# 2023 W-2 and EARNINGS SUMMARY

**Employee** Reference Copy Wage and Tax Statement Control number Corp. Employer use only 0000041183 VLW WUX0 13878 Employer's name, address, and ZIP code

**CHARLES SCHWAB & CO INC** 3000 SCHWAB WAY WESTLAKE, TX 76262

e/f Employee's name, address, and ZIP code **PURSHOTTAM VAISHNAV** 1720 BALERIC DR. LEANDER, TX 78641

b	Employer's FED ID number 94-1737782	а	E	mpl	ОУ	ee's SSA number XXX-XX-3425
1	Wages, tips, other comp.	2	F	ede	ral	income tax withheld
	165060.42					18619.46
3	Social security wages	4	S	ocia	al s	security tax withheld
	160200.00					9932.40
5	Medicare wages and tips	6	N	ledi	cai	e tax withheld
	173912.98					2521.74
7	Social security tips	8	Α	lloc	ate	ed tips
9		10	D	ере	nd	ent care benefits
11	Nonqualified plans	12	a S	See in	str	uctions for box 12 113.52
14	Other 2579.22 14 SDD	121	<u>~</u>	D.		11431.78
•	<b>-</b>	120	_	<u>w</u>	<u> </u>	2030.00
				AΑ		11068.22
		13	S	tat er	mp.	Ret. plan 3rd party sick pay
15	State Employer's state ID no	16	S	tate	W	ages, tips, etc.
17	State income tax	18	L	oca	w	ages, tips, etc.
19	Local income tax	20	L	oca	lity	name

1	Wages, tips, other of 16500		2 Federal income tax withheld 18619.46				
3	Social security wag 16020	es 00.00	4 Social security tax withheld 9932.40				
5	Medicare wages and 1739	tips 12.98	6 Medicare tax withheld 2521.74				
d 00	Control number 00041183 VLW	Dept.	Corp. WUX0	Employer use only 13878			

c Employer's name, address, and ZIP code **CHARLES SCHWAB & CO INC** 3000 SCHWAB WAY WESTLAKE, TX 76262

b	Employer's FED ID number 94-1737782	a Employee's SSA number XXX-XX-3425				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12 C 113.52				
14	Other 2579.22 14 SDD	<sup>12b</sup> D 11431.78				
		<sup>12c</sup> W 2030.00				
		<sup>12d</sup> AA 11068.22				
		13 Stat emp Ret. plan 3rd party sick pay				

e/f Employee's name, address and ZIP code

PURSHOTTAM VAISHNAV 1720 BALERIC DR. LEANDER, TX 78641

	15	State	Employer's	state ID no.	16 State wages, tips, etc.
	17	State	income tax		18 Local wages, tips, etc.
	10	Local	income tax		20 Locality name
	13	LUCAI	ilicollie tax		20 Locality Hame
•			Federal	Filing	Сору

Wage and Tax

Statement employee's Federal Incon

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY 184,340.20 SOCIAL SECURITY 9,932.40 TAX WITHHELD BOX 04 OF W-2 FED. INCOME 18,619.46 MEDICARE TAX 2,521.74 WITHHELD TAX WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX SUI/SDI 0.00 0.00 BOX 17 OF W-2 BOX 14 OF W-2 LOCAL INCOME TAX 0.00 BOX 19 OF W-2

> To change your employee W-4 profile information file a new W-4 with your payroll department

> > 2 Federal income tax withheld

4 Social security tax withheld 9932.40

18619.46

**PURSHOTTAM VAISHNAV** 1720 BALERIC DR. LEANDER, TX 78641

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Wages, tips, other comp.

Social security wages 160200.00

165060.42

## **PAGE 01 OF 02**

	.00.00			00020				
5 Medicare wages an 1739	d tips 12.98	6 Medica	are tax w	ithheld 2521.74				
d Control number	Dept.	Corp.	Emplo	yer use only				
0000041183 VLW		WUX0		13878				
c Employer's name, a	ddress, an	d ZIP cod	e					
CHARLES SCH 3000 SCHWAB WESTLAKE, T	WAY		NC					
Employer's FED ID 94-17377	number 82	a Emplo	yee's SS. XXX-	A number XX-3425				
7 Social security tips 8 Allocated tips								
9		10 Depen	dent care	e benefits				
11 Nonqualified plans	***************************************	12a C		113.52				
14 Other 2579.22 14 S	DD	12b D		11431.78				
		12c W		2030.00				
	•	12d AA		11068.22				
		1	Ret. plan	3rd party sick pay				
e/f Employee's name, address and ZIP code PURSHOTTAM VAISHNAV 1720 BALERIC DR. LEANDER, TX 78641								
15 State Employer's s	tate ID no.	16 State v	vages, tip	os, etc.				
17 State income tax		18 Local	wages, ti	ps, etc.				
19 Local income tax		20 Locali	ty name					
. State	Filing	Сору						
W-2 Wage and Tax Statement Statement Statement OMB No. 1545-0008								

0000041183 VLW		WUX0	13878					
d	Control number	Dept.	Corp.	Employer use only				
5	Medicare wages at 1739	nd tips 12.98	6 Medica	6 Medicare tax withheld 2521.74				
3	Social security wa 1602	ges 00.00	4 Social	4 Social security tax withheld 9932.40				
1	Wages, tips, other 1650	comp. 60.42	2 Federal income tax withheld 18619.46					

