## Employee Reference Copy Wage and Tax Statement C for employee's records. Control number Employer use only COST\_C ZCA6 0000000205 7BT ES 189 c Employer's name, address, and ZIP code CENTIFIC TECHNOLOGIES INC 14980 NE 31ST WAY, STE 120

e/f Employee's name, address, and ZIP code BHANU PRATAP REDD P MALIREDDY 9892 244TH PL NE REDMOND, WA 98053

**REDMOND, WA 98052-5349** 

b Employer's FED ID number 20-4012879	a Employee's SSA number XXX-XX-6494
1 Wages, tips, other comp.	2 Federal income tax withheld
111929.08	11706.28
3 Social security wages	4 Social security tax withheld
124557.92	7722.59
5 Medicare wages and tips	6 Medicare tax withheld
124557.92	1806.09
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D   12628.84
14 Other	12b DD   24909.29
	12c
	13 Stat emp. Ret, plan 3rd party sick pay
15 State Employer's state ID no	. 16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

## 2023 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	140,500.35	SOCIAL SECURITY	7,722.59
		TAX WITHHELD	
		BOX 04 OF W-2	
FED. INCOME	11,706.28	MEDICARE TAX	1,806.09
TAX WITHHELD		WITHHELD	
BOX 02 OF W-2		BOX 06 OF W-2	
STATE INCOME TAX	0.00	SUI/SDI	0.00
BOX 17 OF W-2		BOX 14 OF W-2	
LOCAL INCOME TAX	0.00		
BOX 19 OF W-2			

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

Social Security Number: XXX-XX-6494

2 Federal income tax withheld

11706.28

BHANU PRATAP REDD P MALIREDDY 9892 244TH PL NE REDMOND, WA 98053



© 2023 ADP, Inc.

PAGE 1 OF 1

19 Local	Income tax		20 Locality name			
						<u>-</u> -
	4141		0.5-1			1
1 Wages,	tips, other co 111929		2 Federa		ax withheld 706.28	
3 Social s	security wage:	s	4 Social	security to	ax withheld	7i
	124557				722.59	
	re wages and 124557.		6 Medica		306.09	
d Contro	ol number	Dept.	Corp.	Employe	er use only	]i
000000	0205 7BT	COST_C	ZCA6	ES	189	ll l
c Employ	er's name, a					11
	0 NE 31ST MOND, WA					
b Emplo	yer's FED ID 20-401287	number 9	a Emplo	yee's SSA XXX-XX	number K-6494	i
7 Social s	security tips		8 Allocal			
4			10 Deper	ndent care	benefits	
•	alified plans		DI		for box 12 12628.84	
14 Other			12b DD I		24909.29	i
			12c			11
			12d			11
			13 Stat own	Dot plan 3	rd party sick pay	łi I
			10 Stat Citip	X	to purty order pay	
e/f Employee's name, address and ZIP code BHANU PRATAP REDD P MALIREDDY 9892 244TH PL NE REDMOND, WA 98053						
15 State	Employer's st	tate ID no.	16 State	wages, tip	s, etc.	FOLD AND DETACH HERE
17 State	ncome tax		18 Local	wages, tip	os, etc.	D AND
19 Local	income tax		20 Local	ity name		- FOL
W-		Filing age an Statem	d Tax	20	023	

