Copy B To Be Filed With Emp	bloyee's FEDERAL Tax Return.	OMB No. 1545-0008	Copy 2–To Be Filed With Empl	oyee's State, City, or Local Inc	come Tax Return OMB No. 1545-0008
Employee's social security number	1 Wages, tips, other compensation	2 Federal income tax withheld	Employee's social security number 1	Wages, tips, other compensation	2 Federal income tax withheld
XXX-XX-5575	44129.3		XXX-XX-5575	44129.37	5755.27
Employer identification number (EIN)	3 Social security wages 44129.3	4 Social security tax withheld 7 2736.01	Employer identification number (EIN)	Social security wages 44129.37	4 Social security tax withheld 2736.01
, , , , , , , , , , , , , , , , , , , ,	5 Medicare wages and tips	6 Medicare tax withheld		Medicare wages and tips	6 Medicare tax withheld
46-2283648	44129.3	639.89	46-2283648	44129.37	639.89
Employer's name, address, and ZIP			Employer's name, address, and ZIP co		
JUSTWORKS EMPLOYMENT GROUP LLC			JUSTWORKS EMPLOY		
P.O. BOX 7119 CHURCH STREET STATION NEW YORK, NY 10008			P.O. BOX 7119 CI		ATTON
Control number	0008		NEW YORK, NY 100 Control number	108	
	M864127			M864127	
Employee's name			Employee's name		
NAGARAJU KAMISETTY			NAGARAJU KAMISE		
1550 KATY GAP ROAD APT 2601			1550 KATY GAP RO	DAD APT 2601	
KATY, TX 77494 Employee's address and ZIP code			KATY, TX 77494 Employee's address and ZIP code		
		3 Statutory Retirement Third-party	7 Social security tips 12a	13	Statutory Retirement Third-party
-	DD 2254.26	employee plan sick pay	ů D	D 2254.26	employee plan sick pay
8 Allocated tips	2b	4 Other	8 Allocated tips 12b	14	Other
9	2c	- Other	9 12c		Other
C Od e			C Od e		
10 Dependent care benefits	2d		10 Dependent care benefits 12d		
de					
11 Nonqualified plans	20		11 Nonqualified plans		
15 State Employer's state ID number	er 16 State wages, tips, etc.	17 State income tax	15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
l					
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
	+	+			
Form W-2 Wage and Tax Statement	2023	Department of the Treasury- Internal Revenue Service	Form W-2 Wage and Tax Statement	5053	Department of the Treasury- Internal Revenue Service
Wage and Tax			Wage and Tax	2023	
Wage and Tax Statement This information is being furnished t		Internal Revenue Service	Wage and Tax		Internal Revenue Service
Wage and Tax Statement This information is being furnished t	to the Internal Revenue Service.	Internal Revenue Service	Wage and Tax Statement Copy 2—To Be Filed With Empl		Internal Revenue Service       come Tax Return       0MB No. 1545-0001       2       Federal income tax withheld
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number	to the Internal Revenue Service.  RECORDS (See Notice to Employee of 1 Wages, tips, other compensation 44129.3	Internal Revenue Service	Wage and Tax Statement Copy 2—To Be Filed With Empl Employee's social security number	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37	OMB No. 1545-000           2         Federal income tax withheld 5755.27
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575	to the Internal Revenue Service.  RECORDS (See Notice to Employee of 1 Wages, tips, other compensation 44129.3'  3 Social security wages	Internal Revenue Service on the back of Copy B.) OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld	Wage and Tax Statement Copy 2—To Be Filed With Empl Employee's social security number XXX-XX-5575 3	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages	Internal Revenue Service       come Tax Return     OMB No. 1545-000       2     Federal income tax withheld 5755.27       4     Social security tax withheld
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number	to the Internal Revenue Service.	Internal Revenue Service on the back of Copy B.) OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld	Wage and Tax         Statement         Copy 2—To Be Filed With Empl         Employee's social security number         XXX-XX-5575         Employer identification number (EIN)	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37	Internal Revenue Service         Come Tax Return       OMB No. 1545-000         2       Federal income tax withheld         5755.27       4         4       Social security tax withheld
