2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records Control number Employer use only 070850 LOS2/NFT 464200

Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 **SEATTLE WA 98108**

Batch #03534

e/f Employee's name, address, and ZIP code

AYUSH RAWAT 88 CLIFTON PL **APT 722**

JI	ERSEY CITY NJ 073	304
b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-0639
1	Wages, tips, other comp.	2 Federal income tax withheld
	233859.33	44234.68
3	Social security wages	4 Social security tax withheld
	160200.00	9932.40
5	Medicare wages and tips	6 Medicare tax withheld
	248658.90	4043.48
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 C 253.12
14	Other	12b D 14799.57
	31.20 SDI	12c W 3916.43
	8189.34 RSU	12d AA 7548.85
		13 Stat emp Ret. plan 3rd party sick pay
15	State Employer's state ID no TOTAL STATE	. 16 State wages, tips, etc.
17	State income tax 18743.14	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

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

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.

Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2
252,375.81	252,375.81	252,375.81	252,375.81
253.12	253.12	253.12	253.12
14,799.57	N/A	N/A	14,799.57
558.86	558.86	558.86	558.86
3,411.17	3,411.17	3,411.17	3,411.17
N/A	88,458.90	N/A	N/A
233,859.33	160,200.00	248,658.90	233,859.33
	Compensation Box 1 of W-2 252,375.81 253.12 14,799.57 558.86 3,411.17 N/A	Compensation Box 1 of W-2 Wages Box 3 of W-2 252,375.81 252,375.81 253.12 253.12 14,799.57 N/A 558.86 558.86 3,411.17 3,411.17 N/A 88,458.90	Compensation Box 1 of W-2 Wages Box 3 of W-2 Wages Box 5 of W-2 252,375.81 252,375.81 252,375.81 253.12 253.12 253.12 14,799.57 N/A N/A 558.86 558.86 558.86 3,411.17 3,411.17 3,411.17 N/A 88,458.90 N/A

Note - Fringe benefits include: Other \$11.31

2. Employee Name and Address.

AYUSH RAWAT 88 CLIFTON PL APT 722 **JERSEY CITY NJ 07304**

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1	Wages, tips, other o	omp. 59.33	2 Federal income tax withheld 44234.68		
3	Social security wag 1602	es 00.00	4 Social	security tax withheld 9932.40	
5	Medicare wages and tips 248658.90		6 Medica	are tax withheld 4043.48	
d	Control number	Dept.	Corp.	Employer use only	
07	0850 LOS2/NFT	464200		Α	

Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a I	a Employee's SSA number XXX-XX-0639		
7	Social security tips	8 /	8 Allocated tips		ed tips
9		10 Dependent care benefits			
11	Nonqualified plans	12a	Se (e in	structions for box 12 253.12
14	Other	12b	ı	וכ	14799.57
	31.20 SDI	12c	1	N	3916.43
	8189.34 RSU	12d	Α	A	7548.85
		13 S	tat	emp	Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

AYUSH RAWAT 88 CLIFTON PL **APT 722 JERSEY CITY NJ 07304**

15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17 State income tax 18743.14	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Federal Fili	ng Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Retur

1	Wages, tips, other 2338	comp. 8 59.33	2 Federal income tax withheld 44234.68		
3	Social security was 1602	ges 200.00	4 Social security tax withheld 9932.40		
5	Medicare wages ar 2486	id tips 58.90	6 Medic	are tax withheld 4043.48	
d	Control number	Dept.	Corp.	Employer use only	
070850 LOS2/NFT 464200			Α		
o Employee's name address and ZID ands					

Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-0639		
7	Social security tips	8 Allocated to	ips	
9		10 Dependent care benefits		
11	Nonqualified plans	12a C	253.12	
14	Other	^{12b} D	14799.57	
	31.20 NY SDI	12c W	3916.43	
	8189.34 RSU	12d AA	7548.85	
		13 Stat emp. Ret.	plan 3rd party sick pay	

e/f Employee's name, address and ZIP code

AYUSH RAWAT 88 CLIFTON PL **APT 722** JERSEY CITY NJ 07304

15 State Employer's state ID no. NY 82-0544687	16 State wages, tips, etc. 233859.33
17 State income tax 18743.14	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
NY.State Re	erence Copy
W-2 Wage ar Statement Copy 2 to be filed with employee's State	ZUZ 5

1	Wages, tips, other c	omp. 59.33	2	Federa	l income tax withheld 44234.68
3	Social security wag 1602	es 00.00	4 Social security tax withheld 9932.40		
5	Medicare wages and tips 248658.90			Medica	are tax withheld 4043.48
d	Control number	Dept.		Corp.	Employer use only
07	0850 LOS2/NFT	464200			Α

c Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	аЕ	mp			A number (-0639
7	Social security tips	8 4	Allo	cate	ed tips	
9		10 C	ере	nde	ent care	benefits
11	Nonqualified plans	12a	С	ı		253.12
14	Other	12b	D	Ī	14	4799.57
	31.20 NY SDI	12c	W	'		3916.43
	8189.34 RSU	12d	AΑ	1		7548.85
		13 5	Stat e	mp	Ret. plan	3rd party sick pay

e/f Employee's name, address and ZIP code

AYUSH RAWAT 88 CLIFTON PL **APT 722 JERSEY CITY NJ 07304**

15 State	Employer's state ID no.	16 Stat	e wages, tips, etc.
NY	82-0544687		233859.33
17 State	income tax	18 Loc	al wages, tips, etc.
	18743.14		
19 Local	income tax	20 Loc	ality name