					l .				
1 Wages, tips, other c 111929		2 Federal income tax withheld 11706.28			1	Wages	, tips, oth	er co 929.	
3 Social security wage		4 Social security tax withheld			1 2	Social			
124557		Ooolai		22.59	3 Social security wag 12455				
5 Medicare wages and	tips 6	Medica	re tax with	held	5 Medicare wages a		and t	tips	
124557	.92			06.09				557.	92
d Control number	Dept.	Corp.	Employe	r use only	d	Contr	ol numb	er	De
0000000205 7BT	COST_C Z	CA6	ES	189	L	000000	0205 7B1	Γ	COS
c Employer's name, a	address, and	ZIP co	ode		C	Employ	/er's nar	пе, ас	dre
CENTIFIC TEC			С				TIFIC T		
14980 NE 31S	r way, st	E 120					30 NE 3		
REDMOND, W.	A 98052-5	349				RED	MOND	, WA	98
b Employer's FED ID	number a	Employ	yee's SSA	number	b	Emplo	yer's FE	D ID	nun
20-401287	79		XXX-XX	-6494			20-401	1287	9
7 Social security tips	8	Allocat	ed tips	5 15 15 15 15 15 15 15 15 15 15 15 15 15	7	Social:	security	tips	
g		0 Deper	ndent care	benefits	9		44 5 84 5 4 0 7 8	******	****
		a kanadalan		540 0400 0X 05 740	-			******	
11 Nonqualified plans	12	a D ∣	1	2628.84	11	Nonqu	ualified p	lans	
14 Other	12	DDI		4909.29	14	Other			
	12			Посоли					
	12	d ,							
			Rot plan 3m	l party sick pay					
			X	- p=, s p=,					
e/f Employee's name,	address an	d ZIP o	ode		e/1	Emplo	yee's n	ame,	addı
<b>BHANU PRATA</b>	P REDD I	P MAL	IREDDY	'		BHAN	NU PRA	ATAF	R
9892 244TH PL	NE					9892	244TH	PL N	۱E
REDMOND, WA	98053				ñ	REDN	IOND,	WA	986
							•		
15 State Employer's s	tate ID no. 1	6 State	wages, tips	s, etc.	15	State	Employe	er's st	ate I
	2000				2				
17 State income tax	11	8 Local	wages, tip	s, etc.	17	State	income t	ax	
19 Local income tax	20	0 Local	ity name		19	Local	income 1	ax	
State	Filing Co	NOV.		STATES AND	-		City	or	Lo
IAI State	Filing Co	Tay	00	200	1	A.	City		age
1111-1 VV	aye and	Idx		1/5	1	//// -		AAC	ıyı

Statement

	111929.00		11700.20					
3 Social	ocial security wages			4 Social security tax withheld				
	124557		7722.59					
5 Medica	5 Medicare wages and tips 124557.92			6 Medicare tax withheld 1806.09				
d Cont	rol number	Dept.	Corp.	Employe	r use only			
000000	10205 7BT	COST_C	ZCA6	ES	189			
c Emplo	yer's name, a	iddress, a	nd ZIP c	ode				
CENTIFIC TECHNOLOGIES INC 14980 NE 31ST WAY, STE 120 REDMOND, WA 98052-5349								
b Emplo	yer's FED ID 20-401287	number 9	a Emplo	yee's SSA XXX-XX	number -6494			
7 Social	security tips		8 Alloca					
9			2000	ndent care	benefits			
11 Nonq	ualified plans		12a D	1	2628.84			
14 Other			12b DD	2	24909.29			
			12c					
			12d					
				X	d party sick pa			
e/f Empl	oyee's name,	address	and ZIP	code				
BHA	NU PRATA	P REDD	P MA	LIREDDY	•			
9892	244TH PL	NE						
REDI	MOND, WA	98053						
	•							
15 State	Employer's s	tate ID no.	16 State	wages, tips	s, etc.			

18 Local wages, tips, etc.

20 Locality name

City or Local Filing Copy Wage and Tax

Statement

	-			
25951.40				
1 Wages, tips, other comp.				
25951.40				
3 Social security wages	4 Social security tax withheld			
25951.40	376.30			
5 Medicare wages and tips	6 Medicare tax withheld			
Employer's name, address, and ZIP code				
LAKE WASHINGTON				
16250 NE 74TH ST				
REDMOND WA 98052	2-9739			
7 Social security tips	8 Allocated tips			
9 10 Dependent care benefits				
11 Nonqualified plans	12a			
	12b			
13 Statutory Retirement Third-party sick pay	12c			
	12d			
14	Employee's social security no.			
	531-99-6671			
	Employer ID number (EIN)			
	91-6001645			
	Control			
KOVIDA MALIREDDY				
9892 244TH PL NE				
REDMOND WA 98053	3			
REDHOND WA 90055	·			
Employee's name, address, and ZIP code				
	16 State wages, tips, etc. 17 State income tax			
WA 174002761				
18 Local wages, tips, etc.	19 Local Income tax 20 Locality name			
Wage and Tax Statement Copy B Tris information is being furnished to the IRS To Be Filled With Employee's FEDERAL Tax Return.				

