

# 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 TAX WITHHELD	7,722.59
FED. INCOME TAX WITHHELD	11,706.28	BOX 04 OF W-2	
BOX 02 OF W-2		MEDICARE TAX WITHHELD	1,806.09
BOX 06 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

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



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Fold and Detach Here

<b>Employee Reference Copy</b> <b>W-2 Wage and Tax Statement 2023</b> Copy C for employer's records. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
0000000205 7BT	COST_C	ZCA6	E S 189
c Employer's name, address, and ZIP code CENTIFIC TECHNOLOGIES INC 14980 NE 31ST WAY, STE 120 REDMOND, WA 98052-5349			
e/f Employee's name, address, and ZIP code BHANU PRATAP REDD P MALIREDDY 9892 244TH PL NE REDMOND, WA 98053			
b Employer's FED ID number	a Employee's SSA number		
20-4012879	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		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
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		

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<b>Federal Filing Copy</b> <b>W-2 Wage and Tax Statement 2023</b> Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008			
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<b>State Filing Copy</b> <b>W-2 Wage and Tax Statement 2023</b> Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008			
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<b>City or Local Filing Copy</b> <b>W-2 Wage and Tax Statement 2023</b> Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008			
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1	25951.40	2	301.34
3	25951.40	4	1609.01
5	25951.40	6	376.30
Employee's name, address, and ZIP code LAKE WASHINGTON 16250 NE 74TH ST REDMOND WA 98052-9739			
7		8	
9		10	
11		12a	
13		12b	
13		12c	
13		12d	
14	Employee's social security no. 531-99-6671		
	Employer ID number (EIN) 91-6001645		
Employee's name, address, and ZIP code KOVIDA MALIREDDY 9892 244TH PL NE REDMOND WA 98053			
15	WA 174002761	16	
18		19	
<b>Wage and Tax Statement Form W-2</b> Copy B This information is being furnished to the IRS. To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0003 Department of the Treasury - Internal Revenue Service <b>2023</b>			

1	25951.40	2	301.34
3	25951.40	4	1609.01
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<b>Wage and Tax Statement Form W-2</b> Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0003 Department of the Treasury - Internal Revenue Service <b>2023</b>			

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<b>Wage and Tax Statement Form W-2</b> 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 fail to report it. OMB No. 1545-0003 Department of the Treasury - Internal Revenue Service <b>2023</b>			

**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 3.** You may be required to report this amount on Form 8859. See the Form 1040 instructions to determine if you are required to complete Form 8859.

**Box 4.** 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 5.** 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.

**Box 6.** 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 7.** 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 should not 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; you or your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 8.** 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; \$25,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub 5711). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

**Box 9.** 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 year through H, S, Y, AA, BB, or EE 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)(19)(B) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

**I**-Nontaxable sick pay (information only, not included in box 1, 3, or 5).

**J**-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 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 employees 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.

**U**-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.

**V**-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

**W**-Deferrals under a section 409A nonqualified deferred compensation plan.

**X**-Income under a nonqualified deferred compensation plan that fails to satisfy section 402A. 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 employees 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.

**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 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.

**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.

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