Copy B To Be Filed With Employee's FEDERAL Tax Return OMB No. 1545-0008 a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withheld 701.01 0.00 XXX-XX-4610 3 Social security wages 4 Social security tax withheld 0.00 0.00 **b** Employer ID number 6 Medicare tax withheld 5 Medicare wages and tips 31-6402332 778.90 11.29 c Employer's name, address, and ZIP code OLENTANGY LOCAL SCHOOL DISTRIC 7840 GRAPHICS WAY LEWIS CENTER, OH 43035 d Control number CREATED BY EMPLOYEE ACCESS CENTER e Employee's name, address, and ZIP code PAVANI KATKURI 8281 ALTAIR ST COLUMBUS, OH 43240 7 Social security tips 8 Allocated tips 9 0.00 0.00 10 Dependent care benefits 11 Nonqualified plans 12a Code See Inst. for box 12 0.00 13 Statutory employee 14 Other 12b Code 12c Code Retirement plan Χ Third-party sick pay 12d Code OH 51-1644619 701.01 2 47 15 State Emplr's state I.D. # 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 778.90 19 Local income tax 19.48 20 Locality name COLUM CI Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury -- IRS This information is being furnished to the Internal Revenue Service.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withheld 701.01 0.00 XXX-XX-4610 3 Social security wages 4 Social security tax withheld 0.00 0.00 b Employer ID number 6 Medicare tax withheld 5 Medicare wages and tips 31-6402332 778.90 11.29 c Employer's name, address, and ZIP code OLENTANGY LOCAL SCHOOL DISTRIC 7840 GRAPHICS WAY LEWIS CENTER, OH 43035 d Control number CREATED BY EMPLOYEE ACCESS CENTER e Employee's name, address, and ZIP code PAVANI KATKURI 8281 ALTAIR ST COLUMBUS, OH 43240 7 Social security tips 8 Allocated tips 9 0.00 0.00 10 Dependent care benefits 11 Nonqualified plans 12a Code 0.00 13 Statutory employee 14 Other 12b Code 12c Code Retirement plan Χ Third-party sick pay 12d Code OH 51-1644619 701.01 2.47 15 State Emplr's state I.D. # 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 778.90 19 Local income tax 19.48 20 Locality name COLUM CI 2023 Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS

| Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) OMB No. 1545-0008                      |  |                                |  |  |  |
|--|--|--------------------------------|--|--|--|
| (occitotion to Employee on Buento, copy E.)  |  |                                |  |  |  |
| a Employee's soc. sec. no.   | 1 Wages, tips, other comp. 2 Federal income tax withhe |                                |  |  |  |
| XXX-XX-4610  | 701.01   | 0.00                           |  |  |  |
|  | 3 Social security wages                                | 4 Social security tax withheld |  |  |  |
| <b>b</b> Employer ID number  | 0.00   | 0.00                           |  |  |  |
| 31-6402332   | 5 Medicare wages and tips                              | 6 Medicare tax withheld        |  |  |  |
|  | 778.90   | 11.29                          |  |  |  |
| c Employer's name, address, and ZIP code OLENTANGY LOCAL SCHOOL DISTRIC 7840 GRAPHICS WAY LEWIS CENTER, OH 43035 |  |                                |  |  |  |
| d Control number<br>CREATED BY EMPLOYEE ACCESS CENTER  |  |                                |  |  |  |

e Employee's name, address, and ZIP code

| PAVANI KATKURI<br>8281 ALTAIR ST<br>COLUMBUS, OH 43240 |          |                            |                               |  |  |
|--|----------|----------------------------|-------------------------------|--|--|
| 7 Social security tips                                 |          | Allocated tips             | 9                             |  |  |
| 0.00   |          | 0.00                       |                               |  |  |
| 10 Dependent care benefits                             |          | lonqualified plans         | 12a Code See Inst. for box 12 |  |  |
| 0.00   |          |                            |                               |  |  |
| 13 Statutory employee 1                                | 14 Other |                            | 12b Code                      |  |  |
| Retirement plan  |          | •                          | 12c Code                      |  |  |
| Third-party sick pay                                   |          | •                          | 12d Code                      |  |  |
| OH 51-1644619  |          | 701.01                     | 2.47                          |  |  |
| 15 State Emplr's state I.D. #                          |          | 16 State wages, tips, etc. | 17 State income tax           |  |  |
| 18 Local wages, tips, etc. 778.90                      |          | ocal income tax<br>19.48   | 20 Locality name<br>COLUM CI  |  |  |

OLENTANGY LOCAL SCHOOL DISTRIC 7840 GRAPHICS WAY LEWIS CENTER, OH 43035 d Control number CREATED BY EMPLOYEE ACCESS CENTER e Employee's name, address, and ZIP code PAVANI KATKURI 8281 ALTAIR ST COLUMBUS, OH 43240 7 Social security tips 8 Allocated tips 9 0.00 0.00 10 Dependent care benefits 11 Nonqualified plans 12a Code 0.00 14 Other 12b Code 13 Statutory employee 12c Code Retirement plan Χ Third-party sick pay 12d Code OH 51-1644619 701.01 2.47 15 State Emplr's state I.D. # 16 State wages, tips, etc. 17 State income tax 19 Local income tax 19.48 18 Local wages, tips, etc. 778.90 20 Locality name COLUM CI 2023 Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS

701.01

778.90

0.00

3 Social security wages

5 Medicare wages and tips

Copy 2 To Be Filed With Employee's State,

City, or Local Income Tax Return a Employee's soc. sec. no. 1 Wages, tips, other comp.

c Employer's name, address, and ZIP code

XXX-XX-4610

**b** Employer ID number

31-6402332

OMB No. 1545-0008

0.00

0.00

11.29

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

## 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.

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 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.

return.
Employee's social security
number (SSN). For your protectio
his 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).

(SSA).
Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517. 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. 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 employersponsored health coverage is for
your information only. The amount
reported with code DD is not
tayable

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 (RIFIX) 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 RIFIX ax was withheld, you may be able tax was withheld, you may be able to claim a refund on Form 843. Se the Instructions for Form 843. (See also Instructions for Employee.)

## Instructions for Employee

(See also Notice to Employee.) Sox 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 vour tax return.

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.

compiete 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.

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 your five the worker.

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 to the control 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 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, 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, you remployer 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 A, BB, and EE) under all plans are generally limited to a total of \$22,500 (51,500 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. under code H are limited to \$7,000.

## Instructions for Employee (continued)

Box 12 (continued)

Box 12 (continued)
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(b) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code 6, the limit on elective deferrals may be higher for the last 3 years before you reach referement 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

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.

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

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 none 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 grouptern life insurance over \$50,000 (former employees only). See the

(former employees only). See the Form 1040 instructions.

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.

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

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V-Income from exercise of 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.

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 nstructions.

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.

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) elements. 457(b) plan.

rmitted benefits under a 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.

See Pub. 590-A.

Box 14. Employers may use this box to report Information such as state disability insurance taxes withheld, 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 rallroad 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. Tailroad retirement (RRTA) compensation. Tailroad retirement (RRTA) compensation. (RRTA) compensation.

(RHTA) 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.