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648	<b>EECORDS</b> (See Notice to Employee of 1 Wages, tips, other compensation 44129.3'         3 Social security wages 44129.3'         5 Medicare wages and tips 44129.3'	Internal Revenue Service on the back of Copy B.) OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld 7 2736.01 6 Medicare tax withheld	Wage and Tax Statement          Copy 2–To Be Filed With Employee's social security number         Employee's social security number         XXX–XX–5575         Employer identification number (EIN)         46–2283648	byee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37	OME Tax Return       OMB No. 1545-000         2       Federal income tax withheld         5755.27       4         4       Social security tax withheld         2736.01       6
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP	<b>RECORDS</b> (See Notice to Employee of 1 Wages, tips, other compensation 44129.3'         3 Social security wages 44129.3'         5 Medicare wages and tips 44129.3'         code	Internal Revenue Service OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld 7 2736.01 6 Medicare tax withheld 7 639.89	Wage and Tax         Statement         Copy 2—To Be Filed With Employee         Employee's social security number         XXX—XX—5575         Employer identification number (EIN)         46-2283648         Employer's name, address, and ZIP content	byee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37 Je	OME Tax Return       OMB No. 1545-000         2       Federal income tax withheld         5755.27       4         4       Social security tax withheld         2736.01       6
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLo	<b>EECORDS</b> (See Notice to Employee of 1 Wages, tips, other compensation 44129.3'         3 Social security wages         44129.3'         5 Medicare wages and tips 44129.3'         code         OYMENT GROUP LLCC	Internal Revenue Service On the back of Copy B.) OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld 7 2736.01 6 Medicare tax withheld 7 639.89	Wage and Tax Statement           Copy 2–To Be Filed With Empl           Employee's social security number         1           XXX-XX-5575         3           Employer identification number (EIN)         5           46-2283648         5           Employer's name, address, and ZIP con         JUSTWORKS	byee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37 de MENT GROUP LLC	Internal Revenue Service OMB No. 1545-000 2 Federal income tax withheld 5755.27 4 Social security tax withheld 2736.01 6 Medicare tax withheld 639.89
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLid P.O. BOX 7119	The Internal Revenue Service.         1       Wages, tips, other compensation         1       Wages, tips, other compensation         3       Social security wages         3       Social security wages         4       4129.3'         5       Medicare wages and tips         4       4129.3'         code       OYMENT GROUP LLCC         CHURCH STREET ST	Internal Revenue Service On the back of Copy B.) OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld 7 2736.01 6 Medicare tax withheld 7 639.89	Wage and Tax Statement  Copy 2—To Be Filed With Empl Employee's social security number  XXX-XX-5575 Employer identification number (EIN)  46-2283648 Employer's name, address, and ZIP coc JUSTWORKS EMPLOT P.O. BOX 7119 CI	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37 de IMENT GROUP LLC HURCH STREET STA	Internal Revenue Service OMB No. 1545-000 2 Federal income tax withheld 5755.27 4 Social security tax withheld 2736.01 6 Medicare tax withheld 639.89
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLo	The Internal Revenue Service.         1       Wages, tips, other compensation         1       Wages, tips, other compensation         3       Social security wages         3       Social security wages         4       4129.3'         5       Medicare wages and tips         4       4129.3'         code       OYMENT GROUP LLCC         CHURCH STREET ST	Internal Revenue Service On the back of Copy B.) OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld 7 2736.01 6 Medicare tax withheld 7 639.89	Wage and Tax Statement           Copy 2–To Be Filed With Empl           Employee's social security number         1           XXX-XX-5575         3           Employer identification number (EIN)         5           46-2283648         5           Employer's name, address, and ZIP con         JUSTWORKS	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37 de IMENT GROUP LLC HURCH STREET STA	Internal Revenue Service OMB No. 1545-000 2 Federal income tax withheld 5755.27 4 Social security tax withheld 2736.01 6 Medicare tax withheld 639.89