Social Security Number: XXX-XX-3425

**CHARLES SCHWAB & CO INC** 3000 SCHWAB WAY WESTLAKE, TX 76262

b	Employer's FED ID number 94-1737782	a Employee's SSA number XXX-XX-3425						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a						
		С	113.52					
14	Other 2579.22 14 SDD	<sup>12b</sup> D	11431.78					
		12c W	2030.00					
		12d AA	11068.22					
		13 Stat e	mp. Ret. plan 3rd party sick par					

e/f Employee's name, address and ZIP code

PURSHOTTAM VAISHNAV 1720 BALERIC DR. LEANDER, TX 78641

15	State	Employer's state ID no.	16	State wages, tips, etc.
17	State	income tax	18	Local wages, tips, etc.
19	Local	income tax	20	Locality name

City or Local Filing Copy Wage and Tax

Statement Copy 2 to be filed with employee's City or Local

# 2023 W-2 and EARNINGS SUMMARY

Employee Re	ference Copy
W-2 Wage a Statement Copy C for employee's records.	/11//
d Control number Dept.	Corp. Employer use only
0000041183 VLW	WUX0 13879
c Employer's name, address, a	
CHARLES SCHWAB 3000 SCHWAB WAY WESTLAKE, TX 762	262
e/f Employee's name, address, a PURSHOTTAM VAISH 1720 BALERIC DR. LEANDER, TX 7864	NAV 1
b Employer's FED ID number 94-1737782	a Employee's SSA number XXX-XX-3425
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
11 Nonqualified plans	12a See instructions for box 12 DDI 24691.20
14 Other	12b
15 State Employer's state ID no	X
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
1 Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld

ADDITIONAL W-2 FOR BOX 12 OR 14 OVERFLOW

PURSHOTTAM VAISHNAV 1720 BALERIC DR. LEANDER, TX 78641

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Wages, tips, other comp.

## PAGE 02 OF 02

2 Federal income tax withheld

3 Social security wages	4	Social	security	tax withheld	3	Socia	I security wag	jes	4 Social	security	tax withheld
5 Medicare wages and t	ips 6	Medica	re tax v	vithheld	5	Medic	are wages an	d tips	6 Medica	re tax w	ithheld
d Control number 0000041183 VLW		Corp. /UX0	Emple	oyer use only 13879			ol number 183 VLW	Dept.	Corp.	Emplo	oyer use only 13879
c Employer's name, add CHARLES SCHV 3000 SCHWAB WESTLAKE, TX	WAB &	CO IN				CHA 3000	oyer's name, a RLES SCH SCHWAB TLAKE, 1	HWAB 8	& CO IN		
b Employer's FED ID nu 94-1737782	mber a	Employ	ee's SS XXX-	A number - XX-3425	b	Emplo	oyer's FED ID 94-17377		a Employ	ee's SS/ XXX-	A number XX-3425
7 Social security tips	8	Allocat	ed tips		7	Socia	I security tips		8 Allocat	ed tips	
9	10	Depend	dent car	e benefits	9				10 Depen	dent car	e benefits
11 Nonqualified plans		DD	structio	ons for box 12 24691.20	11	Nonq	ualified plans		12a DD		24691.20
14 Other	12 12 12 13	c d	Ret. plan	3rd party sick pay	14	Other	r		12b 12c 12d 13 Stat emp	. Ret. plan	3rd party sick page
e/f Employee's name, add PURSHOTTAM \ 1720 BALERIC I LEANDER, TX	/AISHN/					PUR 1720	SHOTTAM SHOTTAM BALERIC NDER, TX	VAISH DR.	NAV		
15 State Employer's state	te ID no. 16	State w	ages, ti	ps, etc.	15	State	Employer's s	tate ID no.	. 16 <b>State v</b>	vages, ti	ρs, etc.
17 State income tax	18	Local v	vages, t	ips, etc.	17	State	income tax		18 Local v	wages, ti	ps, etc.
19 Local income tax	20	0 Locality	y name		19	Local	income tax		20 Localit	y name	
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1 Wag	es, tips, other o	2 Feder	al income	tax withheld					
3 Soci	al security wag	es	4 Social security tax withheld						
5 Med	icare wages an	d tips	6 Medicare tax withheld						
	trol number 183 VLW	Dept.	Corp. WUX0	Employ	er use only 13879				
c Emp	loyer's name, a	ddress, ar	nd ZIP co	de					
WES	SCHWAB STLAKE, T	X 7626							
	loyer's FED ID 94-173778	2	a Employee's SSA number XXX-XX-3425						
7 Soci	al security tips		8 Allocated tips						
9			10 Dependent care benefits						
	qualified plans	***************************************	12a DD 12b		24691.20				
14 Othe	er		120 12c						
			12d						
			13 Stat en	np. Ret. plan	3rd party sick pay				
e/f Emp	loyee's name, a	address an	nd ZIP cod	le	ı				
1720	SHOTTAM BALERIC NDER, TX	DR.	IAV						
15 State	- Cmmlavan'a a								
	Employer's s	tate ID no.	16 State	wages, tip	s, etc.				

20 Locality name

City or Local Filing Copy
Wage and Tax
Statement

Copy 2 to be filed with employee's City or Local Income

19 Local income tax

Social Security Number: XXX-XX-3425

### 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, 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.

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 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.

Y—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)

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.

Department of the Treasury - Internal Revenue Service

# NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



# 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.

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Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service