Unassigned

Form W-2 Wage and Tax Statement Copy C – For EMPLOYEE'S RECORDS This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other satisfies the start of the start with a negligence penalty or other satisfies the start of the start with a negligence penalty or other start of the start with a file start with a negligence penalty or other start of the start with a file start of the start of th
This information is being furnished to the IRS. If you are required OMB No. 1545-0000y to file a tax terms, a negligence penalty or other standson may be penartment of treasman internal Revenue Service Control OTQ87 E0II 00121 Employee's name, address, and ZIP code STACKLOGY INC 1640 HIGHLAND FALLS DR, SUITE #1003 LEANDER TX 78641 Employee's name, address, and ZIP code SOWMYA DESI REDDY
to file at x return, a negligence penalty or other sanction may be Department of Treasury- imposed on you if this income is taxable and you fail to report. Internal Revenue Service Control OFQ87 E0II 00121 Employer's name, address, and ZIP code STACKLOGY INC 1640 HIGHLAND FALLS DR, SUITE #1003 LEANDER TX 78641 Employee's name, address, and ZIP code SOWMYA DESI REDDY
Control OFQ87 E0II 00121 Employer's name, address, and ZIP code STACKLOGY INC 1640 HIGHLAND FALLS DR, SUITE #1003 LEANDER TX 78641 Employee's name, address, and ZIP code SOWMYA DESI REDDY
STACKLOGY INC 1640 HIGHLAND FALLS DR, SUITE #1003 LEANDER TX 78641 Employee's name, address, and ZIP code SOWMYA DESI REDDY
1640 HIGHLAND FALLS DR, SUITE #1003 LEANDER TX 78641 Employee's name, address, and ZIP code SOWMYA DESI REDDY
1640 HIGHLAND FALLS DR, SUITE #1003 LEANDER TX 78641 Employee's name, address, and ZIP code SOWMYA DESI REDDY
Employee's name, address, and ZIP code SOWMYA DESI REDDY
SOWMYA DESI REDDY
SOWMYA DESI REDDY
1921 RIDGE CREEK LN
AUBREY TX 76227
52723.00 11399.03
1 Wages, tips, other comp. 2 Federal income tax withheld
3 Social security wages 4 Social security tax withheld
5 Medicare wages and tips 6 Medicare tax withheld
7 Social security tips 8 Allocated tips
9 10 Dependent care benefits
To Dependent care benefits
11 Nonqualified plans 12a
12b
13 Statutory Retirement Third-party sick pay 12c
12d
Employee's social security no. 14
895-08-1860
Employer ID number (EIN)
32-0542310
15 St. Employer's state ID number 16 State wages, tips, etc. 17 State income ta:
18 Local wages, tips, etc. 19 Local income tax 20 Locality name

			01	
	-	ge and Ta	ix Sta	tement
Copy B — To Be Filed V			1	2023
Employee's FEDERAL Tax		turn.	Departme	No. 1545-0008 nt of Treasury -
This information is being furnished to the I Control number 0F087 E01		00121		evenue Service
- <u>-</u>	<u> </u>	00121		
Employer's name, address, and ZIP code				
STACKLOGY INC				
1640 HIGHLAND FALI	LS	DR, SUI	FE #1	003
LEANDER TX 78641				
Employee's name, address, and ZIP code				
SOWMYA DESI I		YDD		
1921 RIDGE CH				
AUBREY TX 762				
AUDREI IA /0.	<u> </u>	/		
52723.0			1120	9.03
52723.0 1 Wages, tips, other comp.	- 1			x withheld
• ••ages, ups, outer comp.			loome la	
3 Social security wages	4 Social se	ourity +	ax withheld	
3 Social security wages		- SUCIAL SE	curry la	
5 Medicare wages and tips		6 Medicar	a tax wit	bbold
5 Medicare wages and tips7 Social security tips		8 Allocate		
		• Anocale	u upo	
9		10 Depende	ent care	henefits
9 10 Dependent care benefits				Dellellits
11 Nonqualified plans		12a		
		12b		
13 Statutory Retirement Third-party plan sick pay	y	120 12c		
Bemployée plan sick pay		120 12d		
Employee's social security no	_	12u 14		
895-08-1860	0.	1-4		
Employer ID number (EIN)	_			
32-0542310				
15 St. Employer's state ID number	16	Otesta	17	state income tax
St. Employer's state ID number	10	State wages, tips	etc. 17 S	state income tax
10	10			
18 Local wages, tips, etc.	19	Local income tax	201	ocality name