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLO P.O. BOX 7119 NEW YORK, NY 1 Control number	The Internal Revenue Service.         1       Wages, tips, other compensation         1       Wages, tips, other compensation         3       Social security wages         3       Social security wages         4       4129.3'         5       Medicare wages and tips         4       4129.3'         code       OYMENT GROUP LLCC         CHURCH STREET ST	Internal Revenue Service On the back of Copy B.) OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld 7 2736.01 6 Medicare tax withheld 7 639.89	Wage and Tax Statement          Copy 2–To Be Filed With Employee's social security number         Employee's social security number         XXX-XX-5575         Employer identification number (EIN)         46-2283648         Employer's name, address, and ZIP con         JUSTWORKS EMPLOY         P.O. BOX 7119 CI         NEW YORK, NY 100	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37 de IMENT GROUP LLC HURCH STREET STA	Internal Revenue Service OMB No. 1545-000 2 Federal income tax withheld 5755.27 4 Social security tax withheld 2736.01 6 Medicare tax withheld 639.89
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLi P.O. BOX 7119 NEW YORK, NY 1 Control number Employee's name	to the Internal Revenue Service.           1         Wages, tips, other compensation           44129.3'           3         Social security wages           0         44129.3'           5         Medicare wages and tips           44129.3'           code           OYMENT GROUP LLCC           CHURCH STREET ST           0008           M864127	Internal Revenue Service On the back of Copy B.) OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld 7 2736.01 6 Medicare tax withheld 7 639.89	Wage and Tax Statement Copy 2–To Be Filed With Empl Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP con JUSTWORKS EMPLOT P.O. BOX 7119 CI NEW YORK, NY 100 Control number Employee's name	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37 de MENT GROUP LLC HURCH STREET STA 008 M864127	Come Tax Return     OMB No. 1545-000       2     Federal income tax withheld       5755.27       4     Social security tax withheld       2736.01       6     Medicare tax withheld       639.89
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLI P.O. BOX 7119 NEW YORK, NY 1 Control number Employee's name NAGARAJU KAMIS	<b>EECORDS</b> (See Notice to Employee of the Internal Revenue Service.         1       Wages, tips, other compensation 44129.3'         3       Social security wages 0         44129.3'         5       Medicare wages and tips 44129.3'         code         OYMENT GROUP LLCC CHURCH STREET ST 0008         M864127         ETTY	Internal Revenue Service On the back of Copy B.) OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld 7 2736.01 6 Medicare tax withheld 7 639.89	Wage and Tax Statement Copy 2–To Be Filed With Empl Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP co JUSTWORKS EMPLO P.O. BOX 7119 CI NEW YORK, NY 100 Control number Employee's name NAGARAJU KAMISE'	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37 de CMENT GROUP LLC HURCH STREET STA 008 M864127	Internal Revenue Service OMB No. 1545-000 2 Federal income tax withheld 5755.27 4 Social security tax withheld 2736.01 6 Medicare tax withheld 639.89
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLO P.O. BOX 7119 NEW YORK, NY 1 Control number Employee's name NAGARAJU KAMIS: 1550 KATY GAP	to the Internal Revenue Service. <b>EECORDS</b> (See Notice to Employee of 44129.3'  3 Social security wages  44129.3'  5 Medicare wages and tips 44129.3' code OYMENT GROUP LLCC CHURCH STREET ST 0008 M864127 ETTY ROAD APT 2601	Internal Revenue Service On the back of Copy B.) OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld 7 2736.01 6 Medicare tax withheld 7 639.89	Wage and Tax Statement Copy 2–To Be Filed With Empl Employee's social security number 1 XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP co JUSTWORKS EMPLOY P.O. BOX 7119 CI NEW YORK, NY 100 Control number Employee's name NAGARAJU KAMISE' 1550 KATY GAP RO	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37 de CMENT GROUP LLC HURCH STREET STA 008 M864127	Internal Revenue Service OMB No. 1545-000 2 Federal income tax withheld 5755.27 4 Social security tax withheld 2736.01 6 Medicare tax withheld 639.89
