

1 Wages, tips, other compensation 15991.78		2 Federal Income tax withheld 978.02	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's social security number XXX-XX-7931		Employer use only	
b Employer identification number (EIN) 47-0049123		d Control number 00235229	
c Employer's name, address, and ZIP code University of Nebraska-Board of Regents 3835 Holdrege St Lincoln NE 68503-1435			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 C 3.78	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b E 475.00
14 Other		12c G	9375.00
12d			
e Employee's first name and initial Last name Suff. Prasanna Kumar Gangishetti 17079 IRVING ST OMAHA NE 68118-2908			
f Employee's address and ZIP code			
15 State NE	Employer's state ID 8905401	18 Local wages, tips, etc.	
16 State wages, tips, etc. 15991.78		19 Local income tax	
17 State income tax 380.86		20 Locality name	
Form W-2 Wage and Tax Statement 2023 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy C for Employee's records</small>			

1 Wages, tips, other compensation 15991.78		2 Federal Income tax withheld 978.02	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's social security number XXX-XX-7931		Employer use only	
b Employer identification number (EIN) 47-0049123		d Control number 00235229	
c Employer's name, address, and ZIP code University of Nebraska-Board of Regents 3835 Holdrege St Lincoln NE 68503-1435			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 C 3.78	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b E 475.00
14 Other		12c G	9375.00
12d			
e Employee's first name and initial Last name Suff. Prasanna Kumar Gangishetti 17079 IRVING ST OMAHA NE 68118-2908			
f Employee's address and ZIP code			
15 State NE	Employer's state ID 8905401	18 Local wages, tips, etc.	
16 State wages, tips, etc. 15991.78		19 Local income tax	
17 State income tax 380.86		20 Locality name	
Form W-2 Wage and Tax Statement 2023 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's STATE Income Tax Return</small>			

1 Wages, tips, other compensation 15991.78		2 Federal Income tax withheld 978.02	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's social security number XXX-XX-7931		Employer use only	
b Employer identification number (EIN) 47-0049123		d Control number 00235229	
c Employer's name, address, and ZIP code University of Nebraska-Board of Regents 3835 Holdrege St Lincoln NE 68503-1435			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 C 3.78	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b E 475.00
14 Other		12c G	9375.00
12d			
e Employee's first name and initial Last name Suff. Prasanna Kumar Gangishetti 17079 IRVING ST OMAHA NE 68118-2908			
f Employee's address and ZIP code			
15 State NE	Employer's state ID 8905401	18 Local wages, tips, etc.	
16 State wages, tips, etc. 15991.78		19 Local income tax	
17 State income tax 380.86		20 Locality name	
Form W-2 Wage and Tax Statement 2023 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy B To Be Filed With Employee's FEDERAL Tax Return</small>			

1 Wages, tips, other compensation 15991.78		2 Federal Income tax withheld 978.02	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's social security number XXX-XX-7931		Employer use only	
b Employer identification number (EIN) 47-0049123		d Control number 00235229	
c Employer's name, address, and ZIP code University of Nebraska-Board of Regents 3835 Holdrege St Lincoln NE 68503-1435			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 C 3.78	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b E 475.00
14 Other		12c G	9375.00
12d			
e Employee's first name and initial Last name Suff. Prasanna Kumar Gangishetti 17079 IRVING ST OMAHA NE 68118-2908			
f Employee's address and ZIP code			
15 State NE	Employer's state ID 8905401	18 Local wages, tips, etc.	
16 State wages, tips, etc. 15991.78		19 Local income tax	
17 State income tax 380.86		20 Locality name	
Form W-2 Wage and Tax Statement 2023 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return</small>			

Prasanna Kumar Gangishetti
17079 IRVING ST
OMAHA NE 68118-2908

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).

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 \$10,453.20 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.

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 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 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 \$23,000 (\$16,000 if you only have SIMPLE plans; \$26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$23,000. 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.

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)

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

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

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.

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 taxexempt organization section 457(b) plan.

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 taxes, educational assistance payments.

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.