# Form W-2 Wage and Tax Statement 2023

							Сору	C, for	employee's reco	rds	
c Employer's name, address, and ZIP code PRONIX INC				d Control number 0940-14086929 000000120 - PRONIX b Employer identification number (EIN) a Employee's social security number					Department of t OMB No. 1545-		Internal Revenue Service
666 PLAINSBORO ROAD SUITE 1361 PLAINSBORO NJ 08536			27-3232318			825-46-4056		1 Wages, tips, other compensation 4058		2 Federal income tax withheld 5527.71	
				13 Statutory employee		ttirement Third- plan sick		ly.	3 Social security wage	s	4 Social security tax withheld
				12 See instructions for b	ox 12	14 Other MEDIC UI/HC/WD		752.00 174.68	5 Medicare wages and	tips	6 Medicare tax withheld
SRI RUPA PUTTAGUNTA 338 WATERFORD DR.,					01/10/100		174.00	7 Social Security Tips		8 Allocated Tips	
EDISC	ON NJ 08817								10 Dependent care ber	iefits	11 Nonqualified plans
15 State NJ NJ	Employer's state ID number 273-232-318/000 FLI	16 State wages, tips, etc. 41340.00	17 State in	come tax 1861.26 24.81	18 Local wa	ges, tips, etc.	19 Li	ocal income	tax .	20 Locality name	3

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.

### Form W-2 Wage and Tax Statement 2023

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c Employer's name, address, and ZIP code			0-14086929 0000120 - P number (EIN)		cial security numb	Void	Department of the OMB No. 1545-	- Internal Revenue Service		
666 PLAINSBORO ROAD SUITE 1361 PLAINSBORO NJ 08536			27-3232318 825-46-4056			6-4056		1 Wages, tips, other or	ompensation	2 Federal income tax withheld
			13 Statutory Retirement Th employee plan s			Third-part sick pay	rty 3 Social security way y		s	4 Social security tax withheld
e Employee's name, address, and ZIP code			12 See instructions for b	ox 12	14 Other			5 Medicare wages and	tips	6 Medicare tax withheld
SRI RUPA PUTTAGUNTA 338 WATERFORD DR.,								7 Social Security Tips		8 Allocated Tips
EDISON NJ 08817								10 Dependent care ber	iefits	11 Nonqualified plans
15 State         Employer's state ID number         11           NY         273232318         11	6 State wages, tips, etc. 40588.00	17 State in	come tax 30.72	18 Local wa	ges, tips, etc.	19 Lo	ocal income	e tax	20 Locality nam	e

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# Form W-2 Wage and Tax Statement 2023

1 0111							Co	py B, to b	e filed with emp	loyee's FEDE	RAL tax return
c Employer's name, address, and ZIP code PRONIX INC				d Control number 0940-14086929 000000120 - PRONIX b Employer identification number (EIN)   a Employee's social security nu					Department of t OMB No. 1545-	Internal Revenue Service	
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				13 Statutory employee		rement Third-pa olan sick pa		barty bay	3 Social security wage	s	4 Social security tax withheld
				12 See instructions for b	ox 12	14 Other MEDIC UI/HC/WD		752.00 174.68	5 Medicare wages and	•	6 Medicare tax withheld
SRI RUPA PUTTAGUNTA 338 WATERFORD DR., EDISON NJ 08817								7 Social Security Tips		8 Allocated Tips	
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15 State NJ NJ	Employer's state ID number 273-232-318/000 FLI	16 State wages, tips, etc. 41340.00	17 State in	come tax 1861.26 24.81	18 Local wa	ges, tips, etc.	19	Local income	tax	20 Locality name	3

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# Form W-2 Wage and Tax Statement 2023

Form	w-2 wage and Tax s	Statement 2023					Сору	B, to b	e filed with empl	oyee's FEDE	ERAL tax return
	name, address, and ZIP code		0-14086929 0000120 - P number (EIN)	RONIX	social security numb	Void	Department of the OMB No. 1545-	Internal Revenue Service			
666 PLAINSBORO ROAD SUITE 1361 PLAINSBORO NJ 08536			27-3232318			825-46-4056		1 Wages, tips, other or	ompensation	2 Federal income tax withheld	
				13 Statutory Retirement Th employee plan s			Third-part sick pay	ty /	3 Social security wage	S	4 Social security tax withheld
	s name, address, and ZIP code			12 See instructions for bo	x 12	14 Other			5 Medicare wages and	tips	6 Medicare tax withheld
SRI RUPA PUTTAGUNTA 338 WATERFORD DR.,								7 Social Security Tips		8 Allocated Tips	
EDISC	DN NJ 08817								10 Dependent care ber	efits	11 Nonqualified plans
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State in		18 Local wa	ges, tips, etc.	19 L	ocal income	tax	20 Locality nam	e
NY	273232318	40588.00		30.72							

