2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Corp. Employer use only Control number Dept. 826724 W11 IND_00 DVGB E S 27985 c Employer's name, address, and ZIP code

INTERNATIONAL BUSINESS MACHINES CORPORATION 2455 SOUTH ROAD POUGHKEEPSIE, NY 12601-5400

e/f Employee's name, address, and ZIP code SUDHAKAR SUNDAR 2625 SPOTTED OWL LN **CELINA, TX 75009**

| b Em | oloyer's FED ID numb 13-0871985 | XXX-XX-8180 | | |
|--------|------------------------------------|--|--|--|
| 1 Wag | es, tips, other comp. | 2 Federal income tax withheld | | |
| | 93512.49 | 16997.22 | | |
| 3 Soc | al security wages | 4 Social security tax withheld | | |
| | 99335.83 | 6158.82 | | |
| 5 Med | care wages and tips | 6 Medicare tax withheld | | |
| | 99335.83 | 1440.37 | | |
| 7 Soc | al security tips | 8 Allocated tips | | |
| 9 | | 10 Dependent care benefits | | |
| 11 No | nqualified plans | 12a See instructions for box 12 C 81.48 | | |
| 14 Ot | er | 12b D 5823.34 | | |
| | | 12c W 4000.00 | | |
| | | 12d DD 15703.28 | | |
| | | 13 Stat emp. Ret, plan 3rd party sick pay | | |
| 15 Sta | te Employer's state ID | no. 16 State wages, tips, etc. | | |
| 17 Sta | te income tax | 18 Local wages, tips, etc. | | |
| 19 Lo | | 20 Locality name | | |

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement for 2023 plus any additional 2023 compensation or adjustment received after the 12/26/23 payroll close.

For other tax and payroll information, visit the Payroll Services Web Site at https://w3.ibm.com/hr/web/us/payroll on the IBM Intranet.

Social Security Number: XXX-XX-8180

SUDHAKAR SUNDAR 2625 SPOTTED OWL LN **CELINA, TX 75009**

93512.49

99335.83

c Employer's name, address, and ZIP code

POUGHKEEPSIE, NY 12601-5400

Dept.

Fold and Detach Here

@ 2023 ADP. Inc

1 Wages, tips, other comp.

5 Medicare wages and tips 99335.83

CORPORATION 2455 SOUTH ROAD

3 Social security wages

d Control number

826724 W11

PAGE 1 OF 1

16997.22 4 Social security tax withheld

6158.82

1440.37

Employer use only

E S 27985

2 Federal income tax withheld

6 Medicare tax withheld

Corp.

IND_00 DVGB

INTERNATIONAL BUSINESS MACHINES

b Employer's FED ID number a Employee's SSA number 13-0871985 XXX-XX-8180

| 1 | Wages, tips, other c | | 2 Federal income tax withheld 16997.22 | | | |
|---|--------------------------|--------|---|-------------------|--|--|
| 3 | Social security wage | | 4 Social security tax withheld 6158.82 | | | |
| 5 | Medicare wages and 99335 | | 6 Medicare tax withheld 1440.37 | | | |
| d | Control number | Dept. | Corp. | Employer use only | | |
| | 826724 W11 | IND_00 | DVGB | E S 27985 | | |

CORPORATION 2455 SOUTH ROAD POUGHKEEPSIE, NY 12601-5400

| b Employer's FED ID number 13-0871985 | a Employee's SSA number XXX-XX-8180 | | | |
|--|--|-------------------------------|--|--|
| 7 Social security tips | 8 Allocated | d tips | | |
| 9 | 10 Depend | dent care benefits | | |
| 11 Nonqualified plans | 12a See ins | tructions for box 12 81.48 | | |
| 14 Other | ^{12b} D | 5823.34 | | |
| | 12c W | 4000.00 | | |
| | 12d DD | 15703.28 | | |
| | | Ret. plan 3rd party sick pay | | |
| e/f Employee's name, address | and ZIP co | de | | |

SUDHAKAR SUNDAR 2625 SPOTTED OWL LN **CELINA, TX 75009**

| 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 |
| _ | | | | |

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Incom

| 13-00/1903 | 74 | XXX-XX-0100 | | | |
|---|---------------------------|---------------------------|--|--|--|
| 7 Social security tips | 8 Allocated | 8 Allocated tips | | | |
| 9 | 10 Depende | nt care benefits | | | |
| 11 Nonqualified plans | 12a | | | | |
| | C | 81.48 | | | |
| 14 Other | ^{12b} D | 5823.34 | | | |
| | 12cW | 4000.00 | | | |
| | 12dDD | 15703.28 | | | |
| | 13 Stat emp. Re | t. plan 3rd party sick pa | | | |
| SUDHAKAR SUND 2625 SPOTTED OW CELINA, TX 75009 | | | | | |
| 2625 SPOTTED OW | L LN | ges, tips, etc. | | | |
| 2625 SPOTTED OW | L LN D no. 16 State wa | | | | |
| 2625 SPOTTED OWI CELINA, TX 75009 15 State Employer's state II 17 State income tax | L LN D no. 16 State wa | ges, tips, etc. | | | |
| 2625 SPOTTED OW | L LN D no. 16 State wa | nges, tips, etc. | | | |

| Social security tax withheld 6158.82 Medicare tax withheld |
|--|
| Medicare toy withhold |
| 1440.37 |
| Corp. Employer use only |
| OVGB E S 27985 |
| |

INTERNATIONAL BUSINESS MACHINES CORPORATION 2455 SOUTH ROAD POUGHKEEPSIE, NY 12601-5400

| b Employer's FED ID numb 13-0871985 | per a Employee's SSA number XXX-XX-8180 |
|--|---|
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a C 81.48 |
| 14 Other | ^{12b} D 5823.34 |
| | ^{12c} W 4000.00 |
| | 12d DD 15703.28 |
| | 13 Stat emp. Ret. plan 3rd party sick pay |
| e/f Employee's name, addre | ss and ZIP code |

