400278042	iber			20-3783731	ntification number EIN	Co	py B, 10 Be Filed With	Employee	's FEDERAL Tax Return	
	r's name, address and ZIP code larket (DE), Inc.		Employee's social security number 691-54-1008			1 Wages, tips, other compensation 2 Federal income tax withheld 136575.72 22476.34				
5660 N	ew Northside Drive a, GA 30328		7 Social security tips		3 Social security wages 144325.72			4 Social security tax withheld 8948.19		
				8 Allocated ti	ips		Medicare wages and tips		6 Medicare tax withheld	
Employee's first name and init Last name Suffix Prathyusha Ambatipudi						144325.72		2092.72		
_	oodland Crossing Drive				10 Dependent care benefits			11 Nonqualified plans		
Apt 456 Herndon, VA 20171				12a C	200.00	13	Statutory Employee		14 Other	
11011100	11, 111 201,1			12b D 12c DD	7750.00 19514.88	-	Retirement Plan	×		
Employe	ee's address and ZIP code			12d DD	19314.88		Third-party sick pay			
15 State	Employer's state ID number	16 State wages, tips etc.	1	ncome tax	18 Local wages, tips	etc.	19 Local income tax	20 Local	lity name	
VA	30-203783731F-001	136575.72	7135.63							
	is being furnished to the Internal Reve				enalty or other sanction may l	be imp				
Form W-2 W Control num	age and Tax Statement 2023	OMB No	. 1545-0008		ntification number EIN	Co			RDS (See Notice to Employee on	
400278042				20-3783731			back of Copy B)			
Employer's name, address and ZIP code NYSE Market (DE), Inc. 5660 New Northside Drive Atlanta, GA 30328				Employee's social security number 691-54-1008		1 Wages, tips, other compensation 136575.72		2 Federal income tax withheld 22476.34		
				7 Social security tips		3 Social security wages 144325.72		4 Social security tax withheld 8948.19		
				8 Allocated tips		5 Medicare wages and tips		6 Medicare tax withheld		
Employe Prathy	e's first name and init Last name usha Ambatip		Suffix			144325.72 10 Dependent care benefits			2092.72 11 Nonqualified plans	
	oodland Crossing Drive					10	Dependent care benefits			
Apt 45 Herndo	n, VA 20171			12a C 12b D	200.00 7750.00				14 Other	
				12c DD	19514.88			×		
	ee's address and ZIP code		T	12d		<u> </u>	. 1			
15 State VA	Employer's state ID number 30-203783731F-001	16 State wages, tips etc. 136575.72	17 State i 7135.63	ncome tax	18 Local wages, tips	etc.	19 Local income tax	20 Local	lity name	
Control num	age and Tax Statement 2023	OMB No.	1545-0008		ntification number EIN	Со	Department of py 1, To Be Filed With	of the Treas	sury - Internal Revenue Service s State, City, or Local Income	
400278042				20-3783731		Tax Return				
NYSE M	r's name, address and ZIP code larket (DE), Inc. lew Northside Drive			Employee's social security number 691-54-1008 7 Social security tips		1 Wages, tips, other compensation 136575.72 3 Social security wages 144325.72		2 Federal income tax withheld 22476.34		
	a, GA 30328							4 Social security tax withheld 8948.19		
Employee's first name and init Last name Suffix				8 Allocated tips		5 Medicare wages and tips 144325.72		ļ		
Prathy 2301 W	rusha Ambatip Toodland Crossing Drive	ıdi					1325.72		6 Medicare tax withheld 2092.72	
Apt 45						144	Dependent care benefits			
11011100	m. VA 20171			12a C	200.00	10			2092.72	
Employe	n, VA 20171			12b D	7750.00	10	Dependent care benefits Statutory Employee Retirement Plan	×	2092.72 11 Nonqualified plans	
Employe	ee's address and ZIP code					144 10 13	Dependent care benefits Statutory Employee Retirement Plan	_	2092.72 11 Nonqualified plans	
15 State	ee's address and ZIP code Employer's state ID number	16 State wages, tips etc.	1	12b D 12c DD	7750.00	10	Dependent care benefits Statutory Employee Retirement Plan	×	2092.72 11 Nonqualified plans	
	ee's address and ZIP code	16 State wages, tips etc. 136575.72	17 State i 7135.63	12b D 12c DD 12d	7750.00 19514.88	10	Dependent care benefits Statutory Employee Retirement Plan Third-party sick pay	×	2092.72 11 Nonqualified plans 14 Other	
15 State VA This information	ee's address and ZIP code Employer's state ID number 30-203783731F-001 is being furnished to the Internal Reve	136575.72 nue Service. If you are required to	7135.63	12b D 12c DD 12d ncome tax	7750.00 19514.88 18 Local wages, tips	144 10 13	Dependent care benefits Statutory Employee Retirement Plan Third-party sick pay 19 Local income tax osed on you if this income is	20 Loca	2092.72 11 Nonqualified plans 14 Other lity name you fail to report it.	
15 State VA This information Form W-2 W Control num	ee's address and ZIP code Employer's state ID number 30-203783731F-001 is being furnished to the Internal Reve	136575.72	7135.63	12b D 12c DD 12d ncome tax m, a negligence pe	7750.00 19514.88 18 Local wages, tips	144 10 13 13 etc.	Dependent care benefits Statutory Employee Retirement Plan Third-party sick pay 19 Local income tax osed on you if this income is Department of py 2, To Be Filed With	20 Local	2092.72 11 Nonqualified plans 14 Other lity name	
