į.					Fed	eral Box 1	Soc. S	ec. Box 3 & 7	Medicare Bo	x 5
To the right is information which shows your total wages by			Gross Wages	16	2401.78	16	2401.78	162401.	78	
W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.  General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document.				Txbl Benefits		124.50		124.50	124.	
				Group Term Life Adoption		91.20		91.20	91.	20
				Deferred Comp	(7	7664.54)				
				Section 125		3387.13)	(3	3387.13)	(3387.1	13)
1				Other Pretax/Wa W-2 Wages		1565.81	15	9230.35	159230.	35
				W-2 Wages	13	1303.01	1.	19230.33	139230.	.33
a Employe	e's social security number	b Employer identification number (EIN	N)	d Control number						
	1-4869	72-0542904		007424039001					0	MB No. 1545-000
c Employer	r's name, address, and ZIP co	de			1 Wages, tips, other		n 65.81	2 Federal inco	me tax withheld	18492.30
500 V	iture LLP V. Madison Street				3 Social security wa			4 Social securi	ty tax withheld	
20th I Chica	Floor go IL 60661						230.35			9872.28
					5 Medicare wages a		230.35	6 Medicare tax	withheld	2308.84
e Employee's first name and initial Last name Suff. Udaya Kumar Koppu			ff.	7 Social security tips			8 Allocated tips			
6612	Avila Way erville TX 78660				9			10 Dependent care benefits		
USA								То дорошает		
f Employee	e's address and ZIP code				11 Nonqualified plan	15		12a See instru Code C	uctions for box 12	91.20
15 State	Employer's state ID Number	16 State wages tips etc.	17 State in	ncome tax	13 Statutory Re	tirement Third	d-party	12b	I	
					employee pla	n sick	Pay	Code D 12c		7664.54
18 Local w	ages, tips, etc.	19 Local income tax	20 Localit	ty name	14 Other			Code V		255.87
10 20001 11					Charity		2.00	12d Code AA	1	1408.32
	Wage and Tax Statemen or EMPLOYEE'S RECORDS	t		2023	This info negligence	ormation is being e penalty or othe	furnished to th	ne Internal Revenue	Service. If you are n	nal Revenue Servi equired to file a tax retur able and you fail to repo
a Employe	e's social security number	b Employer identification number (EIN	N)	d Control number						
	51-4869	72-0542904		007424039001	4 10/ 4/4/		_	2 F- dli		MB No. 1545-000
	r's name, address, and ZIP co	de			1 Wages, tips, other		65.81	2 regeral inco	me tax withheld	18492.30
500 V	nture LLP V. Madison Street				3 Social security wa	ges		4 Social securi	ty tax withheld	
500 V 20th	V. Madison Street					ges 1592	230.35			9872.28
500 V 20th Chica	V. Madison Street Floor go IL 60661	Lact name	Suit	#	5 Medicare wages a	ges 1592 nd tips 1592	230.35	6 Medicare tax	withheld	9872.28 2308.84
500 V 20th I Chica e Employe Udaya	V. Madison Street Floor go IL 60661  e's first name and initial a Kumar	Last name Koppu	Sur	ff.		ges 1592 nd tips 1592			withheld	
e Employe Udaya 6612 Pfluge	V. Madison Street Floor go IL 60661 e's first name and initial		Sut	ff.	5 Medicare wages a	ges 1592 nd tips 1592		6 Medicare tax	withheld s	
e Employe Udaya	V. Madison Street Floor go IL 60661  e's first name and initial a Kumar Avila Way		Sut	ff.	5 Medicare wages at 7 Social security tips	ges 1592 nd tips 1592 s		6 Medicare tax 8 Allocated tip 10 Dependent	withheld s care benefits	2308.84
e Employe Udaya 6612 Pfluge USA	V. Madison Street Floor go IL 60661  e's first name and initial a Kumar Avila Way		Sur	ff.	5 Medicare wages at	ges 1592 nd tips 1592 s		6 Medicare tax 8 Allocated tip 10 Dependent	withheld s	2308.84
e Employe Udaya 6612 Pfluge USA	V. Madison Street Floor Floor Go IL 60661 e's first name and initial a Kumar Avila Way erville TX 78660	Корри		ff.	5 Medicare wages an 7 Social security tips 9 11 Nonqualified plan 13 Statutory Rei	ges 1592 and tips 1592 s	230.35	6 Medicare tax 8 Allocated tip 10 Dependent 12a See instraction Code C 12b	withheld s care benefits	2308.84
