2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Dept. Corp.

010070 ATLA/V2T 044112 Employer's name, address, and ZIP code

Employer use only

SUPERNAL LLC 1101 16TH STREET NW WASHINGTON DC 20036

e/f Employee's name, address, and ZIP code **ALEKSANDR GORBASHEV** 10 K STREET SOUTHEAST

300100005998

21297.87

DC

17 State income tax

API ZII	
WASHINGTON DC 2	0003
b Employer's FED ID number 85-2684144	a Employee's SSA number XXX-XX-0654
1 Wages, tips, other comp.	2 Federal income tax withheld
271391.52	55084.88
3 Social security wages	4 Social security tax withheld
160200.00	9932.40
5 Medicare wages and tips 293891.52	6 Medicare tax withheld 5106.45
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b D 22500,00 12c W 3850,08
	12d DDI 8868.24
	13 Stat emp Ret. plan 3rd party sick p
15 State Employer's state ID n	o. 16 State wages, tips, etc.

Batch #06547

271391.52

18 Local wages, tips, etc.

19 Local income tax 20 Locality name Wages, tips, other comp. Federal income tax withheld 271391.52 55084.88 Social security tax withheld 9932.40 Social security wages 160200.00 Medicare wages and tips 293891.52 6 Medicare tax withheld 5106.45 Dept. Employer use only d Control number

c Employer's name, address, and ZIP code

010070 ATLA/V2T 044112

SUPERNAL LLC 1101 16TH STREET NW WASHINGTON DC 20036

b	Employer's FED ID number 85-2684144	a Employee's SSA number XXX-XX-0654
7	Social security tips	8 Allocated tips
g		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 C 443.97
14	Other	12b D ₁ 22500.00
		12c W 3850.08
		12d DD 8868.24
		13 Stat emp. Ret. plan 3rd party sick pay
e/	f Employee's name, address a	nd ZIP code

ALEKSANDR GORBASHEV 10 K STREET SOUTHEAST **APT 217**

WASHINGTON DC 20003

 15 State DC
 Employer's state ID no. 300100005998
 16 State wages, tips, etc. 271391.52
 17 State income tax 18 Local wages, tips, etc. 21297.87 19 Local income tax 20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Heturn.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	DC. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	296,707.47	296,707.47	296,707.47	296,707.47
Plus GTL (C-Box 12)	443.97	443.97	443.97	443.97
Less 401(k) (D-Box 12)	22,500.00	N/A	N/A	22,500.00
Less Cafe 125 HSA (W-Box 12)	3,259.92	3,259.92	3,259.92	3,259.92
Wages Over Limit	N/A	133,691.52	N/A	N/A
Reported W-2 Wages	271,391.52	160,200.00	293,891.52	271,391.52

Note - Fringe benefits include: Other \$808.35

2. Employee Name and Address.

ALEKSANDR GORBASHEV 10 K STREET SOUTHEAST APT 217 WASHINGTON DC 20003

@ 2023 ADP, Inc.

1	Wages, tips, other of 2713	omp. 91.52	2 Federa		tax withheld 55084.88
3	Social security was	es 00.00	4 Social	security	tax withheld 9932.40
5	Medicare wages an 2938	d tips 91.52	6 Medicare tax withheld 5106.4		
d	Control number	Dept.	Corp.	Emplo	yer use only
01	10070 ATLA/V2T	044112		Α	143
c	Employer's name, a	ddress, ar	nd ZIP cod	le	

Fold and Detach Here

SUPERNAL LLC 1101 16TH STREET NW WASHINGTON DC 20036

b	Employer's FED ID number 85-2684144	a E	mplo	yee's SS XXX-X	A number X- 0654
7	Social security tips	8 Allocated tips			
9		10 D	epen	dent care	benefits
11	Nonqualified plans	12a	Cı		443.97
14	Other	12b	Di	2	2500.00
		12c	Wi		3850.08
		12d	DD		8868.24
		13 St	at emp	Ret. plan	3rd party sick pay

ALEKSANDR GORBASHEV 10 K STREET SOUTHEAST **APT 217** WASHINGTON DC 20003

17 State income tax 21297.87 18 Local income tax 20 Locality name	15 State Employer's state ID no. 300100005998	16 State wages, tips, etc. 271391.52
10 Local income tay 20 Locality name	The second secon	18 Local wages, tips, etc.
19 Eddar income tax	19 Local income tax	20 Locality name

DC.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income

1	Wages, tips, other of	omp. 91.52	2	Federa	I income tax withheld 55084.88	
3	Social security wag	es 00.00	4	Social security tax withheld 9932.40		
5	Medicare wages an 2938	d tips 91.52	6	Medica	are tax withheld 5106.45	
d	Control number	Dept.		Corp.	Employer use only	
Λ 1	0070 ATLA /\/2T	044112			Δ 143	