15 State VA This information Form W-2 W Control num 400278042 Employe	ee's address and ZIP code Employer's state ID number 30-203783731F-001 is being furnished to the Internal Reve age and Tax Statement 2023 iber r's name, address and ZIP code	136575.72 nue Service. If you are required to	7135.63	12b D 12c DD 12d ncome tax Im, a negligence pe Employer ider 20-3783731 Employee's so	7750.00 19514.88 18 Local wages, tips of the sanction may be sanction.	144 10 13 13 13 be imp	Dependent care benefits Statutory Employee Retirement Plan Third-party sick pay 19 Local income tax osed on you if this income is Department of py 2, To Be Filed With is x Return Wages, tips, other competed	20 Local	2092.72 11 Nonqualified plans 14 Other lity name you fail to report it. ary - Internal Revenue Service s State, City, or Local Income 2 Federal income tax withheld	
15 State VA This information Form W-2 W Control num 400278042 Employe NYSE M 5660 N	ee's address and ZIP code Employer's state ID number 30-203783731F-001 is being furnished to the Internal Reve age and Tax Statement 2023 aber r's name, address and ZIP code larket (DE), Inc. ew Northside Drive	136575.72 nue Service. If you are required to	7135.63	12b D 12c DD 12d ncome tax Im, a negligence pe Employer ider 20-3783731	7750.00 19514.88 18 Local wages, tips enalty or other sanction may be neitification number EIN ocial security number	144 10 13 13 13 13 13 13 13 13 13 13 13 13 13	Dependent care benefits Statutory Employee Retirement Plan Third-party sick pay 19 Local income tax osed on you if this income is Department of py 2, To Be Filed With 1 x Return Wages, tips, other comper 5575.72 Social security wages	20 Local	2092.72 11 Nonqualified plans 14 Other lity name vou fail to report it. ary - Internal Revenue Service s State, City, or Local Income 2 Federal income tax withheld 22476.34 4 Social security tax withheld	
15 State VA This information Form W-2 W Control num 400278042 Employe NYSE M 5660 N Atlant	ee's address and ZIP code Employer's state ID number 30-203783731F-001 is being furnished to the Internal Reve age and Tax Statement 2023 aber ar's name, address and ZIP code larket (DE), Inc. ew Northside Drive a, GA 30328	136575.72 nue Service. If you are required to OMB No.	7135.63 Dile a tax retu 1545-0008	12b D 12c DD 12d ncome tax Employer ider 20-3783731 Employee's so 691-54-1008	7750.00 19514.88 18 Local wages, tips analty or other sanction may labeled the sanction may labeled the sanction number EIN ocial security number rity tips	144 10 13 13 144 15	Dependent care benefits Statutory Employee Retirement Plan Third-party sick pay 19 Local income tax Department of py 2, To Be Filed With ax Return Wages, tips, other competions of the security wages 325.72 Medicare wages and tips	20 Local	2092.72 11 Nonqualified plans 14 Other lity name you fail to report it. ary - Internal Revenue Service s State, City, or Local Income 2 Federal income tax withheld 22476.34 4 Social security tax withheld 8948.19 6 Medicare tax withheld	
15 State VA This information Form W-2 W Control num 400278042 Employe NYSE M 5660 N Atlant	ee's address and ZIP code Employer's state ID number 30-203783731F-001 is being furnished to the Internal Reve age and Tax Statement 2023 iber r's name, address and ZIP code arket (DE), Inc. iew Northside Drive a, GA 30328 ee's first name and init Last name	136575.72 nue Service. If you are required to OMB No.	7135.63	12b D 12c DD 12d ncome tax Employer ider 20-3783731 Employee's so 691-54-1008 7 Social secur	7750.00 19514.88 18 Local wages, tips analty or other sanction may labeled the sanction may labeled the sanction number EIN ocial security number rity tips	144 10 13 13 144 15 144 15 144	Dependent care benefits Statutory Employee Retirement Plan Third-party sick pay 19 Local income tax Osed on you if this income is Department of py 2, To Be Filed With Ix Return Wages, tips, other compensors. 22 Social security wages 1325.72	20 Local	2092.72 11 Nonqualified plans 14 Other lity name you fail to report it. ary - Internal Revenue Service s State, City, or Local Income 2 Federal income tax withheld 22476.34 4 Social security tax withheld 8948.19	