e Employe Udaya 6612 Pfluge USA	V. Madison Street Floor Floor Go IL 60661 e's first name and initial a Kumar Avila Way erville TX 78660	Корри			5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Ret	ges 1592 nd tips 1592 s s tirement Third n sick	230.35	6 Medicare tax 8 Allocated tip 10 Dependent 12a See instri	withheld s care benefits	2308.84
500 V 20th   Chica e Employee Udaya 6612 Pfluge USA f Employee	V. Madison Street Floor Floor Go IL 60661 e's first name and initial a Kumar Avila Way erville TX 78660	Корри		ncome tax	5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Ret	ges 1592 and tips 1592 s	230.35	6 Medicare tax 8 Allocated tip 10 Dependent 12a See instri Code C 12b Code D 12c Code V	withheld s care benefits	2308.84
500 V 20th   Chica e Employee Udaya 6612 Pfluge USA f Employee	V. Madison Street Filoor go IL 60661 e's first name and initial a Kumar Avila Way erville TX 78660 e's address and ZIP code Employer's state ID Number	Koppu  16 State wages, tips, etc.	17 State i	ncome tax	5 Medicare wages at 7 Social security tips 9 11 Nonqualified plan 13 Statutory Refemployee pla	ges 1592 nd tips 1592 s s tirement Third n sick	230.35	6 Medicare tax 8 Allocated tip 10 Dependent 12a See instruction Code C 12b Code D 12c	withheld s care benefits	2308.84
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e Employe Udaya 6612 Pfluge USA  f Employee 15 State  18 Local w  Form W-2 Copy B—To	V. Madison Street Filoor go IL 60661 e's first name and initial a Kumar Avila Way erville TX 78660 e's address and ZIP code Employer's state ID Number ages, tips, etc.  Wage and Tax Statemen Be Filed With Employee's FE	Koppu  16 State wages, tips, etc.  19 Local income tax  t DERAL Tax Return.  b Employer identification number (EIN	17 State in 20 Localit	ty name 2023	5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Ret employee pla	ges 1592 nd tips 1592 s s tirement Third n sick	230.35 d-party Pay	6 Medicare tax 8 Allocated tip 10 Dependent 12a See instr Code C 12b Code D 12c Code V 12d Code AA	withheld s care benefits uctions for box 12	2308.84 2 91.20 7664.54 255.87 1408.32 nal Revenue Serv
e Employe Udaya 6612 Pfluge USA  f Employee 15 State  18 Local w  Form W-2 Copy B—To	V. Madison Street Filoor go IL 60661 e's first name and initial A kvila Way erville TX 78660 e's address and ZIP code Employer's state ID Number ages, tips, etc.  Wage and Tax Statemen Be Filed With Employee's FE	Koppu  16 State wages, tips, etc.  19 Local income tax  t DERAL Tax Return.  b Employer identification number (EIN 72-0542904	17 State in 20 Localit	ty name	5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Ret employee pla	ges 1592 nd tips 1592 s s s s  X  I  I  I  I  I  I  I  I  I  I  I  I	230.35  G-party Pay  2.00  Depa	6 Medicare tax 8 Allocated tip 10 Dependent 12a See instr Code C 12b Code D 12c Code V 12d Code AA	withheld s care benefits uctions for box 12	2308.84 2 91.20 7664.54 255.87
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e Employe Udays 6612 Pfluge USA  f Employee 15 State  18 Local w	V. Madison Street Filoor go IL 60661  e's first name and initial a Kumar Avila Way erville TX 78660  b's address and ZIP code  Employer's state ID Number ages, tips, etc.  Wage and Tax Statemen Be Filed With Employee's FE  e's social security number 51-4869 r's name, address, and ZIP co	Koppu  16 State wages, tips, etc.  19 Local income tax  t DERAL Tax Return.  b Employer identification number (EIN 72-0542904	17 State in 20 Localit	ty name 2023	5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Rei employee pla  14 Other Charity	ges 1592 1592 s 1592 s tirement Thirtin sick X  compensatio 1515 ges	230.35  d-party Pay 2.00  Depa	6 Medicare tax 8 Allocated tip 10 Dependent 12a See instra Code C 12b Code D 12c Code V 12d Code AA  rtment of the	withheld s care benefits uctions for box 12	2308.84 91.20 7664.54 255.87 1408.32 nal Revenue Serv
