05 06 06 07 07 08 08 08 08 08 08 08 08 08 08 08 08 08	M886970 KONDA FREET APT 24	13	employee plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans	IGIRIF OGE ST 77054 oode 12a 12b 03 12c 03 12c 03 12c 03 04 05 05 06 06 07 07 08 08 08 08 08 08 08 08 08 08 08 08 08	M886970 CONDA FREET APT 24	13	employée plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans	IGIRIF OGE ST 77054 oode 12a 12b 03 12c 03 12c 03 12c 03 04 05 05 06 06 07 07 08 08 08 08 08 08 08 08 08 08 08 08 08	M886970 CONDA FREET APT 24	13	employée plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans	IGIRIF OGE ST 77054 oode 12a 12b 03 12c 03 12c 03 12c 03 04 05 05 06 06 07 07 08 08 08 08 08 08 08 08 08 08 08 08 08	M886970 CONDA FREET APT 24	13	employée plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 15 State Employer's state ID r	IGIRIF OGE ST 77054 oode 12a 12b 03 12c 03 12c 03 12c 03 04 05 05 06 06 07 07 08 08 08 08 08 08 08 08 08 08 08 08 08	M886970 CONDA FREET APT 24 1 16 State wages, tips, etc.	13	employée plan sick	
NEW YORK, NY Control number Employee's name MAHARSHI SIN 8282 CAMBRID HOUSTON, TX Employee's address and ZIP of 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 15 State Employer's state ID r	IGIRIF OGE ST 77054 oode 12a 12b 03 12c 03 12c 03 12c 03 04 05 05 06 06 07 07 08 08 08 08 08 08 08 08 08 08 08 08 08	M886970 CONDA FREET APT 24 1 16 State wages, tips, etc.	13	employée plan sick	

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

4682.47

2290.40

535.62

XXX-XX-9617	3 Social security wages	4 Social security tax withheld							
Employer identification number (EIN)	36942.3	0 2290.40							
	5 Medicare wages and tips	6 Medicare tax withheld							
46-2283648	36942.3	0 535.62							
Employer's name, address, and ZIP code									
JUSTWORKS EMPLOYMENT GROUP LLC									
P.O. BOX 7119 CHURCH STREET STATION									
NEW YORK, NY 10008									
Control number	***************************************								
M886970									
Employee's name									
MAHARSHI SINGIRIKONDA									
8282 CAMBRIDGE STREET APT 2408									
HOUSTON, TX 77054									
Employee's address and ZIP code									
7 Social security tips 12	2a	13 Statutory Retirement Third-party employee plan sick pay							
de	N.								
8 Allocated tips	· 1	14 Other							
9 12	2c								
Cont									
10 Dependent care benefits 12	2d								
ode									
11 Nonqualified plans 12	20								
d e		47 Chata income toy							
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax							
L									
40	19 Local income tax	00.1							
18 Local wages, tips, etc.	Tocal income tax	20 Locality name							
Form W-2 Wage and Tax									

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.

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.

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, and you are or will be age 62 by the end of the 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.

 ${\bf C-}{\rm Taxable}$ 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

(continued on next page)

Instructions for Employee

Box 12 (continued)

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 group-term 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)

HH – Aggregate deferrals under section 83(i) elections as of the close of the calendar year

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.