# 2023 W-2 and EARNINGS SUMMARY

**Employee** Reference Copy Wage and Tax Statement Control number Corp. 0000021552 VVV Y020 20524 Employer's name, address, and ZIP code

**BECTON DICKINSON AND COMPANY** 1 BECTON DRIVE FRANKLIN LAKES, NJ 07417

e/f Employee's name, address, and ZIP code RAMYA AYAKKAD RAM KUMAR 518 TIMPSON AVENUE DURHAM, NC 27703

b	Emplo	yer's FED ID number 22-0760120	а	Emp	loy	ee's SS. XXX-			
1	Wage	s, tips, other comp.	2	Fede	ral	income	tax w	ithhel	d
		92969.73		13651.82					
3	Socia	security wages	4	Soci	al s	security	tax w	ithheld	t
		104575.85					6483	3.70	
5	Medic	are wages and tips	6	Med	ca	re tax wi	thhel	t	
		104575.85					1516	3.35	
7	Social	security tips	8	Allo	ate	ed tips			
9			10	Depe	end	ent care	bene	fits	
11	Nonqu	ialified plans	12	a See i	nstr	uctions fo		2 1.34	
11	Other		12		Τ			6.12	
٠,	Other		12	<del></del>				00.00	_
				d <b>A</b> /				<u> </u>	
			13	Stat e	mp	Ret. plan	3rd pa	rty sick	pay
15	State	Employer's state ID r	10. 16	State	w	ages, tip	s, etc		
	NC	101015016				9	2969	9.73	
17	State	ncome tax	18	Loca	l w	ages, tip	s, etc	:.	
		3899.00							
19	Local	income tax	20	Loca	lity	name			

1 Wages, tips, other comp. 92969.73			2 Federal income tax withheld 13651.82			
3 Social security wages 104575.85			4 Social security tax withheld 6483.70			
5	Medicare wages and 1045	d tips 75.85	6 Medica	are tax withheld 1516.35		
d 00	Control number 00021552 VVV	Dept.	Corp. <b>Y020</b>	Employer use only 20524		

c Employer's name, address, and ZIP code

**BECTON DICKINSON AND COMPANY** 1 BECTON DRIVE FRANKLIN LAKES, NJ 07417

b	Employer's FED ID number 22-0760120	a Employee's SSA number XXX-XX-9471						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See C	instructions for box 12 41.34					
14	Other	<sup>12b</sup> D	11606.12					
		<sup>12c</sup> W	2300.00					
		12d AA	809.93					
		13 Stat em	p. Ret. plan 3rd party sick pay					
- 11	· F	ZID	1-					

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

RAMYA AYAKKAD RAM KUMAR 518 TIMPSON AVENUE DURHAM, NC 27703

15	State NC	Employer's s 101015016	tate ID no.	16 State wages, tips, etc. <b>92969.73</b>
17	State	income tax 389	99.00	18 Local wages, tips, etc.
19	Local	income tax		20 Locality name
		Federal	Filing	Copy

Wage and Tax Statement with employee's Federal Income

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

RAMYA AYAKKAD RAM KUMAR **518 TIMPSON AVENUE** DURHAM, NC 27703

Social Security Number: XXX-XX-9471

2 Federal income tax withheld

4 Social security tax withheld 6483.70

6 Medicare tax withheld

Corp.

13651.82

1516.35

Employer use only

¤© 2023 ADP, Inc.

