Copy B-To Be Filed With Federal Tax Return.	Employee's	41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld		
XXX-XX-1912	79675.30	6994.25		
	3 Social security wages	4 Social security tax withheld		
b Employer ID number (EIN)	79675.30	4939.87		
82-2245503	5 Medicare wages and tips 79675.30	6 Medicare tax withheld 1155,29		
c Employer's name, address, a		1133.29		
PIONEER CONSUL 160 S 68TH STREE	TING LLC			
WEST DES MOINE		50266		
d Control number				
e Employee's name, address, a	and ZIP code	Suff.		
SRUTHI 4830 BRIDGE LN A MASON		H 45040		
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee 14 Othe	<u>I</u> er	12b Code		
Retirement plan	12c Code			
Third-party sick pay	12d Code			
OH 54 101505	79675.3	0 2220.70		
15 State Employer's state ID nu	mber 16 State wages, tips, etc	c. 17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury -- IRS This information is being furnished to the Internal Revenue Service.

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)  41-0852411 OMB No. 1545-0008							
a Employee's soc	. sec. no.	1 Wages, tips, other comp.		2	L OMB No. 1545-0008 Prederal income tax withheld 6994.25		
XXX-XX-1912		3 So	3 Social security wages		4 Social security tax withheld		
b Employer ID number (EIN)			79675.30		4939.87		
S Zp.sys. 12 manuser (Zt)		5 Medicare wages and tips		6 Medicare tax withheld			
82-2245503		79675.30	1155.29				
c Employer's nam	e, address, a	nd ZII	ode code				
PIONEER CONSULTING LLC 160 S 68TH STREET SUITE 1210							
WEST DES MOINES IA				50266			
d Control number							
e Employee's nan	ne, address, a	ınd ZI	P code		Suff.		
SRUTHI MALLADI 4830 BRIDGE LN APT 1 MASON OH 45040							
7 Social security tips 8			located tips	9			
10 Dependent care benefits 11 Nonqualified plans			onqualified plans	12a Code			
13 Statutory employ	ee 14 Othe	er		12	2b Code		
Retirement plan			12c Code				
Third-party sick pay			12d Code				
OH 54 101505			79675.30		2220.70		
15 State Employer's state ID number 16 State wages, tips			16 State wages, tips, etc.		17 State income tax		
18 Local wages, ti	ps, etc.	19 L	ocal income tax	20	) Locality name		

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury -- IRS
This information is being furnished to the IRS. 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.

DAA

Copy 2-To Be Filed W City, or Local Income	ith Emp	loyee's State, turn.		41-0852411 OMB No. 1545-(		
a Employee's soc. sec. no.	1 Wa	1 Wages, tips, other comp.		2 Federal income tax withheld 6994.25		
XXX-XX-1912	3 Soc	3 Social security wages		4 Social security tax withheld		
b Employer ID number (EIN	۷)	79675.30		4939.87		
	5 Med	5 Medicare wages and tips		6 Medicare tax withheld		
<u>82-2245503</u>		79675.30		1155.29		
c Employer's name, addres	,					
PIONEER CONS 160 S 68TH STR						
WEST DES MOII		IA	50266			
d Control number	3					
e Employee's name, addres	ss, and ZIF	code			Suff.	
4830 BRIDGE LN MASON	.,	•	ОН	45040		
7 Social security tips	8 Allo	ocated tips	9			
10 Dependent care benefits	11 No	onqualified plans		12a Code		
13 Statutory employee 14			12b Code			
Retirement plan Third-party sick pay			ľ	12c Code		
			Ī	12d Code		
OH 54 101505		79675	.30	2220	.70	
15 State Employer's state ID number 16 State wages, tips, etc.			etc.	17 State income tax		
18 Local wages, tips, etc.	19 Lo	ocal income tax		20 Locality name		
Form W-2 Wage and Tax S	tatement	2023		Dept. of the Treasury	IRS	

Copy 2-To Be Filed With Employee's State,

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.				41-0852411 OMB No. 1545-0008		
a Employee's soc. sec.					2 Federal income tax withheld	
XXX-XX-1912	XX-1912 79675.3 3 Social security wages			4	6994.25 Social security tax withheld	
b Employer ID number				4939.87		
	5 Medicare wages and tips			6 Medicare tax withheld		
			79675.30	1155.29		
c Employer's name, address, and ZIP code PIONEER CONSULTING LLC 160 S 68TH STREET SUITE 1210						
WEST DES MOINES IA				50266		
d Control number						
e Employee's name, address, and ZIP code Suff.						
SRUTHI MALLADI 4830 BRIDGE LN APT 1						
MASON OH 45040						
7 Social security tips			ocated tips	9	)	
10 Dependent care benefits			12a Code			
13 Statutory employee 14 Other			12b Code			
Retirement plan				12c Code		
Third-party sick pay			12d Code			
OH 54 101505 79675.30				2220.70		
15 State Employer's state ID number 16 State wages, tips,			16 State wages, tips, etc.		17 State income tax	
· · ·			ocal income tax	20	D Locality name	

Form W-2 Wage and Tax Statement

2023

Dept. of the Treasury -- IRS

## **Notice to Employee**

Do you have to file? Refer to the Forrm 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, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if

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

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 ande 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.

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

Credit for excess taxes. If you had more than one employer in 2023 and more 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, yo may also be able to claim a refund on Form 843. See the Instructions for Form

(See also Instructions for Employee on the back of Copy C.)

## **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

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.

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

Box 6. This altifout includes the 1-asys webscate is as with feet on an Medicare wages and tips shown in box 5, as well as the 0-3% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000 must is not included in box 1, 3, 5 or 7. For information box 6. We can only on the second of the 1-asys of the 1

401(k)(11) and 408(p) 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 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 pensino 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. Al-Uncollected social security or RRTA tax on nits. 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.

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 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 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 C-Elective deferrals under a section 408(k) 6) salary reduction SEP

G-Elective deflerals 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 box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

instructions.

L-Substantiated employee business expense reimbursements (nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

Instructions.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

instructions. P-Excludable moving expense reimbursements paid directly to a member of the P-EXCludation moving expense reminusements pain one-up at a minimum. 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 883-2.

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.

taxable and nontaxable amounts.

Vincome 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.

Wi-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Vi-Deterrals under a section 409A nonqualified deferred compensation plan

\*\*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(b) plan BB-Designated Roth contributions under a section 401(b) plan Db-Dc.00 of employers personated health overlage. The amount reported with Db-Dc.00 of the properties of the plan of th

come from qualified equity grants under section 83(i) gregate deferrals under section 83(i) elections as of the close of

GG-income from quantized country.

HHAggregate deferrals under section 83(i) elections as or time cubes on 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, deducational assistance. insurance premiums deutoted, nortaxable income, educational assistance payments, or anember of the clery's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) correpersation. Ther 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in callroad retirement (RRTA) compensation. Well-care the employee to the employer in callroad retirement (RRTA) compensation. Well-care the employee to the seminor after the due take for filling your income tax return. However, to help protect your social security benefits, seep Copy C unit you begin receiving social security benefits, just in case there is a question about your work read and/or earnings in a particular year.