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e Employee Udaya 6612 Pfluge USA  f Employee 15 State 18 Local w 18 Local w 2 Copy B—To  a Employee 885-5 c Employee Accord Chica  e Employe Udaya	V. Madison Street Filoor go IL 60661 e's first name and initial A Kumar Avila Way erville TX 78660 e's address and ZIP code Employer's state ID Number ages, tips, etc.  Wage and Tax Statemen Be Filed With Employee's FE e's social security number 61-4869 r's name, address, and ZIP co atture LLP V. Madison Street Floor go IL 60661 e's first name and initial Be Kumar	Koppu  16 State wages, tips, etc.  19 Local income tax  t DERAL Tax Return.  b Employer identification number (EIN 72-0542904	17 State in 20 Localiti	2023 d Control number 007424039001	5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Rei employee pla 14 Other Charity  1 Wages, tips, other 3 Social security wa	ges 1592 nd tips 1592 s 1592 s s s compensatio 1515 ges 1592 nd tips 1592	2:30.35  d-party Pay 2.00  Depa  n 6:65.81	8 Allocated tip 10 Dependent 12a See instr Code C 12b Code D 12c Code V 12d Code AA  rtment of the	withheld s care benefits uctions for box 12  Treasury - Inter  Ome tax withheld ty tax withheld withheld	2308.84 2 91.20 7664.54 255.87 1408.32 nal Revenue Serv MB No. 1545-000 18492.30 9872.28
e Employe Udaya 6612 Pfluge USA  f Employee 15 State  18 Local w  a Employe 885-5 c Employee Chica e Employee Udaya 6612 e Employee Udaya 6612	V. Madison Street Filoor go IL 60661  e's first name and initial a Kumar Avila Way erville TX 78660  e's address and ZIP code  Employer's state ID Number	Koppu  16 State wages, tips, etc.  19 Local income tax  t DERAL Tax Return.  b Employer identification number (EIN 72-0542904) de	17 State in 20 Localiti	2023 d Control number 007424039001	5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Rei employee pla  14 Other Charity  1 Wages, tips, other 3 Social security wa 5 Medicare wages at	ges 1592 nd tips 1592 s 1592 s s s compensatio 1515 ges 1592 nd tips 1592	2:30.35  d-party Pay 2.00  Depa  n 6:65.81	6 Medicare tax  8 Allocated tip 10 Dependent  12a See instr Code C  12b Code D  12c Code V  12d Code AA  2 Federal inco  4 Social securi  6 Medicare tax	withheld s care benefits uctions for box 12  I Treasury - Inter  O me tax withheld withheld s	2308.84 2 91.20 7664.54 255.87 1408.32 nal Revenue Serv MB No. 1545-000 18492.30 9872.28
e Employee Udaya 6612 Pfluge USA  f Employee 15 State  18 Local w  a Employee 885-5 c Employee Accent Chica	V. Madison Street Filoor go IL 60661 e's first name and initial a Kumar Avila Way erville TX 78660 e's address and ZIP code Employer's state ID Number ages, tips, etc.  Wage and Tax Statemen Be Filed With Employee's FE e's social security number 11-4869 r's name, address, and ZIP co	Koppu  16 State wages, tips, etc.  19 Local income tax  t DERAL Tax Return.  b Employer identification number (EIN 72-0542904) de	17 State in 20 Localiti	2023 d Control number 007424039001	5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Reignly exployee plan 14 Other Charity  1 Wages, tips, other 3 Social security wa 5 Medicare wages at 7 Social security tip:	ges	2:30.35  d-party Pay 2.00  Depa  n 6:65.81	8 Allocated tip 10 Dependent 12a See instr Code C 12b Code D 12c Code V 12d Code AA  rtment of the  2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tip 10 Dependent	withheld s care benefits uctions for box 12  I Treasury - Inter  O me tax withheld withheld s	2308.84 2 91.20 7664.54 255.87 1408.32 nal Revenue Serv MB No. 1545-000 18492.30 9872.28 2308.84
