

Form **W-2** Wage and Tax Statement  
 Copy B -- To Be Filed With Employee's FEDERAL Tax Return.  
 This information is being furnished to the Internal Revenue Service.

2023

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

c Employer's name, address, and ZIP code  
**RECODE THERAPEUTICS**  
**1140 O'BRIEN DR**  
**MENLO PARK CA 94025**  
 650-629-7948

d Control number <b>798138</b>	1 Wages, tips, other compensation <b>45,748.88</b>	2 Federal income tax withheld <b>6,579.76</b>
7 Social security tips	3 Social security wages <b>0.00</b>	4 Social security tax withheld <b>0.00</b>
8 Allocated tips	5 Medicare wages and tips <b>0.00</b>	6 Medicare tax withheld <b>0.00</b>
9	10 Dependent care benefits	11 Nonqualified plans

e Employee's name, address, and ZIP code  
**PRIYANKA SAHNI**  
**39720 POTRERO DRIVE**  
**NEWARK CA 94560**

12a See instructions for box 12 Code C   <b>97.40</b>	12b Code D   <b>1,000.00</b>	12c Code DD   <b>3,782.60</b>
12d	13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other
b Employer identification number (EIN) <b>81-1900562</b>	a Employee's social security number <b>200-31-8291</b>	

15 State Employer's state ID number CA 04269544	16 State wages, tips, etc. 45,748.88	17 State income tax 2,828.83	18 Local wages, tips, etc. 46,651.48	19 Local income tax 419.86	20 Locality name CASDI
--	---	---------------------------------	---	-------------------------------	---------------------------

Form **W-2** Wage and Tax Statement  
 Copy C -- For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

2023

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

c Employer's name, address, and ZIP code  
**RECODE THERAPEUTICS**  
**1140 O'BRIEN DR**  
**MENLO PARK CA 94025**  
 650-629-7948

d Control number <b>798138</b>	1 Wages, tips, other compensation <b>45,748.88</b>	2 Federal income tax withheld <b>6,579.76</b>
7 Social security tips	3 Social security wages <b>0.00</b>	4 Social security tax withheld <b>0.00</b>
8 Allocated tips	5 Medicare wages and tips <b>0.00</b>	6 Medicare tax withheld <b>0.00</b>
9	10 Dependent care benefits	11 Nonqualified plans

e Employee's name, address, and ZIP code  
**PRIYANKA SAHNI**  
**39720 POTRERO DRIVE**  
**NEWARK CA 94560**

12a See instructions for box 12 Code C   <b>97.40</b>	12b Code D   <b>1,000.00</b>	12c Code DD   <b>3,782.60</b>
12d	13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other
b Employer identification number (EIN) <b>81-1900562</b>	a Employee's social security number <b>200-31-8291</b>	

15 State Employer's state ID number CA 04269544	16 State wages, tips, etc. 45,748.88	17 State income tax 2,828.83	18 Local wages, tips, etc. 46,651.48	19 Local income tax 419.86	20 Locality name CASDI
--	---	---------------------------------	---	-------------------------------	---------------------------

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.