15 State VA This information Form W-2 W Control num 400278042 Employe NYSE M 5660 N Atlant Employe Prathy 2301 W	ee's address and ZIP code Employer's state ID number 30-203783731F-001 is being furnished to the Internal Reve age and Tax Statement 2023 iber r's name, address and ZIP code larket (DE), Inc. ew Northside Drive a, GA 30328 ee's first name and init Last name usha Ambatip foodland Crossing Drive	136575.72 nue Service. If you are required to OMB No.	7135.63 Dile a tax retu 1545-0008	12b D 12c DD 12d ncome tax Employer ider 20-3783731 Employee's so 691-54-1008 7 Social secur	7750.00 19514.88 18 Local wages, tips enalty or other sanction may be notification number EIN ocial security number rity tips	144 10 13 13 144 10 10 10 10 10 10 1	Dependent care benefits Statutory Employee Retirement Plan Third-party sick pay 19 Local income tax Department of the pay 2, To Be Filed With 18 x Return Wages, tips, other competions 5575.72 Social security wages 1325.72 Medicare wages and tips 1325.72 Dependent care benefits	20 Local taxable and variable a	2092.72 11 Nonqualified plans 14 Other lity name you fail to report it. ary - Internal Revenue Service s State, City, or Local Income 2 Federal income tax withheld 22476.34 4 Social security tax withheld 8948.19 6 Medicare tax withheld 2092.72 11 Nonqualified plans	
15 State VA This information Form W-2 W Control num 400278042 Employe NYSE M 5660 N Atlant Employe Prathy 2301 W Apt 45	ee's address and ZIP code Employer's state ID number 30-203783731F-001 is being furnished to the Internal Reve age and Tax Statement 2023 iber r's name, address and ZIP code larket (DE), Inc. ew Northside Drive a, GA 30328 ee's first name and init Last name usha Ambatip foodland Crossing Drive	136575.72 nue Service. If you are required to OMB No.	7135.63 Dile a tax retu 1545-0008	Employer ider 20-3783731 Employee's so 691-54-1008 7 Social secur	7750.00 19514.88 18 Local wages, tips analty or other sanction may labeled the sanction may labeled the sanction number EIN ocial security number rity tips	144 10 13 13 144 10 10 10 10 10 10 1	Dependent care benefits Statutory Employee Retirement Plan Third-party sick pay 19 Local income tax Department of py 2, To Be Filed With 18 x Return Wages, tips, other compersional security wages 1325.72 Medicare wages and tips 1325.72 Dependent care benefits Statutory Employee	20 Local taxable and variety a	2092.72 11 Nonqualified plans 14 Other lity name you fail to report it. ary - Internal Revenue Service s State, City, or Local Income 2 Federal income tax withheld 22476.34 4 Social security tax withheld 8948.19 6 Medicare tax withheld 2092.72	
15 State VA This information Form W-2 W Control num 400278042 Employe NYSE M 5660 N Atlant Employe Prathy 2301 W Apt 45 Herndo	ee's address and ZIP code Employer's state ID number 30-203783731F-001 is being furnished to the Internal Reve age and Tax Statement 2023 aber r's name, address and ZIP code larket (DE), Inc. ew Northside Drive a, GA 30328 ee's first name and init Last name cusha Ambatip	136575.72 nue Service. If you are required to OMB No.	7135.63 Dile a tax retu 1545-0008	Employer ider 20-3783731 Employee's so 691-54-1008 7 Social secure 8 Allocated ti	7750.00 19514.88 18 Local wages, tips of the sanction may lead to the sanction may lead to the sanction number EIN ocial security number rity tips	144 10 13 13 144 10 13 13 144 10 13 13 13 14 10 13 13 13 13 14 10 13 13 13 13 14 10 13 13 13 13 13 13 13	Dependent care benefits Statutory Employee Retirement Plan Third-party sick pay 19 Local income tax Department of the pay 1, To Be Filed With 1 to x Return Wages, tips, other compensional security wages 1325.72 Medicare wages and tips 1325.72 Dependent care benefits Statutory Employee Retirement Plan	20 Local taxable and variable a	2092.72 11 Nonqualified plans 14 Other lity name you fail to report it. ary - Internal Revenue Service s State, City, or Local Income 2 Federal income tax withheld 22476.34 4 Social security tax withheld 8948.19 6 Medicare tax withheld 2092.72 11 Nonqualified plans	

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

Form W-2 Wage and Tax Statement 2023

15 State

VA

Employer's state ID number

30-203783731F-001

16 State wages, tips etc.

136575.72

18 Local wages, tips etc.

19 Local income tax

20 Locality name

17 State income tax

7135.63

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 1-800-772-1213. You also may visit the SSA 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 also may be able to claim a refund on Form 843. See the instructions for Form 843.

Instructions for Employee (See also Notice to Employee, on the back of Copy B.)

- 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 From 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 boxes 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 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 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 boxes 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 boxes 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 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).
- **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.