Employer's name, address, and ZIP code

SUPERNAL LLC 1101 16TH STREET NW WASHINGTON DC 20036

b	Employer's FED ID number 85-2684144	a E	a Employee's SSA number XXX-XX-0654			
7	Social security tips	8 4	Alloca	ated tips		
9		10 D	eper	dent care	benefits	
11	Nonqualified plans	12a	С		443.97	
14	Other	12b	D	2	2500.00	
		12c	W		3850.08	
		12d	DD		8868.24	
		13 8	Stat en	np. Ret. plan	3rd party sick pay	
e/f	Employee's name, address a	nd ZI	P co	le		

ALEKSANDR GORBASHEV 10 K STREET SOUTHEAST **APT 217** WASHINGTON DC 20003

ETAC	15 D	C 300100005998	16	271391.52
00	17		18	Local wages, tips, etc.
A		21297.87		
010	19	Local income tax	20	Locality name
ĭ I			1	

DC.State Filing Copy Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Return.





034223 90042728002 5 01 01 1 0000 0 000 ALEKSANDR GORBASHEV 105 TUBEFLOWER IRVINE, CA 92618-0870

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For questions please call: 1-800-655-2265

		CORRECTED (if checked)		Date Printed 01/15/202	24	
PAYER'S name, street address, city or to ZIP or foreign postal code, and telephone	own, state or province, country,	Payer's RTN (optional)		OMB No. 1545-0112]	
CAPITAL ONE N.A. 1680 CAPITAL ONE DR MCLEAN, VA 22102		1 Interest income \$7,711.32	1	orm 1099-INT Rev. January 2022)	Interes	t Income
		2 Early withdrawal penalty		For calendar year 2023		
PAYER'S TIN 72-0210640	RECIPIENT'S TIN	3 Interest on U.S. Savings Bonds and Tr	easury o	obligations		Copy B
RECIPIENT'S name, street address (inclicity or town, state or province, country, as	uding apt. no.), nd ZIP or foreign postal code	4 Federal income tax withheld		5 Investment expenses		For Recipient This is important tax information and is
ALEKSANDR GORBASHEV 105 TUBEFLOWER IRVINE, CA 92618-0870		6 Foreign tax paid	7	7 Foreign country or U.S. posse	ssion	being furnished to the IRS. If you are required to file a return, a negligence penalty or
		8 Tax-exempt interest	9	9 Specified private activity bond	interest	other sanction may be imposed on you if this
		10 Market discount	1	11 Bond premium		income is taxable and the IRS determines that it has not been reported.
		12 Bond premium on Treasury obligation	s 1	13 Bond premium on tax-exemp	t bond	
Account number (see instructions) See Detail Below	FATCA filing requirement	14 Tax-exempt and tax credit bond CUSIP no.	15 Stat	te 16 State identification no.	17 State	tax withheld
Form 1099-INT (Rev. 1-2022)) (keep for your records)	www.irs.gov/Form1099INT		Department of the Treas	ury - Internal	Revenue Service
** See Details						

**	000	Data	
	oee	Detai	IIS.

Product Description	Account Number	Interest Income	Early Withdrawal Penalty	Fed Income Tax Withheld	State Income Tax Withheld
CHECKING	********5893	\$13.36			
SAVINGS	***********8260	\$2,081.52			
CD	**********1976	\$5,616.44			

\$7,711.32

Instructions for Recipient

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

Box 1. Shows the total unemployment compensation paid to you this year. Combine the box 1 amounts from all Forms 1099-G and report the total as income on the unemployment compensation line of your tax return. Except as explained below, this is your taxable amount. If you are married filing jointly, each spouse must figure his or her taxable amount separately. If you expect to receive these benefits in the future, you can ask the payer to withhold federal income tax from each payment. Or, you can make estimated tax payments. For details, see Form 1040-ES. If you made contributions to a governmental unemployment compensation program or to a governmental paid family leave program and received a payment from that program, the payer must issue a separate Form 1099-G to report this amount to you. If you itemize deductions, you may deduct your contributions on Schedule A (Form 1040) as taxes paid. If you do not itemize, you only need to include in income the amount that is in excess of your contributions.

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because: (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it should receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to Box 9 on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return instructions.

Box 3. Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for 2012 taxes.

Box 4. Shows backup withholding or withholding you requested on unemployment compensation, Commodity Credit Corporation (CCC) loans, or certain crop disaster payments. Generally, a payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows reemployment trade adjustment assistance (RTAA) payments you received. Include on Form 1040 on the "Other income" line. See the Form 1040 instructions.