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLO P.O. BOX 7119 NEW YORK, NY 1 Control number Employee's name NAGARAJU KAMIS: 1550 KATY GAP 1 KATY, TX 77494	to the Internal Revenue Service. <b>EECORDS</b> (See Notice to Employee of 44129.3'  3 Social security wages  44129.3'  5 Medicare wages and tips 44129.3' code OYMENT GROUP LLCC CHURCH STREET ST 0008 M864127 ETTY ROAD APT 2601	Internal Revenue Service On the back of Copy B.) OMB No. 1545-0008 2 Federal income tax withheld 7 5755.27 4 Social security tax withheld 7 2736.01 6 Medicare tax withheld 7 639.89	Wage and Tax Statement Copy 2–To Be Filed With Empl Employee's social security number 1 XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP co JUSTWORKS EMPLO P.O. BOX 7119 CI NEW YORK, NY 100 Control number Employee's name NAGARAJU KAMISE' 1550 KATY GAP RO KATY, TX 77494	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37 de CMENT GROUP LLC HURCH STREET STA 008 M864127	Internal Revenue Service OMB No. 1545-000 2 Federal income tax withheld 5755.27 4 Social security tax withheld 2736.01 6 Medicare tax withheld 639.89
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLi P.O. BOX 7119 NEW YORK, NY 1 Control number Employee's name NAGARAJU KAMIS 1550 KATY GAP KATY, TX 77494 Employee's address and ZIP code	to the Internal Revenue Service.          1       Wages, tips, other compensation         1       Wages, tips, other compensation         3       Social security wages         0       44129.3'         5       Medicare wages and tips         44129.3'       44129.3'         code       0         OYMENT GROUP LLCC         CHURCH STREET ST         0008         M864127         ETTY         ROAD APT 2601	Internal Revenue Service	Wage and Tax Statement Copy 2–To Be Filed With Empl Employee's social security number 1 XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP co JUSTWORKS EMPLOY P.O. BOX 7119 CI NEW YORK, NY 100 Control number Employee's name NAGARAJU KAMISE' 1550 KATY GAP RO	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37 de MENT GROUP LLC HURCH STREET STA 008 M864127 TTY DAD APT 2601	ATION
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLO P.O. BOX 7119 NEW YORK, NY 1 Control number Employee's name NAGARAJU KAMIS 1550 KATY GAP KATY, TX 77494 Employee's address and ZIP code 7 Social security tips	to the Internal Revenue Service.          1       Wages, tips, other compensation         1       Wages, tips, other compensation         1       44129.3'         3       Social security wages         1       44129.3'         5       Medicare wages and tips         44129.3'       44129.3'         code       0YMENT GROUP LLCC         CHURCH STREET ST       0008         M864127       ETTY         ROAD APT 2601       2254.26	Internal Revenue Service	Wage and Tax Statement         Copy 2—To Be Filed With Emplet Employee's social security number         Employee's social security number         XXX-XX-5575         Bernoloyer identification number (EIN)         46-2283648         Employer's name, address, and ZIP cod         JUSTWORKS EMPLOY         P.O. BOX 7119 CI         NEW YORK, NY 100         Control number         Employee's name         NAGARAJU KAMISET         1550 KATY GAP RC         KATY, TX 77494         Employee's address and ZIP code         7 Social security tips	oyee's State, City, or Local Inc Wages, tips, other compensation 44129.37 Social security wages 44129.37 Medicare wages and tips 44129.37 de CMENT GROUP LLC HURCH STREET STA 008 M864127 TTY DAD APT 2601	ATION
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLo P.O. BOX 7119 NEW YORK, NY 1 Control number Employee's name NAGARAJU KAMIS 1550 KATY GAP KATY, TX 77494 Employee's address and ZIP code 7 Social security tips	Records (See Notice to Employee of 1 Wages, tips, other compensation 44129.3'         3 Social security wages         44129.3'         5 Medicare wages and tips 44129.3'         6 Medicare wages and tips 44129.3'         Code         0YMENT GROUP LLCC         CHURCH STREET ST         0008         M864127         ETTY         ROAD APT 2601         2a         DD       2254.26         2b	Internal Revenue Service	Wage and Tax         Statement         Copy 2—To Be Filed With Empleter         Employee's social security number         1         XXX-XX-5575         3         Employer identification number (EIN)         46-2283648         Employer's name, address, and ZIP col         JUSTWORKS EMPLOY         P.O. BOX 7119 CI         NEW YORK, NY 100         Control number         Employee's name         NAGARAJU KAMISET         1550 KATY GAP RO         KATY, TX 77494         Employee's address and ZIP code         7 Social security tips	oyee's State, City, or Local Incompensation         44129.37         Social security wages         44129.37         Medicare wages and tips         44129.37         MENT GROUP LLC         HURCH STREET STA         008         M864127         TTY         DAD APT 2601         13         D       2254.26	ATION