### **PAGE 01 OF 02**

1 Wages, tips, other comp. 92969.73			2 Federal income tax withheld 13651.82				
3 Social s	3 Social security wages 104575.85			security tax withheld 6483.70			
5 Medicare wages and tips 104575.85			6 Medica	are tax withheld 1516.35			
d Control 0000021552	number 2 VVV	Dept.	Corp. <b>Y020</b>	Employer use only <b>20524</b>			
BECT	er's name, a ON DICK CTON DR	INSON		e OMPANY			
	KLIN LA		IJ 074	17			
b Employer's FED ID number 22-0760120			a Employee's SSA number XXX-XX-9471				
7 Social s	security tips		8 Allocated tips				
9			10 Depen	dent care benefits			
	lified plans		12a	dent care benefits			
	ilified plans		•				
11 Nonqua	alified plans		12a C	41.34			
11 Nonqua	ilified plans		12a C   12b D	41.34 11606.12			
11 Nonqua			12a	41.34 11606.12 2300.00 809.93 Ret. plan   3rd party sick pay			
11 Nonqua 14 Other e/f Employ	ee's name, a	address ar	12a	41.34 11606.12 2300.00 809.93 Ret. plan 3rd party sick pay X			
11 Nonqua  14 Other  e/f Employ  RAMY 518 T		address ar KAD RA AVENU	12a C   12b D   12c W   12d AA  13 Stat emp	41.34 11606.12 2300.00 809.93 Ret. plan   3rd party sick pay X			
11 Nonqua  14 Other  e/f Employ  RAMY 518 T	ee's name, a	address ar KAD RA AVENU	12a C   12b D   12c W   12d AA  13 Stat emp	41.34 11606.12 2300.00 809.93 Ret. plan   3rd party sick pay X			
11 Nonqua 14 Other  e/f Employ RAMY 518 T DURH  15 State RC	ee's name, a A AYAK IMPSON AM, NC mployer's s'	address ar KAD RA AVENU 27703	12a	41.34 11606.12 2300.00 809.93 Ret. plan 3rd party sick pay X WAR			
11 Nonqua 14 Other  e/f Employ RAMY 518 TI DURH	ee's name, a A AYAK IMPSON AM, NC mployer's si 101015016 come tax	address ar KAD RA AVENU 27703	12a	41.34 11606.12 2300.00 809.93 Ret. plan   3rd party sick pay X e MAR wages, tips, etc. 92969.73 wages, tips, etc.			

NC. State Filing

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

Copy

Wage and Tax

Statement

0000021552 VVV	Y020	20524
c Employer's name, a	ddress, and ZIP co	de
BECTON DICKI 1 BECTON DRI	VE	
FRANKLIN LAK	ES, NJ 0/4	17
b Employer's FED ID 22-076012		byee's SSA number XXX-XX-9471
7 Social security tips	8 Alloca	ated tips
9	10 Depe	ndent care benefits
11 Nonqualified plans	12a	
	C	41.34
14 Other	<sup>12b</sup> D	11606.12
	<sup>12c</sup> W	2300.00
	12d AA	809.93
	13 Stat er	np. Ret. plan 3rd party sick pay
elf Employee's name a	ddress and ZIP co	le .

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

Wages, tips, other comp

3 Social security wages 104575.85

Medicare wages and tips 104575.85

d Control number Dept.

92969.73

RAMYA AYAKKAD RAM KUMAR 518 TIMPSON AVENUE DURHAM, NC 27703

15	State NC	Employer's state ID no. 101015016	16 State wages, tips, etc. 92969.73
17	State	income tax <b>3899.00</b>	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

City or Local Filing

Wage and Tax Statement Copy 2 to be filed with employee's City or Local

# 2023 W-2 and EARNINGS SUMMARY

ADDITIONAL W-2 FOR BOX 12 OR 14 OVERFLOW

	Employee	Ref	ference	Сору	
V	NI /		nd Tax	204	22
C	opy C for employee's reco	Stateme	ent	OMB No.	1545-0008
d	Control number	Dept.	Corp.	Employer	
00	00021552 VVV		Y020		20525
•	Employer's name, a BECTON DICK 1 BECTON DR FRANKLIN LA	INSON IVE	AND C	OMPANY	,
e/f	Employee's name, a RAMYA AYAK 518 TIMPSON DURHAM, NC	KAD R	AM KUI IE		
b	Employer's FED ID 1 22-076012		a Emplo	yee's SSA n	
1	Wages, tips, other o		2 Federa	al income tax	
3	Social security wag	es	4 Social	security tax	withheld
5	Medicare wages and	d tips	6 Medic	are tax withh	eld
7	Social security tips		8 Alloca	ted tips	
9			10 Depen	dent care be	nefits
11	Nonqualified plans		DD	tructions for bo	x 12 <b>018.16</b>
14	Other		12b 12c		
			12d		
			13 Stat em	p Ret. plan 3rd	party sick pay
15	State Employer's s	tate ID no	. 16 State v	wages, tips, e	etc.
17	State income tax		18 Local	wages, tips,	etc.
19	Local income tax		20 Locali	ty name	
			-		
1	Wages, tips, other of	omp.	2 Federa	al income tax	withheld
3	Social security wag	es	4 Social	security tax	withheld
5	Medicare wages and	d tips	6 Medic	are tax withh	eld
d 00	Control number 00021552 VVV	Dept.	Corp. <b>Y020</b>	Employer	
00		·	Y020		use only <b>20525</b>
•		INICON			,

RAMYA AYAKKAD RAM KUMAR 518 TIMPSON AVENUE DURHAM, NC 27703

Social Security Number: XXX-XX-9471

2 Federal income tax withheld

© 2023 ADP, Inc.

