O D To Do Elle J Mild			1		
Copy B-To Be Filed With Employee's Federal Tax Return.				41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 W	ages, tips, other comp.	2 F	Federal income tax withheld	
XXX-XX-3543		49163.18		4018.09	
	3 So	ocial security wages	4 3	Social security tax withheld	
b Employer ID number (EIN)		49163.18		3048.12	
20-5637217	5 IVI	5 Medicare wages and tips 6 49163.18		Medicare tax withheld 712.87	
c Employer's name, address, a	nd ZII	⊃ code			
MAA KRUPA HOSPITALITY, LLC 426 N MAIN (435)259-4468					
MOAB		UT		84532	
d Control number 12					
e Employee's name, address, a	nd Zl	P code		Suff	
SURYA RAJEEV NAIDU 400 N 500 W					
MOAB		UT		84532	
7 Social security tips	8 A	llocated tips	9		
10 Dependent care benefits	11 N	lonqualified plans	12	2a Code	
13 Statutory employee 14 Othe	er		12	2b Code	
Retirement plan			12c Code		
Third-party sick pay			12	2d Code	
UT 12469016004WT	Н	49163.18		2332.51	
15 State Employer's state ID nu	mber	16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.	_	ocal income tax		Locality name	
Form W-2 Wage and Tax State	ment	2023	[Dept. of the Treasury IRS	

FUITH W-Z Waye and Tax Su	atement	2023	Dept. of the	Treasury IR3
This information is being furni	shed to the Interna	Revenue Service		,
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Copy C-For EMPLOYEE Notice to Employee on	S RECORDS (See	41-0852411		
a Employee's soc. sec. no. XXX-XX-3543	1 Wages, tips, other comp. 49163.18	OMB No. 1545-0008 2 Federal income tax withheld 4018.09		
b Employer ID number (EIN)	3 Social security wages 49163.18	4 Social security tax withheld 3048.12		
20-5637217	5 Medicare wages and tips 49163.18	6 Medicare tax withheld 712.87		
c Employer's name, address, a				
MAA KRUPA HOSPITALITY, LLC 426 N MAIN (435)259-4468				
MOAB	UT	84532		
d Control number 12				
e Employee's name, address,	and ZIP code	Suff.		
SURYA RAJEEV NAIDU 400 N 500 W				
MOAB	UT	84532		
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
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Retirement plan		12c Code		
Third-party sick pay		12d Code		
UT 12469016004W	ГН 49163.18	2332.51		
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax				
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury IRS 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.				

Copy 2-To Be Filed With City, or Local Income Ta:	Employee's State, <u>x Return.</u>	41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp. 49163.18	2 Federal income tax withheld 4018.09		
XXX-XX-3543	3 Social security wages	4 Social security tax withheld		
b Employer ID number (EIN)	49163.18	3048.12		
20-5637217	5 Medicare wages and tips 49163.18	6 Medicare tax withheld 712.87		
c Employer's name, address, ar	nd ZIP code			
MAA KRUPA HOSPITALITY, LLC 426 N MAIN (435)259-4468				
MOAB	UT	84532		
d Control number 12				
e Employee's name, address, a	nd ZIP code	Suff.		
SURYA RAJEEV NAIDU 400 N 500 W				
MOAB UT 84532				
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13 Statutory employee 14 Other		12b Code		
Retirement plan		12c Code		
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15 State Employer's state ID number 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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Form W-2 Wage and Tax State	ment 2023	Dept. of the Treasury IRS		

Copy 2-To Be Filed With Employee's State, 41-0852411 City, or Local Income Tax Return. OMB No. 1545-0008				
a Employee's soc. sec. no.	1 Wages, tips, other comp. 2 Federal income tax wit			
XXX-XX-3543	3 Social security wages	4018.09 4 Social security tax withheld		
b Employer ID number (EIN)	49163.18	3048.12		
	5 Medicare wages and tips	6 Medicare tax withheld		
20-5637217	49163.18	712.87		
c Employer's name, address, ar				
MAA KRUPA HOSPITALITY, LLC 426 N MAIN (435)259-4468				
MOAB	UT	84532		
d Control number 12				
e Employee's name, address, a	nd ZIP code	Suff.		
SURYA RAJEEV 400 N 500 W	NAIDU			
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
Form W-2 Wage and Tax State	ment 2023	Dept. of the Treasury IRS		

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Notice to Employee

Do you have to file? Refer to the Forrm 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 write you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. 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 uteri \$9,502-40 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, y may also be able to claim a refund on Form 843. See the Instructions for Form 843. vou

(See also Instructions for Employee on the back of Copy C.)