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLO P.O. BOX 7119 0 NEW YORK, NY 1 Control number Employee's name NAGARAJU KAMIS: 1550 KATY GAP KATY, TX 77494 Employee's address and ZIP code 7 Social security tips 1 8 Allocated tips 12	Records (See Notice to Employee of 1 Wages, tips, other compensation 44129.3'         3 Social security wages         44129.3'         5 Medicare wages and tips 44129.3'         6 Medicare wages and tips 44129.3'         Code         0YMENT GROUP LLCC         CHURCH STREET ST         0008         M864127         ETTY         ROAD APT 2601         2a         DD       2254.26         2b	Internal Revenue Service	Wage and Tax Statement         Copy 2—To Be Filed With Empl         Employee's social security number       1         XXX-XX-5575       3         Employee's social security number       1         46-2283648       5         Employer identification number (EIN)       5         46-2283648       5         Employer's name, address, and ZIP coc       JUSTWORKS EMPLOY         P.O. BOX 7119 CI       NEW YORK, NY 100         Control number       5         Employee's name       NAGARAJU KAMISET         1550 KATY GAP RC       KATY, TX 77494         Employee's address and ZIP code       7         Social security tips       12a S D         8 Allocated tips       12b	oyee's State, City, or Local Incompensation         44129.37         Social security wages         44129.37         Medicare wages and tips         44129.37         MENT GROUP LLC         HURCH STREET STA         008         M864127         TTY         DAD APT 2601         13         D       2254.26	ATION
Wage and Tax Statement This information is being furnished t Copy C-For EMPLOYEE'S R Employee's social security number XXX-XX-5575 Employer identification number (EIN) 46-2283648 Employer's name, address, and ZIP JUSTWORKS EMPLO P.O. BOX 7119 0 NEW YORK, NY 1 Control number Employee's name NAGARAJU KAMIS: 1550 KATY GAP KATY, TX 77494 Employee's address and ZIP code 7 Social security tips 1 8 Allocated tips 12	<b>ECORDS</b> (See Notice to Employee of the Internal Revenue Service.         1       Wages, tips, other compensation 44129.3'         3       Social security wages 44129.3'         5       Medicare wages and tips 44129.3'         6       Medicare wages and tips 44129.3'         Code       OYMENT GROUP LLCC         CHURCH STREET ST       0008         M864127       ETTY         ROAD APT 2601       2254.26         2b       1	Internal Revenue Service	Wage and Tax Statement         Copy 2—To Be Filed With Empl         Employee's social security number       1         XXX-XX-5575       3         Employee identification number (EIN)       5         46-2283648       5         Employer identification number (EIN)       5         46-2283648       5         USTWORKS EMPLOY       5         P.O. BOX 7119 CI       0         NEW YORK, NY 100       Control number         Employee's name       NAGARAJU KAMISE'         1550 KATY GAP RO       KATY, TX 77494         Employee's address and ZIP code       7         Social security tips       12a         8 Allocated tips       12b	oyee's State, City, or Local Incompensation         44129.37         Social security wages         44129.37         Medicare wages and tips         44129.37         MENT GROUP LLC         HURCH STREET STA         008         M864127         TTY         DAD APT 2601         13         D       2254.26	ATION
Wage and Tax Statement         This information is being furnished t         Copy C-For EMPLOYEE'S R         Employee's social security number         XXX-XX-5575         Employer identification number (EIN)         46-2283648         Employer's name, address, and ZIP         JUSTWORKS EMPLo         P.O. BOX 7119         NEW YORK, NY 1         Control number         Employee's name         NAGARAJU KAMIS:         1550 KATY GAP         KATY, TX 77494         Employee's address and ZIP code         7 Social security tips         1         8 Allocated tips         9       11	<b>ECORDS</b> (See Notice to Employee of the Internal Revenue Service.         