## PAGE 02 OF 02

1 Wages, tips, other comp.

2 Federal income tax withheld

		i						
3 Social security wages	4 Social	security tax withheld	3 <b>S</b> c	ocial security wag	jes	4 Social	security	tax withheld
5 Medicare wages and tip	os 6 Medica	are tax withheld	5 <b>M</b>	edicare wages an	d tips	6 Medic	are tax w	ithheld
d Control number 0000021552 VVV	Dept. Corp. <b>Y020</b>	Employer use only 20525		ontrol number 21552 VVV	Dept.	Corp. <b>Y020</b>	Emplo	yer use only 20525
c Employer's name, add BECTON DICKIN 1 BECTON DRIV FRANKLIN LAKE	SON AND C	OMPANY	BI 1	nployer's name, a ECTON DICK BECTON DF RANKLIN LA	INSON RIVE	AND C	OMPA	NY
b Employer's FED ID nur 22-0760120		yee's SSA number XXX-XX-9471		nployer's FED ID 22-07601	20	·	XXX-	A number XX-9471
7 Social security tips	8 Alloca	ted tips	7 Sc	cial security tips		8 Alloca	ted tips	
9	10 Depen	dent care benefits	9			10 Deper	ndent care	e benefits
11 Nonqualified plans	12a See ir DD	nstructions for box 12 20018.16	11 No	onqualified plans	•••••	12a DD		20018.16
14 Other	12b 12c 12d 13 Stat emp	Ret. plan 3rd party sick pay	14 0	ther		12b 12c 12d 13 Stat emp	o. Ret. plan	3rd party sick pay
e/f Employee's name, add RAMYA AYAKKA 518 TIMPSON AY DURHAM, NC 2	ND RAM KUN VENUE 27703	MAR	R/ 51 DI	nployee's name, AMYA AYAK 8 TIMPSON JRHAM, NC	KAD RA AVENU 27703	AM KUI IE 3	MAR	
15 State Employer's state	e ID no. 16 State v	vages, tips, etc.	15 <b>St</b>	ate Employer's s	tate ID no.	16 State	wages, tip	os, etc.
17 State income tax	18 Local	wages, tips, etc.	17 <b>St</b>	ate income tax		18 Local	wages, ti	ps, etc.
19 Local income tax	20 Localit	y name	19 <b>L</b> c	ocal income tax		20 Locali	ty name	
Wag	atement	<b>2025</b> OMB No. 1545-0008		. State  1-2  2 to be filed with em	Statem		x <b>2</b>	<b>023</b> 3 No. 1545-0008

wages, ups, other c	onip.	2 1000	ıaı	IIICOIIIC	tax withheld			
3 Social security wag	4 Social security tax withheld							
5 Medicare wages and	d tips	6 Medicare tax withheld						
d Control number 0000021552 VVV	Dept.	Corp. <b>Y020</b>		Employ	er use only 20525			
c Employer's name, a BECTON DICKI 1 BECTON DRI FRANKLIN LAK	NSON VE	AND (	CO	MPAN	ΙΥ			
b Employer's FED ID 22-076012 7 Social security tips		a Emp		<u>XXX-X</u>	N number			
9		10 Dependent care benefits						
			enc	lent care	penerits			
11 Nonqualified plans		12a DE	)		20018.16			
14 Other		12b	Ì					
		12c 12d	L					
				Dat nlan	0-1			
				X	3rd party sick pa			
e/f Employee's name, a RAMYA AYAKA 518 TIMPSON A DURHAM, NC	(AD RA AVENU	AM KU E						
15 State Employer's s	tate ID no	. 16 State	e w	ages, tip	s, etc.			
17 State income tax		18 Loca	al w	/ages, tip	os, etc.			
19 Local income tax		20 Loca	ality	/ name				
City or	Local	Filing		Сору				
W W	age a	nd Ta	ax	20	122			

Statement Copy 2 to be filed with employee's City or Local Income Tax Return.

## 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.

rvice

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service