SUDHAKAR SUNDAR 2625 SPOTTED OWL LN

CELINA, TX 75009

| 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 |

ity or Local Filing Cop Wage and Tax Statement

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

| 22222 | a Empl | oyee's social securi 747-02-8180 | ty number | For Official Use Only OMB No. 1545-0008 | Safe, accurate, FAST! Use | Visit the IRS website at www.irs.gov/efile |
|--|----------------|--|---------------------|--|-----------------------------------|--|
| b Employer identification num | nber (EIN) | 74-2782655 | 12a See | instructions for box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| c Employer's name, address, a | and ZIP code | | o C | \$ 82.20 | 45973.69 | 8433.08 |
| AT&T SERVICES, INC. | | 12b | | 3 Social security wages | 4 Social security tax withheld | |
| 1010 PINE STREET, 7E-K-08 ST. LOUIS MO 63101-2015 | | o D | \$ 2415.00 | 48388.69 | 3000.10 | |
| | | | 12c | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| d Control number | | | c o W | \$ 1000.00 | 48388.69 | 701.64 |
| e Employee's first name and initial Last Name Suff. | | | 12d | | 7 Social security tips | 8 Allocated tips |
| SUDHAKAR SUNDAR | | o DD | \$ 5584.00 | | | |
| | | This information is being furnished to the Internal Revenue Service | | 9 Verification Code | 10 Dependent care benefits | |
| LN | | | Copy B -To Be Filed | | | |
| CELINA TX 75009 | | | With I | Employee's | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| f Employee's address and ZIP | Code | | FEDERAL Tax Return | | | X |
| 15 State Employee's State | ID Number | 16 State wages, ti | ps, etc | 17 State income tax | 14 Other | |
| 18 Local wages, tips, etc 19 Lo | cal income tax | 20 Locality name | | | | |
| Form W-2 Copy B - To Be Filed With Er | | and Tax S | taten | nent 2[| Department of the Tr | easuryInternal Revenue Service |

is information is being furnished to the Internal Revenue Service.

Do Not Cut, Fold, or Staple Forms on This Page

| 55555 | a Er | nployee's social securit 747-02-8180 | ty numbe | 1 | MB No. 1545-0008 | | | |
|---|--------------------|---|--|------------------|--------------------------------------|--|-------------------------------|--|
| b Employer identification | on number (EIN) | 74-2782655 | 12a Se | e insti | ructions for box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld | |
| c Employer's name, add | iress, and ZIP cod | a | 0 C | \$ | 82.20 | 45973.69 | 8433.08 | |
| AT&T SERVICES, INC. | | 12b | | | 3 Social security wages | 4 Social security tax withheld | | |
| 1010 PINE STREET, 7E-K-08 ST. LOUIS MO 63101-2015 | | o D | \$ | 2415.00 | 48388.69 | 3000.10 | | |
| | | | 12c | | | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| d Control number | | | o W | \$ | 1000.00 | 48388,69 | 701.64 | |
| e Employee's first name and initial Last Name Suff. | | 12d | | | 7 Social security tip | 8 Allocated tips | | |
| SUDHAKAR SUNDAR | | o DD | \$ | \$ 5584.00 | | | | |
| 2625, SPOTTED OWL | 2625, SPOTTED OWL | | This information is being furnished to the Internal Revenue Service Copy 2-To Be Filed With | | is being furnished to the Service | 9 Verification Code | 10 Dependent care benefits | |
| LN | | | | | o Be Filed With | | | |
| CELINA TX 75009 f Employee's address and ZIP Code | | Employee's State, City, or Local Tax Return | | | 11 Nonqualified plans | 13 Statutory employee Retirement Third-party plan sick pay | | |
| 15 State Employee's State ID Number 16 State wages, t | | ips, etc 17 State income tax | | State income tax | 14 Other | | | |
| | 19 Local income | 20 Leasilitusees | | | | | | |
| 18 Local wages, tips, etc | 19 Local income | tax 20 Locality name | | | | | | |
| | | | | | | | | |

W-2 Wage and Tax Statement

Department of the Treasury--Internal Revenue Service

Copy 2 - To Be Filed With Employee's State, City, or Local Tax Return

Do Not Cut, Fold, or Staple Forms on This Page

5053

NAME, ADDRESS AND FEDERAL I.D. NO. ELEVATION EDGE TECHNOLOGIES INC. 5315 B FM 1960 W 353 HOUSTON TX 77069

CUSTOMER NAME, ADDRESS MEERA RAMACHANCRAN 2625 SPOTTED OWL LN CELINA TX 75009-2317

| CUSTOMER SERVICE PHONE # 281-825-3638 | |
|---------------------------------------|--|
| FEDERAL I.D. NO. 81-2902588 | |

ACCOUNT NUMBER (see instructions) ACCOUNT TYPE

2023 FORM 1099-NEC, NONEMPLOYEE COMPENSATION

IRS DESCRIPTION IRS BOX # **AMOUNT**

812902588118154488A

NONEMPLOYEE COMPENSATION 1

76300.00

TAXPAYER I.D. NO XXX-XX-4488

(keep for your records)

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

Instructions for Recipient

2/86-01-00-0068905-0001-0068028

1099-NEC - OMB #1545-0116 (Rev. January 2022) This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1

on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee. If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification (Continued on the other side)

number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box I instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a depost-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 3. Reserved for future use

Box 3. Reserved for future use.
Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.
Boxes 5-7. State income tax withheld reporting boxes.
Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.
Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-fiting, and direct deposit or payment options.