OMB No. 1545-0008				
d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld		
	109005.08	6849.45		
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld		
59-3264661	122741.08	7609.95		
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld		
779-35-1841	122741.08	1779.75		

c Employer's name, address and ZIP code KFORCE INC.

8405 BENJAMIN ROAD, SUITE G TAMPA FL 33634

7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 p D 13736.00 12b 12c 12d 13 Statutory employee ode 600.00 gDD 18493.44 Retirement Third-party plan sick pay 14 Othe Х e Employee's name, address and ZIP code GOPAL BHAKTULA APT #3 1078 ORCHARD CIRCLE N COLLIERVILLE TN 38017 15 State Employer's state I.D. no. 16 State wages, tips, etc. 5053 5 W-2

Wage and Tax Statement	17 State income tax	18 Local wages, tips, etc.
Copy C - For EMPLOYEE'S RECORDS (See Notice to		
Employee on back of Copy B.) 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.	19 Local income tax	20 Locality name
Department of the Treasury – Internal Revenue Service		
OMB No. 1545-0008		

UMB NO. 1545-0006				
d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld		
	109005.08	6849.45		
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld		
59-3264661	122741.08	7609.95		
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld		
779-35-1841	122741.08	1779.75		

c Employer's name, address and ZIP code KFORCE INC.

8405 BENJAMIN ROAD, SUITE G TAMPA FL 33634

7 Social security tips			8 Allocated tips			9	
10 Dependent care benefits			11 Nonqualified plans			12a 90 D	12726 00
							13736.00
12b o			12c			12d ©	
<u>₿</u> ₩	60	00.00	8 DD 18493.44			Code	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other				
	х						
e Employee's na GOPAL B APT #3 1078 OR COLLIER	CHARD	CIRCLE TN 38	N 017				
2023			r's state I.D. no.			16 Stat	e wages, tips, etc.
[፤] W-2	<u> </u>						
Wage and Ta: Copy 2 - To B Employee's S Local Income	e Filed Wi tate, City,	nt ith or	7 State income tax		18 L	ocal wag	es, tips, etc.
	Tux Notu		9 Local income tax		20 L	ocality na	ame
Department of the Ti Internal Revenue Se	reasury – rvice						

OMB No. 1545-0008

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld		
	109005.08	6849.45		
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld		
59-3264661	122741.08	7609.95		
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld		
779-35-1841	122741.08	1779.75		

c Employer's name, address and ZIP code KFORCE INC. 8405 BENJAMIN ROAD, SUITE G TAMPA FL 33634

7 Social secur	ity tips		8 Allocated tips				
10 Dependent care benefits			11 Nonqualified plans		Code 1	2a D	See instructions for box 12
^{12b}	60	0.00	12c gDD	18493.44	0	2d	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Othe	er			
	х						
	name, addres BHAKTUI RCHARD RVILLE	CIRCLE					
202	23	State Employ	/er's state	I.D. no.		16 S	State wages, tips, etc.
۳ M-	-2						
Wage and	Tax Statem	nent	17 State	income tax	18 Lo	cal w	/ages, tips, etc.

Copy B - To Be Filed With Employee's FEDERAL Tax Return.		
This information is being furnished to the Internal Revenue Service.	19 Local income tax	20 Locality name
Department of the Treasury – Internal Revenue Service		
OMB No. 1545-0008		·····

d Control Number	 Wages, tips, other compensation 	2 Federal income tax withheld
	109005.08	6849.45
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
59-3264661	122741.08	7609.95
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
779-35-1841	122741.08	1779.75
c Employer's name, address and ZIP code KFORCE INC.	2	

8405 BENJAMIN ROAD, SUITE G

TAMPA FL 33634

7 Social security tips			8 Allocated tips 9				
10 Dependent care benefits			11 Nonqualified plans			2a D	13736.00
12b			12c			2d	
W Co	60	00.00	ğDD	18493.44	1 B		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other				
employee	pian	SICK pay					
	x						
e Employee's GOPAL	name, addres BHAKTUI	s and ZIP cod	le				
APT #3							
1078 0	RCHARD	CIRCLE	N				
COLLIE	RVILLE	TN 38	017				
		<u></u>					
202	23 1	State Employ	er's state I.D. no).		16 Stat	te wages, tips, etc.
E \A/	^						
۳ M-	2						
Wage and Tax Statement 17 State income tax 18 Local wages, tips, etc.					ges, tips, etc.		
-							
Copy 2 - To Employee's							
Local Incor							

20 Locality name

19 Local income tax

Department of the Treasury – Internal Revenue Service

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 an you redit. Earned income credit (EC). 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 more than the specified amount for 2023 information, visit www.irs.gov/EIC. See also Pub. 556. Amy EIC that is more than your tax liability is refunded to you, but on vif 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 .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 wages and tips 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 its 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 2414. IBox 11. This amount is (a) reported in box 1 if its a distribution made to you from a nonqualified or section 425 (balance) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified to section 457(b) plan, or to). This box shouldn't be used if your right to the deferred amount. This box shouldn't be used if your 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.

Instructions for Employee (Continued)

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; 252,500 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.

Nowever, 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) SIME Epians). 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—Incollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. B—Uncollected no cidal socian 401(k) cash or deferred limit and arrangement. Also includes to a socion 4010(k) cash or deferred limit arrangement. Also includes defarrats under a SIMPLE retirement account that is part of a section 401(k) and yeash or deferred limit to fa section 401(k) any argument. E—Elective deferrals under a section 403(b) salary reduction agreement the deferrals under a section 403(b) salary reduction agreement the deferrals under a section 404(k) any reduction agreement the deferrals under a section 404(k) end section agreement the deferrals under a section 404(k) end section agreement the deferrals under a section 404(k) end section agreement the deferrals under a section 405(b) salary reduction agreement the deferrals under a section 405(b) salary reduction agreement the deferrals under a section 405(b) salary reduction agreement the secti

section 40 (IK) arrangement. E—Elective deferrats under a section 403(b) salary reduction agreement F—Elective deferrats under a section 403(b) (si) salary reduction SEP G—Elective deferrats and employer contributions (including nonelective deferrats to a section 457(b) deferred compensation plan H—Elective deferrats 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) R—20% excises tax on excess golden parachute payments. See the Form 1040 instructions. L—Substantiated employee business expense reimbursements (nontraxable) M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employee business). See the Form 1040 instructions. N—Excludable moving expense reimbursements (noted) to be carbed in box 1, 3, or 5) Q—Nontaxable social in box 1, 3, or 5) Q—Nontaxable cost of group-term life insurance over \$50,000 (former employee contributions). See the Form 1040 instructions for details on reporting this amount. R—Employee contributions to your Archer MSA. Report on Form 865.

compensation plan that fails to satisfy section 409A. This amour is also included in box 1. It is subject to an additional 20% fax 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. FTe—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

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, jeus (bocy 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.