Box 6. Shows taxable grants you received from a federal, state, or local government.

Box 7. Shows your taxable Department of Agriculture payments. If the payer shown is anyone other than the Department of Agriculture, it means the payer has received a payment, as a nominee, that is taxable to you, This may represent the entire agricultural subsidy payment received on your behalf by the nominee, or it may be your pro rata share of the original payment. See Pub. 225 and the Instructions for Schedule F (Form 1040) for information about where to report this income. Partnerships, see Form 8825 for how to report.

Box 8. If this box is checked, the amount in box 2 is attributable to an income tax that applies exclusively to income from a trade or business and is not a tax of general application. If taxable, report the amount in box 2 on Schedule C or F (Form 1040), as appropriate.

Box 9. Shows market gain on CCC loans whether repaid using cash or CCC certificates. See the Instructions for Schedule F (Form 1040).

Box 10a-11. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-G and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099g.

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PAYER'S Name, Address, City, Sta		1 Unemployme	ent compensation	OMB No. 2545-0120					
Government of the Distri	ct of Columbia	\$							
Office of the Chief Finan	cial Officer					Certain			
Office of Tax and Reven	ue	2 State or loc	al income tax	2023		Government			
1101 4th St, SW		refunds, cred							
Washington, DC 20024			,380.00	Form 1099-G		Payments			
PAYER'S Federal ID Number	RECIPIENT'S identification number	3 Box 2 amor	ant is for tax year	4 Federal income withhe	ld	Copy B			
536001131	***-**-0654		2022	\$		For Recipient			
Recipient's Name GORBASHEV A 10 K ST SE APT		5 RTAA paymo	ents	6 Taxable grants \$	This is important t information and is bei furnished to the Intern				
WASHINGTON	, DC 20003-0199	7 Agriculture \$	T	8 If checked, box 2 is tra business income	de or	negligence penalty or other			
y		9 Market gair	1			sanction may be imposed or you if this income is taxable and the IRS determines tha			
Account number		10a State	10b State identification	no. 11 State income tax wit	thheld	it has not been reported.			

Form 1099-G

(keep for your records)

www.irs.gov/form1099g

Department of the Treasury - Internal Revenue Service

Supernal 1101 16th Street NW Washington DC, DC 20036

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ALEKSANDR GORBASHEV 105 TUBEFLOWER IRVINE CA 92618-0870

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Form 1095-C		Employer-Provided Health Insura												rance Offer and								OMB No. 1545-2251					
		Coverage										age										0000					
Department of the		▶ Do not attach to your tax return. K										rn. Keep	for y	our r	eco	rds		ORRI	RECTED 2023								
Treasury Internal Revenue Serv	rvice				Go to	ww	w.irs.	gov/F	orm	1095C fo	or ins	structions	and th	e lates	st in	formatio	n.				gusti n				gen de		
PartI Emp	ployee			- 7										Ap	pli	cable	Lar	ge En	nploye	er Me	mber						
1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN) Aleksandr Gorbashev xxx-xx-0654										7	Name Superna		ploye	er			8 Employer identification number (EIN) 85-2684144										
3 Street address (including apartment no.) 105 Tubeflower											Street 1101 16		,	including W	aparti		10 Contact telephone number 202-568-9125										
4 City or town		5 State or province 6 Country and ZIP or foreign postal code								al 1	11 City or town 2 12 State of province								13 Country and ZIP or foreign postal code								
Irvine		CA					USA 92618						Washington DC						DC		United States 20036						
Part II Emp	ployee	Off	er and C	ove	rage)				Employ	yee	's Age	on Ja	nuar	y 1			Pla	an Sta	rt Moi	nth: 01						
14 Offer of	All 12 Mo	nths	Jan		Feb		Mar			Apr		May	Jun			Jul		Aug	Sept		Oct	Nov		Dec			
Coverage (enter required code)	1A																										
15 Employ ee Required Contribution (see	\$		\$	\$		\$	3		\$		\$		\$		\$		\$		\$	\$		\$		\$			
instructions)		_				+			-		_				_		-					_		+			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)				1.5																							
17 ZIP Code						1			1									V 11 1 1		7.0							
Part III Cove	ered Ir	ndiv	iduals ^{If}	Empl	loyer pro	ovide	ed se f	-insure	ed co	verage, cheo	ck the	e box and e	enter the	inform	ation	n for each	n individ	ual enrol	led in cov	erage, ir	cludingth	e empb	yee	Г			
(a) Name of covered indi				or other	ther TIN or				DOB (If SSN other TIN is	1 (d) Covered all 12						(e) Months of coverage										
name, middle initial, last name		(D)	(b) SSN or of			THE THY			ot av ailable)		months	Jan	Fe	eb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
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