2023 W-2 and Earnings Summary

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Less: Excess Wages Total Reported Wages	\$52,723.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A \$52,723.00	\$52,723.00 (\$52,723.00) N/A \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$52,723.00 (\$52,723.00) N/A \$0.00 \$0.00 N/A \$0.00
Tax Withheld	Fed Income Box 2 of W-2 \$11,399.03	Social Security Box 4 of W-2	Medicare Box 6 of W-2

SOWMYA DESI REDDY 1921 RIDGE CREEK LN AUBREY, TX 76227

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

	age and Tax Statement					
Copy 2 — To Be Filed With 2 0 2 3 Employee's State, City, or Local OMB No. 1545-0008						
Income Tax Return.	Department of Treasury - Internal Revenue Service					
Control 0FQ87 E0II	00121					
Employer's name, address, and ZIP code						
STACKLOGY INC 1640 HIGHLAND FALLS DR, SUITE #1003 LEANDER TX 78641						
Employee's name, address, and ZIP code SOWMYA DESI REDDY 1921 RIDGE CREEK LN AUBREY TX 76227						
52723.00 1 Wages, tips, other comp.	D 11399.03 2 Federal income tax withheld					
3 Social security wages	4 Social security tax withheld					
5 Medicare wages and tips	6 Medicare tax withheld					
7 Social security tips	8 Allocated tips					
9	10 Dependent care benefits					
11 Nonqualified plans	12a					
	12b					
13 Statutory Retirement Third-party sick pay	12c					
	12d					
Employee's social security no 895-08-1860	. 14					
Employer ID number (EIN) 32-0542310						
15 St. Employer's state ID number 1	16 State wages, tips, etc. 17 State income tax					
18 Local wages, tips, etc.	9 Local income tax 20 Locality name					

Form W-2 W	/ag	ge and Ta	ax Statement			
Copy 2 — To Be Filed With 2023						
Employee's State, City, or	Loc	cal	OMB No. 1545-0008			
Income Tax Return.			Department of Treasury - Internal Revenue Service			
Control 0FQ87 E0I	E	00121				
Employer's name, address, and ZIP code						
STACKLOGY INC	~	DD GUIT	77. 11002			
1640 HIGHLAND FALLS DR, SUITE #1003 LEANDER TX 78641						
Employee's name, address, and ZIP code SOWMYA DESI		עחס				
		EK LN				
AUBREY TX 762						
AUDREI IA /02	<u> </u>	/				
52723.0	0		11399.03			
1 Wages, tips, other comp.			ncome tax withheld			
3 Social security wages		4 Social se	ecurity tax withheld			
E. Marillana and dia		6 Medicar	a data secondada da			
5 Medicare wages and tips						
7 Social security tips		8 Allocate	a tips			
9 10 Dependent care benefits			ent care benefits			
11 Nongualified plans		12a				
		12b				
13 Statutory Retirement Third-party plan Sick pay	/	12c				
Since part sick pay		12d				
Employee's social security n	0.	14	· · · · · · · · · · · · · · · · · · ·			
895-08-1860				~		
Employer ID number (EIN)		1		Ň		
32-0542310				2		
15 St. Employer's state ID number	16	State wages, tips		-		
				ო		
18 Local wages, tips, etc.	19	Local income tax	20 Locality name	328		
				2585828		
				25		
L				ш.		

NTF 2585828

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

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).

(Instructions for Employee continued on back of Copy 2.)

Instructions for Employee (*Continued from back of Copy B.*)

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

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.

(Instructions for Employee continued on back of Copy C.)

Instructions for Employee (*Continued from back of Copy 2.*)

Box 12. (continued)

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)

 \mathbf{Q} -Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount. \mathbf{R} -Employer contributions to your Archer MSA. Report on Form 8853.

 $\begin{array}{l} \textbf{S}-\text{Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1) \\ \textbf{T}-\text{Adoption benefits (not included in box 1).} \\ \text{Complete Form 8839 to figure any taxable and nontaxable amounts.} \end{array}$

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.

Y-Deferrals under a section 409A nonqualified deferred compensation plan

Z-Income under a nongualified 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.

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