soo v 20th   Chica   Employee Udaya   6612   Form W-2 Copy B—To C Employee Udaya   6612 Pfluge USA   f Employee Udaya   6612 Pfluge USA   f Employee Udaya   f Employee Udaya   f Employee USA   f Employee Usa	V. Madison Street Filoor go IL 60661 e's first name and initial a Kumar Avila Way erville TX 78660 e's address and ZIP code Employer's state ID Number	Koppu  16 State wages, tips, etc.  19 Local income tax  t DERAL Tax Return.  b Employer identification number (EIN 72-0542904) de  Last name Koppu	17 State in 20 Localit	2023 d Control number 007424039001	5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Rei employee pla 14 Other Charity  1 Wages, tips, other 3 Social security wa 5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan	ges 1592 nd tips 1592 s 1592 s s s compensation 1515 ges 1592 nd tips 1592 s 1592	2.00 Depa	6 Medicare tax 8 Allocated tip 10 Dependent 12a See instr Code C 12b Code V 12c Code V 12d Code AA  2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tip 10 Dependent 12a See instr Code C	withheld s care benefits uctions for box 12  I Treasury - Inter  O me tax withheld withheld s care benefits	2308.84 2 91.20 7664.54 255.87 1408.32 nal Revenue Serv MB No. 1545-000 18492.30 9872.28 2308.84
e Employe Udaya 66112 Pfuge USA  f Employee 15 State  18 Local w  18 Local w  20 Employee 885-5 c Employee Accent 500 V 20th i Chica e Employe Udaya 6612 Pfluge USA	V. Madison Street Filoor go IL 60661 e's first name and initial a Avila Way erville TX 78660 e's address and ZIP code Employer's state ID Number ages, tips, etc.  Wage and Tax Statemen Be Filed With Employee's FE ee's social security number 51-4869 e's name, address, and ZIP co ture LLP V. Madison Street Filoor go IL 60661 e's first name and initial a Kumar Avila Way erville TX 78660	Koppu  16 State wages, tips, etc.  19 Local income tax  t DERAL Tax Return.  b Employer identification number (EIN 72-0542904) de  Last name Koppu	17 State in 20 Localit	2023 d Control number 007424039001	5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Rei employee pla 14 Other Charity  1 Wages, tips, other 3 Social security wa 5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Rei employee pla	ges 1592 nd tips 1592 s 1592 s tirement Thirrin sick    compensatio 1515 ges 1592 s 1592 s tirement Thirrin sick    tirement Thirrin sick    tirement Thirrin sick    sick    tirement Thirrin sick    sick    tirement Thirrin sick    sick	2.00 Departy 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	6 Medicare tax 8 Allocated tip 10 Dependent 12a See instr Code C 12b Code V 12c Code V 12d Code AA  rtment of the  2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tip 10 Dependent 12a See instr Code C 12b Code O	withheld s care benefits uctions for box 12  I Treasury - Inter  O me tax withheld withheld s care benefits	2308.84  2 91.20  7664.54  255.87  1408.32  nal Revenue Serv  MB No. 1545-000  18492.30  9872.28  2308.84
e Employe Udaya 6612 Pfluge USA  f Employee 15 State  a Employee 885-5 c Employee Accen 500 V 20th   Chica  e Employee 15 State	V. Madison Street Filoor go IL 60661 e's first name and initial a Kumar Avila Way erville TX 78660 e's address and ZIP code Employer's state ID Number	Koppu  16 State wages, tips, etc.  19 Local income tax  t DERAL Tax Return.  b Employer identification number (EIN 72-0542904) de  Last name Koppu	17 State in 20 Localit	d Control number 007424039001	5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Rei employee pla 14 Other Charity  1 Wages, tips, other 3 Social security wa 5 Medicare wages at 7 Social security tip: 9 11 Nonqualified plan 13 Statutory Rei employee pla	ges 1592 s 1592 s s s s s s s s s s s s s s s s s s s	2.00 Departy 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	8 Allocated tip 10 Dependent 12a See instra Code C 12b Code D 12c Code V 12d Code AA  rtment of the  2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tip 10 Dependent 12a See instra Code C 12b	withheld s care benefits uctions for box 12  I Treasury - Inter  O me tax withheld withheld s care benefits	2 91.20 7664.54 255.87 1408.32 nal Revenue Serv MB No. 1545-000 18492.30 9872.28 2308.84