NY.State Filing Сору Wage and Tax

Statement Copy 2 to be filed with employee's State Income Tax Return

Employee	Сору					
W-2 Copy C for employee's record	2023 OMB No. 1545-0008					
Control number	Dept.	Corp.	Employer use only			
070850 LOS2/NFT	464200		Α			
Employer's name, address, and ZIP code AMAZON COM SERVICES LLC PO ROY 80726						

SEATTLE WA 98108

Batch #03534

e/f Employee's name, address, and ZIP code

AYUSH RAWAT 88 CLIFTON PL **APT 722**

J	ERSEY CITY NJ 07	304
b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-0639
1	Wages, tips, other comp.	2 Federal income tax withheld
3	Social security wages	4 Social security tax withheld
5	Medicare wages and tips	6 Medicare tax withheld
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 DD 7665.72
14	Other	12b
• •		12c
		12d
		13 Stat emp Ret. plan 3rd party sick par
15	State Employer's state ID no	o. 16 State wages, tips, etc.
17	State income tax	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

AYUSH RAWAT 88 CLIFTON PL APT 722 JERSEY CITY NJ 07304

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

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3 Social security wages

Wages, tips, other comp.

Medicare wages and tips

1	1 Wages, tips, other comp.			2 Federa	al income tax withheld
3	3 Social security wages			4 Social security tax withheld	
5	5 Medicare wages and tips			6 Medica	are tax withheld
d	Control number Dept.		Corp.	Employer use only	
07	070850 LOS2/NFT 464200				A
С	c Employer's name, address, and ZIP code				

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-0639		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a See instructions for box 12 DD 7665.72		
14	Other	12b		
		12c		
		12d		
		13 Stat emp. Ret. plan X 3rd party sick pay		
e/f	e/f Employee's name, address and ZIP code			

AYUSH RAWAT 88 CLIFTON PL **APT 722 JERSEY CITY NJ 07304**

15 State E	mployer's state II	no.	16 St	ate wages, tips, etc.	
17 State in	come tax		18 L c	ocal wages, tips, etc.	
19 Local in	ncome tax		20 Lc	cality name	
	Federal	Filir	ng	Сору	

Wage and Tax Statement

d	Contr	ol number	Dept.	Corp.	Employer use only			
070	0850	LOS2/NFT	464200		Α			
С	Empl	oyer's name, a	ıddress, aı	nd ZIP cod	e			
	AMAZON COM SERVICES LLC							
		PO BOX						
	,	SEATTLE	WA 9	8108				
b	Empl	oyer's FED ID 82-054468			yee's SSA number XXX-XX-0639			
7	Socia	I security tips		8 Alloca	ted tips			
9				10 Depen	dent care benefits			
11	Nonc	jualified plans		12a DD	7665.72			
14	Othe	r		12b				
				12c				
				12d				

e/f Employee's name, address and ZIP code

AYUSH RAWAT 88 CLIFTON PL **APT 722** JERSEY CITY NJ 07304

W

NY 82-0544687	5.16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
NV State Pr	eference Conv

I_ 2	Wage	and	Tax	20	12
<i> </i> - <u>_</u>	Statem	ent		OMB I	Į
2 to be filed with	omployee's	State Inco	mo Tov	OMB I	NO. 1

3	Social security wages		4 Social security tax withheld			
5	Medicare wages and tips		6 Medic	6 Medicare tax withheld		
d	Control number	Dept.	Corp.	Employ	er use only	
070	0850 LOS2/NFT	464200		Α		
С	Employer's name, a	iddress, ai	nd ZIP co	de		
	AMAZON PO BOX SEATTLE	80726		CES L	LC	
b	Employer's FED ID 82-054468			yee's SS/	A number (-0639	
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	***************************************	12a DD		7665.72	
14	Other		12b			
			12c			
			12d			
			13 Stat en	np. Ret. plan	3rd party sick pay	
e/f	Employee's name, a	address ar	nd ZIP cod	le		
88 Al	YUSH RAWA B CLIFTON PI PT 722 ERSEY CITY	Ĺ	304			
	State Employer's s IY 82-054468	tate ID no. 7	16 State	wages, tip	os, etc.	
17	State income tax		18 Local	wages, ti	ps, etc.	

20 Locality name

Сору

Filing

Statement

and Tax

4 Social security tax withheld

Wages, tips, other comp.