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### Form W-2 Wage and Tax Statement 2023 This page includes additional items not included on the first Form W-2

ge includes additional items not included on the first Form W-2 Copy 2, to be filed with employee's tax return for NJ

	name, address, and ZIP code		0000	)-14086929 )000120 - P	-		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
PRONIX INC 666 PLAINSBORO ROAD SUIT PLAINSBORO NJ 08536		FE 1361		b Employer identification number (EIN) a Employee's social security nun 27-3232318 825-46-4056		6-4056		1 Wages, tips, other compensation 40588.00		2 Federal income tax withheld 5527.71	
			13	Statutory employee	F	ement lan	Third-part sick pay	ty '	3 Social security wages		4 Social security tax withheld
SRI R 338 W	s name, address, and ZIP code UPA PUTTAGUNTA /ATERFORD DR.,		12 S	See instructions for bo		14 Other MEDIC UI/HC/WD		752.00 174.68		tips	6 Medicare tax withheld 8 Allocated Tips
EDISC	ON NJ 08817								10 Dependent care ben	efits	11 Nonqualified plans
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### Form W-2 Wage and Tax Statement 2023

							Сору	2, to b	e filed with emp	oyee's tax re	turn for NY
	name, address, and ZIP code	d Control number 0940-14086929 000000120 - PRONIX b Emplover identification number (EIN)   a Employee's social security num					Department of t OMB No. 1545-		Internal Revenue Service		
666 PLAINSBORO ROAD SUITE 1361 PLAINSBORO NJ 08536				27-3232318			46-4056		1 Wages, tips, other compensation 40588.00		2 Federal income tax withheld 5527.71
				13 Statutory employee	Reti	rement olan	Third-part sick pay	у	3 Social security wage	25	4 Social security tax withheld
				12 See instructions for bo	ox 12	14 Other MEDIC		752.00	5 Medicare wages and	d tips	6 Medicare tax withheld
SRI RUPA PUTTAGUNTA 338 WATERFORD DR.,								7 Social Security Tips		8 Allocated Tips	
EDISC	ON NJ 08817								10 Dependent care be	nefits	11 Nonqualified plans
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State in		18 Local wa	iges, tips, etc.	19 Lo	cal income	e tax	20 Locality name	9
NY	273232318	40588.00		30.72							

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# Form W-2 Wage and Tax Statement 2023

e Employee's name, address, and ZIP code  E Employee's name, address, an	c Employer's	name, address, and ZIP code		d Control number						Department of th OMB No. 1545-0	he Treasury - Internal Revenue Service 0008		
e Employee's name, address, and ZIP code  e Employee's name, address, and ZIP code  12 See instructions for box 12  14 Other  5 Medicare wages and tips  6 Medicare tax withhe  7 Social Security Tips  8 Allocated Tips  10 Dependent care benefits  11 Nonqualified plans					b Employer identification	number (EIN)	a Employee's	social security nu	umber		1 Wares tins other co	mnensation	2 Federal income tax withheld
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7 Social Security Tips     8 Allocated Tips       10 Dependent care benefits     11 Nonqualified plans					13 Statutory employee	Reti	rement Ian	Third-p sick p	party pay		3 Social security wages	5	4 Social security tax withheld
10 Dependent care benefits 11 Nonqualified plans	e Employee's name, address, and ZIP code		12 See instructions for b	ox 12	14 Other				_	tips	6 Medicare tax withheld		
											10 Dependent care ben	efits	11 Nonqualified plans
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	15 State	Employer's state ID number	16 State wages, tips, etc.	17 State in	come tax	18 Local wa	ges, tips, etc.	19	9 Local in	ncome	tax	20 Locality name	9

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# Form W-2 Wage and Tax Statement 2023

c Employer's I	name, address, and ZIP code			d Control number				Void	Department of the Treasury - Internal Revenue Ser		
							OMB No. 1545-0008				
				b Employer identification	number (EIN)	a Employee's so	ocial security numbe	er	-		
					,				1 Wages, tips, other co	ompensation	2 Federal income tax withheld
				13 Statutory employee	Reti	rement Ian	Third-party sick pay	1	3 Social security wage	S	4 Social security tax withheld
e Employee's	name, address, and ZIP code			12 See instructions for bo	x 12	14 Other			5 Medicare wages and	tips	6 Medicare tax withheld
									7 Social Security Tips		8 Allocated Tips
									10 Dependent care ben	efits	11 Nonqualified plans
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State in	come tax	18 Local wa	ges, tips, etc.	19 Lo	cal income	tax	20 Locality name	9

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#### 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 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.

#### 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. Additional Medicare Tax. 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. 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 lective 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.

 $\mbox{C}\mbox{--}\mbox{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

**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.

 $H\-$ Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

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)

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 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.

ferrals 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 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.