1       Wages, tips, other compensation 44129.3'         3       Social security wages 44129.3'         5       Medicare wages and tips 44129.3'         6       Medicare wages and tips 44129.3'         Code       OYMENT GROUP LLCC         CHURCH STREET ST       0008         M864127       ETTY         ROAD APT 2601       2254.26         2b       1	Internal Revenue Service	Wage and Tax Statement         Copy 2—To Be Filed With Empl         Employee's social security number       1         XXX-XX-5575       3         Employee's social security number       1         46-2283648       5         Employer identification number (EIN)       5         46-2283648       5         Employer's name, address, and ZIP coc       JUSTWORKS EMPLOY         P.O. BOX 7119 CI       NEW YORK, NY 100         Control number       5         Employee's name       NAGARAJU KAMISET         1550 KATY GAP RC       KATY, TX 77494         Employee's address and ZIP code       7         Social security tips       12a S D         8 Allocated tips       12b	oyee's State, City, or Local Incompensation         44129.37         Social security wages         44129.37         Medicare wages and tips         44129.37         MENT GROUP LLC         HURCH STREET STA         008         M864127         TTY         DAD APT 2601         13         D       2254.26	
Wage and Tax Statement         Statement         This information is being furnished t         Employee's social security number         XXX-XX-5575         Employee's social security number         XXX-XX-5575         Employer identification number (EIN)         46-2283648         Employer's name, address, and ZIP         JUSTWORKS EMPLo         P.O. BOX 7119         NEW YORK, NY 1         Control number         Employee's name         NAGARAJU KAMIS:         1550 KATY GAP         KATY, TX 77494         Employee's address and ZIP code         7 Social security tips         10         Dependent care benefits	<b>EECORDS</b> (See Notice to Employee of the Internal Revenue Service.         1       Wages, tips, other compensation 44129.3'         3       Social security wages 0         44129.3'         5       Medicare wages and tips 44129.3'         code         OYMENT GROUP LLCC CHURCH STREET ST 0008         M864127         ETTY ROAD APT 2601         2a         DD       2254.26         2b         2c         2d	Internal Revenue Service	Wage and Tax         Statement         Copy 2—To Be Filed With Empl         Employee's social security number         XXX-XX-5575         Employer identification number (EIN)         46-2283648         Employer's name, address, and ZIP cod         JUSTWORKS EMPLOY         P.O. BOX 7119 CI         NEW YORK, NY 100         Control number         Employee's name         NAGARAJU KAMISE'         1550 KATY GAP RC         KATY, TX 77494         Employee's address and ZIP code         7 Social security tips         8 Allocated tips         9       122         10 Dependent care benefits       124	oyee's State, City, or Local Incompensation         44129.37         Social security wages         44129.37         Medicare wages and tips         44129.37         MENT GROUP LLC         HURCH STREET STA         008         M864127         TTY         DAD APT 2601         13         D       2254.26	ATION
Wage and Tax Statement         This information is being furnished t         Copy C-For EMPLOYEE'S R         Employee's social security number         XXX-XX-5575         Employer identification number (EIN)         46-2283648         Employer's name, address, and ZIP         JUSTWORKS EMPLo         P.O. BOX 7119         NEW YORK, NY 1         Control number         Employee's name         NAGARAJU KAMIS:         1550 KATY GAP         KATY, TX 77494         Employee's address and ZIP code         7 Social security tips         8 Allocated tips         10       Dependent care benefits	to the Internal Revenue Service.          1       Wages, tips, other compensation         44129.3'         3       Social security wages         1       44129.3'         5       Medicare wages and tips         44129.3'         5       Medicare wages and tips         44129.3'         Code         OYMENT GROUP LLCC         CHURCH STREET ST         0008         M864127         ETTY         ROAD APT 2601         2a         DD       2254.26         2b       1	Internal Revenue Service	Wage and Tax Statement         Copy 2—To Be Filed With Emple         Employee's social security number         1       XXX-XX-5575         3       Employer identification number (EIN)         46-2283648       5         Employer's name, address, and ZIP con       JUSTWORKS EMPLOY         P.O. BOX 7119 CI       NEW YORK, NY 100         Control number       5         Employee's name       NAGARAJU KAMISET         1550 KATY GAP RO       KATY, TX 77494         Employee's address and ZIP code       7         Social security tips       12a         8       Allocated tips       12b         9       12c	oyee's State, City, or Local Incompensation         44129.37         Social security wages         44129.37         Medicare wages and tips         44129.37         MENT GROUP LLC         HURCH STREET STA         008         M864127         TTY         DAD APT 2601         13         D       2254.26	