3 Social security wages

19 Local income tax

NY.State

Wage

2023 W-2 and EARNINGS SUMMARY

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

d Control number Dept. Corp. Employer use only 070850 LOS2/NFT 464200

c Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 **SEATTLE WA 98108**

Batch #03534

e/f Employee's name, address, and ZIP code

AYUSH RAWAT 88 CLIFTON PL **APT 722**

JERSEY CITY NJ 07304

J	EKSET CITT NO UT	304
b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-0639
1	Wages, tips, other comp.	2 Federal income tax withheld
	233859.33	44234.68
3	Social security wages	4 Social security tax withheld
	160200.00	9932.40
5	Medicare wages and tips	6 Medicare tax withheld
	248658.90	4043.48
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 C 253.12
14	Other	12b D 14799.57
١	31.20 NY SDI	12c W 3916.43
	8189.34 RSU	12d AA 7548.85
		13 Stat emp Ret. plan 3rd party sick pay
15	State Employer's state ID no	. 16 State wages, tips, etc.
ı	NJ 820544687/000	238334.62
17	State income tax	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

1	1 Wages, tips, other comp. 233859.33			Federa	l income tax withheld 44234.68
3	3 Social security wages 160200.00			Social	security tax withheld 9932.40
5 Medicare wages and tips 248658.90			6	Medica	are tax withheld 4043.48
d	Control number	Dept.		Corp.	Employer use only
07	0850 LOS2/NFT	464200			Α

c Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

a Employee's SSA number XXX-XX-0639
8 Allocated tips
10 Dependent care benefits
12a See instructions for box 12 C 253.12
12b D 14799.57
^{12c} W 3916.43
^{12d} AA 7548.85
13 Stat emp. Ret. plan 3rd party sick pay
1:

e/f Employee's name, address and ZIP code

AYUSH RAWAT 88 CLIFTON PL **APT 722 JERSEY CITY NJ 07304**

15 State NJ	Employer's state ID no. 820544687/000	16 State wages, tips, etc. 238334.62
17 State	income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	NJ.State Filir	',

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

NJ. State Wages, Tips, Etc. Box 16 of W-2

Gross Pay 252,375.81 Plus GTL (C-Box 12) 253.12 Less 401(k) (D-Box 12) 14.799.57 Less Other Cafe 125 N/A Less Cafe 125 HSA (W-Box 12) N/A Plus ER PAID HSA (W-Box 12) 505.26 Reported W-2 Wages 238,334.62

Note - Fringe benefits include: Other \$11.31

2. Employee Name and Address.

AYUSH RAWAT 88 CLIFTON PL APT 722 **JERSEY CITY NJ 07304**

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PAC	JE 4	4				
NJ.State	Сору					
W-2 Wage and Tax 2023						
Statement Copy 2 to be filed with employee's State Income Tax Return. Return.						
d Control number	Dept.	Corp.	Employer use only			
070850 LOS2/NFT	464200		Α			
c Employer's name, address, and ZIP code						
AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108						

Batch #03534

e/f Employee's name, address, and ZIP code **AYUSH RAWAT** 88 CLIFTON PL

APT 722 JERSEY CITY NJ 07304

JI			IT NJ U	SU	14				
b		82-054		а	Em			A numbe (-0639	r
1	Wage	s, tips, o	ther comp.	2	Fed	eral	income	tax with	neld
3	Socia	l security	wages	4	Soc	ial	security	tax withh	eld
5	Medic	are wage	es and tips	6	Med	lica	re tax wi	thheld	
7	Social	l security	tips	8	Allo	cate	ed tips		
9				10	Dep	end	lent care	benefits	
11	Nonqu	ualified p	lans		D	instr D	uctions fo	r box 12 7665.7	2
14	14 Other		12 12		+				
			12		+				
		13	Stat	emp	Ret. plan	3rd party s	ick pay		
			er's state ID n 4687/000	o. 16	Sta	e w	ages, tip	s, etc.	
17	State	income t	ax	18	Loc	al w	ages, tip	os, etc.	
19	Local	income t	ax	20) Loc	ality	/ name		

1	1 Wages, tips, other comp.		2 Federal income tax withheld		
3 Social security wages			4 Social security tax withheld		
5 Medicare wages and tips		6 N	/ledica	are tax withheld	
d	Control number	Dept.	С	orp.	Employer use only
07	0850 LOS2/NFT	464200			Α

c Employer's name, address, and ZIP code

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-0639			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a See i DD		ns for box 12 7665.72	
14	Other	12b			
		12c			
		12d			
		13 Stat em	p. Ret. plan X	3rd party sick pay	
of Employee's name address and 7ID code					

e/f Employee's name, address and ZIP code

AYUSH RAWAT 88 CLIFTON PL **APT 722 JERSEY CITY NJ 07304**

15 State NJ	Employer's state ID no. 820544687/000	16 State wages, tips, etc.
17 State	income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	NJ.State Filir	пд Сору

Statement OMB No. 1545-00

ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

AYUSH RAWAT 88 CLIFTON PL APT 722 **JERSEY CITY NJ 07304**

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Instructions for Employee

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 Form 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 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 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 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. 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 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

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

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 groupterm 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 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 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 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.

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.

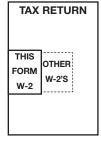
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. 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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



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 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 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 may be able to claim a refund on Form 843. See the Instructions for Form 843.

Department of the Treasury - Internal Revenue Service