Department of the Treasury - Internal Revenue Service

						Federal Box 1 Soc. 5	Sec. Box 3 & 7 Medic	
To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.  General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document.				Gross Wages Txbl Benefits Group Term Life Adoption Deferred Comp Section 125 Other Pretax/Wa W-2 Wages	are Box 5			
a Employee' 885-51	s social security number -4869	b Employer identification number (EII 72-0542904	۷)	d Control number 007424039002				OMB No. 1545-000
c Employer's	name, address, and ZIP co	de			1 Wages	tips, other compensation	2 Federal income tax with	
20th Fl	Madison Street oor				3 Social	security wages	4 Social security tax with	neld
Chicago	o IL 60661				5 Medica	re wages and tips	6 Medicare tax withheld	
e Employee's first name and initial Last name Suff.  Udaya Kumar Koppu 6612 Avila Way Pflugerville TX 78660 USA			ff.	7 Social security tips		8 Allocated tips		
				9		10 Dependent care benefits		
f Employee's	s address and ZIP code				11 Nonq	alified plans	12a See instructions for Code DD	box 12   14201.80
	Employer's state ID Number	16 State wages, tips, etc.	17 State in	ncome tax		atutory Retirement Third-party	12b Code	
			}		1	X	12c	
18 Local wag	ges, tips, etc.	19 Local income tax	20 Localit	y name	14 Other		Code 12d	
			}		1		Code	
Form W-2 V Copy C—For	Vage and Tax Statement EMPLOYEE'S RECORDS	ı		2023	i	Depa This information is being furnished to negligence penalty or other sanction ma	rtment of the Treasury – the Internal Revenue Service. If yo y be imposed on you if this incom	ou are required to file a tax retur
a Employee' 885-51	s social security number -4869	b Employer identification number (EII) 72-0542904	N)	d Control number 007424039002				OMB No. 1545-000
	name, address, and ZIP co				1 Wages	tips, other compensation	2 Federal income tax with	
Accenti 500 W. 20th Fl	Madison Street				3 Social	security wages	4 Social security tax with	neld
Chicago	o IL 60661				5 Medica	re wages and tips	6 Medicare tax withheld	
Udaya 6612 A	s first name and initial Kumar vila Way ville TX 78660	Last name Koppu	Sut	ff.	7 Social	security tips	8 Allocated tips  10 Dependent care benefit	ts
f Employee's	s address and ZIP code				11 Nonq	alified plans	12a See instructions for Code DD	box 12 14201.80
15 State E	Employer's state ID Number	16 State wages, tips, etc.	17 State in	ncome tax		atutory Retirement Third-party sployee plan sick Pay	12b Code	ı
18 Local wag	ges, tips, etc.	19 Local income tax	20 Localit	y name	14 Other		Code	L
			ļ		1		12d Code	
Form W-2 V Copy B—To B	Vage and Tax Statement te Filed With Employee's FE	t DERAL Tax Return.	<u> </u>	2023	> -	Dep	artment of the Treasury -	Internal Revenue Serv
a Employee' 885-51	s social security number -4869	b Employer identification number (Elf 72-0542904	۷)	d Control number 007424039002	í			OMB No. 1545-000
c Employer's	name, address, and ZIP co	de			1 Wages	tips, other compensation	2 Federal income tax with	held
20th Fl	Madison Street oor				3 Social	security wages	4 Social security tax with	neld
Cnicago	o IL 60661				5 Medica	re wages and tips	6 Medicare tax withheld	
Udaya	s first name and initial Kumar vila Way	Last name Koppu	Sut	ff.	7 Social	security tips	8 Allocated tips	
	ville TX 78660				9		10 Dependent care benefit	ts
f Employee's	s address and ZIP code					alified plans	12a See instructions for Code DD	box 12 14201.80
15 State	Employer's state ID Number	16 State wages, tips, etc.	17 State in	ncome tax	13 St en	atutory Retirement Third-party sployee plan sick Pay	12b Code 12c	I
18 Local wag	ges, tips, etc.	19 Local income tax	20 Localit	y name	14 Other		Code 12d	I
1								