Instructions for Employee

(See also Notice to Employee on the back of Copy B.) 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

Box 5. Circle and another of the receiver income tax wanteeu and or you hav 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

Nedicare 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

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. Your must life form 4137, Social Security and Medicare Tax on Uhreported Tip Income, with your income tax return to report at least the allocated by anonut inless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of laps you received. Form 4137 Mongree that it is more actual amount of laps your cancel form 4137 moligner that it is more security and Medicare tax owed on tips your dain't report to your employer. Entre 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, Entre 132 (calteria) plan). Any amount over your employers plant is also included in box 1. See Form 2441. Box 11. This amount is (a) reported in cost 1 if it is a distribution made to you from a nonqualified defined coreston 457(b) plan that became taxable for social security and Medicare taxes this year because there taxable for social security and Medicare taxes this year because there taxable for social security and Medicare taxes this year because there taxable for social security and Medicare taxes this year because there taxable for social security and Medicare taxes this year because there taxable for social security and Medicare taxes this year because there taxable for social security and Medicare taxes this year because there taxable for social security and Medicare taxes this year because there taxable for social security and Medicare taxes this year because there taxable for social security and Medicare taxes this year because there taxable for social security and Medicare taxes this year because there taxable for social security addition of a definal and received a distribution in the same calendary ye recenced a balanciation in the stantic exercision area, now employer should life Form sign 62 by the end of the calendar year, your employer should life Form SSA-131, Employer Report of Special Wage Payments, with the Social Socuthy Administration and give you a copy. Box 12, The following list explains the codes shown in bott 27. You may need this inflormation to complete your tax return. Elective deferrals

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Deferrats under cover G are immed to \$22,000 Cover and a set of the termination of \$22,000 Cover and the termination of termin Proverse, it you were at least age 20 in 2225, you employed may have allowed an additional deternal of up to \$75,00 (S300 for section 401(k)(11) and 408(p) SIMPLEr plans). This additional deternal amount is not subject to the overall limit on detective deternal. For code 6, the limit on elective deternals may be higher for the last 3 years before you reach retinement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deternal 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 deternals, consider these amounts for the year shown, not the current year. Al-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-Traxable 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 deferrations to a section 40(k) (cash or deferred arrangement. Also includes deferration under a SUMPLE reterment account that is part of a section 40(k) arrangement. If a section 40(k) (salary reduction agreement account that is part of a section 40(k) arrangement. If a section 40(k) (k) salary reduction section agreement and a section 40(k) arrangement. If a section 40(k) (k) salary reduction SEP C-Elective deferration and employer contributions (ncluding nonellective deferrate) to a section 40(k) (k) (salar) reduction SEP C-Elective deferration and employer contributions (ncluding nonellective deferrate) to a section 40(k) (k) (salar) reduction SEP C-Elective deferrate) as de arrangement only, not included in box 1, 3, or 5) K-20% excises tax on excess golden parachute payments. See the Form 1040 instructions. L-Substaniated employee business expense reinfoursements (nontaxable) M-Uncollected section section for Ala son taxable cost of groupeterm life

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

Insurance over \$50,000 (former employees only). See the Form 1640: instructions. NU-roollected Medicare tax on taxable cost of group-term life instructions. P-Exolutable moving expense embrusements paid directly to a member of the U.S. Armed Forces (not included in tox, 1, 3, of 5) CN-Instructions control paids, and the form 1640 instructions for details on reporting this manufactures to your Archar MAS, Report on Form 853. S-Employee sailary metadion contributions under a section 408(p) SMPLE plan (not included in box 1). Complete Form 853 to figure any travable and nontraxible amounts. V-Income from exercise of nonstructures yock option(p) included in boxs 1, 3.

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

(up to the social security wage base), and 5). See Hub. Scb, for responsing merguinements. WeEnployer combusions (including announts the employee elected to combute using a sacchin 125 (caterial) plan by bour health savings account. VP-Deternials under a section 400A nonqualified deferred compensation plan VP-Deternials under a section 400A nonqualified deferred compensation plan that fails to satisfy section 400A. This amount is also included in box 1. It is subject to an additional 2015 key bus interest. Sec the Form 1400 instructions. AA2-Designated Koth combusions under a section 401(6) plan DP-Dcc at demover sponsore health coverage. The amount reported with code DD is not taxable. EF2-Designated Roth combusions under a governmental section 457(b) plan. FF7-Permitted benefits under a qualified small employer health neimbusement anguergement.

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 Box 13. If the "Retirement plan" box is checkad, special limits may apply to the around of traditional IRA contributions your may deduc. See Pub. 590-A. Box 14. Employees may use this box to report information such as state disability insurance taxes withheld union dues, uniform payments, health insurance premiums discutation, non-dues, uniformation and has a state advantige traditional and the second state of the second state of the payments, or a member of the dergy's parsonage allowance and utilities. Raihoad employees use this box to report allocad retirement (RRTA) compensation. The tax, Ter 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in raihoad 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 terum. However, to hab torted your ocidi security benefits.

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.