3 Social security wages	4 Social secu	rity tax withheld		
25951.40		376.30		
5 Medicare wages and tips	6 Medicare to	6 Medicare tax withheld		
Employer's name, address, and ZIP code LAKE WASHINGTON 16250 NE 74TH ST REDMOND WA 98052	-9739			
7 Social security tips	8 Allocated ti	ps		
9	10 Dependent	care benefits		
11 Nonqualified plans	12a			
	12b			
13 Statutory Retirement Third-party sick pay	12c			
	12d			
14	Employee's so	Employee's social security no.		
	531-99-6671			
	Employer ID n	umber (EIN)		
	91-6001	645		
	Control number			
KOVIDA MALIREDDY				
9892 244TH PL NE				
REDMOND WA 98053				
Employee's name, address, and ZIP code	_	1		
	6 State wages, tips, etc.	17 State Income tax		
WA 174002761				
18 Local wages, tips, etc.	9 Local income tax	20 Locality name		
Wage and Tax Staten Copy 2	nent	Form W.2		
To Be Filed With Employee's State,				
Other and annual land was to	eturn	2023		
City, or Local Income Tax Ro OMB No. 1545-0008 Departs	ment of the Treasury - Int	arnal Bayanua Sandan		

25951.40

25951.40

Wages, tips, other comp.

301.34

1609.01

2 Federal income tax withheld

25951.4				
<ol> <li>Wages, tips, other comp</li> </ol>				
25951.4				
3 Social security wages	4 Social security tax withheld			
25951.4	0.0.00			
5 Medicare wages and tips	6 Medicare tax withheld			
Employer's name, address, and ZIP code				
LAKE WASHINGTON				
16250 NE 74TH S	-			
REDMOND WA 9805	2-9739			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a			
111tonquamou plano	12b			
13 Statutory Retirement Third-par sick pay	y 12c			
employée plan sick pay	12d			
14	Employee's social security no.			
	531-99-6671			
	Employer ID number (EIN)			
	91-6001645			
	Control number			
KOVIDA MALIREDD	Y			
9892 244TH PL N	Ξ			
REDMOND WA 9805	3			
Employee's name, address, and ZIP code				
15 St. Employer's state ID number	16 State wages, tips, etc. 17 State income ta			
WA 174002761				
18 Local wages, tips, etc.	19 Local income tax 20 Locality name			
Wage and Tax State				
Copy 2 To Be Filed With Employee	W-2			
City, or Local Income Tax	Return ピロピゴ			
OMB No. 1545-0008 Dep	rtment of the Treasury - Internal Revenue Service			

1 Wages, tips, other of	omp.	2	Federal i	nco	me tax withheld	
25951	.40		1609.0		1609.01	
3 Social security wage	es	4	Social s	ecu	rity tax withheld	
25951	.40				376.30	
5 Medicare wages and	d tips	6	Medicar	e ta	x withheld	
Employer's name, address, and ZIP code						
LAKE WASHINGTON						
16250 NE 74TE	H ST					
REDMOND WA 98	3052-	97	39			
7 Social security tips		8	Allocate	d ti	os	
		┸				
9		10	Depend	ent	care benefits	
11 Nonqualified plans		12				
		12	b			
13 Statutory Retirement The	alrd-party ok pay	12	С			
		12	d			
14		Employee's social security no.				
		531-99-6671				
		Employer ID number (EIN)				
		91-6001645				
			Control number			
KOVIDA MALIRE	EDDY					
9892 244TH PI	NE					
REDMOND WA 98	3053					
Employee's name, address, and ZI	P code					
15 St. Employer's state ID number	or 16	State	wages, tips,	etc.	17 State Income tax	

25951.40

Department of the Treasury - Internal Revenue Service

301.34

OMB No. 1545-0008

18 Local wages, tips, etc. 19 Local income tax 20 Locality name Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS This information is being furnished to the IRS. 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 fall to report it.