Wage and Tax Statement         Statement         This information is being furnished t         Employee's social security number         XXX-XX-5575         Employee's social security number         XXX-XX-5575         Employer identification number (EIN)         46-2283648         Employer's name, address, and ZIP         JUSTWORKS EMPLo         P.O. BOX 7119         NEW YORK, NY 1         Control number         Employee's name         NAGARAJU KAMIS:         1550 KATY GAP         KATY, TX 77494         Employee's address and ZIP code         7 Social security tips         10         Dependent care benefits	<b>ECORDS</b> (See Notice to Employee of the Internal Revenue Service.         1       Wages, tips, other compensation 44129.3'         3       Social security wages 44129.3'         5       Medicare wages and tips 44129.3'         5       Medicare wages and tips 44129.3'         code       OYMENT GROUP LLCC CHURCH STREET ST 0008         M864127         ETTY ROAD APT 2601         2a         DD       2254.26         2b       1         2c         2d         2e	Internal Revenue Service	Wage and Tax         Statement         Copy 2—To Be Filed With Empl         Employee's social security number         XXX-XX-5575         Employer identification number (EIN)         46-2283648         Employer's name, address, and ZIP cod         JUSTWORKS EMPLOY         P.O. BOX 7119 CI         NEW YORK, NY 100         Control number         Employee's name         NAGARAJU KAMISE'         1550 KATY GAP RC         KATY, TX 77494         Employee's address and ZIP code         7 Social security tips         8 Allocated tips         9       122         10 Dependent care benefits       124	oyee's State, City, or Local Incompensation         44129.37         Social security wages         44129.37         Medicare wages and tips         44129.37         MENT GROUP LLC         HURCH STREET STA         008         M864127         TTY         DAD APT 2601         13         D       2254.26	

18 Local wages, tips, etc.

Form W-2 Wage and Tax Statement

-----

19 Local income tax

------

2023

20 Locality name -----

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax	2023	Department of the Treasury- Internal Revenue Service
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2023	Internal Revenue Service
a the Internal Devenue Convice If	usu are required to file a tay return a negligence

 Form
 w-2
 Department of use free

 Wage and Tax
 2023
 Internal Revenue Service

 Statement
 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.

## 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).

**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.

## 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 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 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 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 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 shouldn't 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, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and 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 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; \$25,500 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.

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.

**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 (continued on next page)

## Instructions for Employee

## Box 12 (continued)

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)(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)

**K**-20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L-Substantiated employee business expense reimbursements (nontaxable)

 $\mathbf{M-}$  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.

SIMPLE plan (not included in box 1)

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

**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 requirements.

**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.

 $\mathbf{Y-} \text{Deferrals}$  under a section 409A nonqualified deferred compensation plan

**Z**–Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. 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 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**, 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.