WA 174002761

OMB No. 1545-0008

Form W-2 2023 Department of the Treasury - Internal Re

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 8359. See the Form 1040 instructions to determine if you are required to compile Form 3039. Box 6. This amount includes the 1 4354 Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.95% Additional Medicare Fox on any of those Medicare wages and tips above \$200,000.

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 allow the cartual amount of tips you neceleved, 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 Farm 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 your oricurned on your behalf (including amounts from a section 125 (caleteria) plan). Any amount over your employer's plan limit to also included in box 1. See Form 2441.
Box 10. This amount is (o) reported in box 1 if it is a distribution made to you form a

Any amount over your amployer'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 product he was the plan of the plan of

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 cestignated Rolf contributions (codes A. B. B. and EE) under onliginate are generally limited to a total of \$22.500 (\$15,500 if you only have SIMPLE plans. \$25.500 for section 40(3)b) plans if you qualify for the 15-year rule explained in Pub. \$71). Determine under code G are limited to \$22,500. Determine under code H are limited to \$7,000.

cobe G are limited to \$22,500. Deferrals under cobe 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 4016(c)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 your seach 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 10-00 instructions.

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

A—Uncollected social security or RRTA has 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)

ine social security wage base), end s)

De Elective deferrats to a section 401(4) cash or deferred arrangement. Also includes
deferrats under a SIMPLE retirement account that is part of a section 401(4) arrangement.
E-Elective deferrats under a section 403(4) salary reduction agreement section.
F-Elective deferrats under a section 408(4)(6) salary reduction SEP

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

H-Elective deferrats and employer contributions (including nonelective deferrats) to a section 501(4)(16)(b) tax-exempt organization plan

Form 1040 entructions 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 Fon

instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

L=Substantiated employee business expense reimbursements (nontraxable)
M=Uncollected social security or RRIA tax on taxable cost of group-term life insurance
over \$50,000 (former employees only). See the Form 1040 instructions.
N=Uncollected Medicars tax on taxable cost of group-term life insurance over \$50,000
(former employees only). See the Form 1040 instructions.
If it is not to the contract of the U.S.
Armed Forces (not included in box 1, 3, or 6)

Nontaxable combat pay. See the Form 1040 instructions for details on reporting this

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)

induded in box 1)

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

—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.

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

I — Deserrais under a section 409A nonqualified deferred compensation plan
 Z—Income under a nonqualified deferred compensation plan that falls to satisfy section
 409A. This amount is also included in box 1. It is subject to an additional 2096 fax plus
 interest. See the Form 1040 instructions.
 A—Designated Roth contributions under a section 401(k) plan
 BB—Designated Roth contributions under a section 403(b) plan
 DD—Cost of employee-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(c)

... --Permitted benefits under a qualified small employer health reimbursement

GG—income from qualified equity grants under section 83(i) HH—Aggregate deferrals under section 83(i) elections as of t

tion 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.

traditional IRA contributions you may doduct. See Pub. 590-A. Box 14. Employers may use this box to report information such as stale disability insurance taxes withheld, unlon dues, uniform payments, health insurance premium deducted, northazable income, educational assistance payments, or a member of the clergity sparsonage allowance and utilities. Railmoad employers use this box to report railwad retirement (IRFII) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in ra retrement (RAII) compensation.

retrement (HRIA) compensation. Note: Keep Copy Cof Form W-2 for at least 3 years after the due date for filing your income lax 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.

## Notice to Employee

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 croft (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 a common that the specified of the second in t

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

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 fife 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 mature. 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 designay your correct name at any SSA orfice or by caffing 600-772-181. You may also visit the SSA whealth at www.SSA gov. Cost of employer-sponsomed health coverage (if such cost is provided by the health coverage (if or your information only, The amount reported with code DB is credit for greens taxes if formation only, The amount reported with code DB 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 recell 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 retund on Form 843. See the instructions for Form 843.