

|  |                         |            |            |            |
|--|-------------------------|------------|------------|------------|
| <p>To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.</p> <p>General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document.</p> | Gross Wages             | 145550.48  | 145550.48  | 145550.48  |
|  | Txbl Benefits           | 77.40      | 77.40      | 77.40      |
|  | Group Term Life         | 73.32      | 73.32      | 73.32      |
|  | Adoption                |            |            |            |
|  | Deferred Comp           | (4349.95)  |            |            |
|  | Section 125             | (11108.18) | (11108.18) | (11108.18) |
|  | Other Pretax/Wage Limit |            |            |            |
| W-2 Wages  | 130243.07               | 134593.02  | 134593.02  |            |

|  |  |  |                                |  |  |   |  |
|--|--|--|--------------------------------|--|--|---|--|
| a Employee's social security number<br>790-96-4575   |  | b Employer identification number (EIN)<br>65-0852445 |                                | d Control number<br>000091203101   |  | OMB No. 1545-0008                               |  |
| c Employer's name, address, and ZIP code<br><br>LexisNexis Risk Data Mgt LLC<br>313 Washington Street<br>Suite 400<br>Newton MA 02458-1626 |  |  |                                | 1 Wages, tips, other compensation<br>130243.07   |  | 2 Federal income tax withheld<br>12742.35       |  |
|  |  |  |                                | 3 Social security wages<br>134593.02   |  | 4 Social security tax withheld<br>8344.77       |  |
|  |  |  |                                | 5 Medicare wages and tips<br>134593.02   |  | 6 Medicare tax withheld<br>1951.60              |  |
| e Employee's first name and initial<br>Sri Vijaya Durga Sai P  |  | Last name<br>Palakurthi                              |                                | Suff.<br>  |  | 7 Social security tips                          |  |
| 5170 NORTHVIEW LK<br>CUMMING GA 30040<br>USA   |  |  |                                |  |  | 8 Allocated tips                                |  |
| f Employee's address and ZIP code  |  |  |                                | 9  |  | 10 Dependent care benefits                      |  |
|  |  |  |                                | 11 Nonqualified plans  |  | 12a See instructions for box 12<br>Code C 73.32 |  |
| 15 State<br>GA   | Employer's state ID Number<br>2106604-XL | 16 State wages, tips, etc.<br>130243.07              | 17 State income tax<br>6067.34 | 13 Statutory Retirement Third-party<br>employee plan sick Pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b Code D 4349.95                              |  |
| 18 Local wages, tips, etc.   |  | 19 Local income tax                                  | 20 Locality name               | 14 Other   |  | 12c Code W 5025.00                              |  |
|  |  |  |                                |  |  | 12d Code AA 4349.96                             |  |

Form W-2 Wage and Tax Statement  
Copy C—For EMPLOYEE'S RECORDS

2023

Department of the Treasury—Internal Revenue Service  
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.

|  |  |  |                                |  |  |   |  |
|--|--|--|--------------------------------|--|--|---|--|
| a Employee's social security number<br>790-96-4575   |  | b Employer identification number (EIN)<br>65-0852445 |                                | d Control number<br>000091203101   |  | OMB No. 1545-0008                               |  |
| c Employer's name, address, and ZIP code<br><br>LexisNexis Risk Data Mgt LLC<br>313 Washington Street<br>Suite 400<br>Newton MA 02458-1626 |  |  |                                | 1 Wages, tips, other compensation<br>130243.07   |  | 2 Federal income tax withheld<br>12742.35       |  |
|  |  |  |                                | 3 Social security wages<br>134593.02   |  | 4 Social security tax withheld<br>8344.77       |  |
|  |  |  |                                | 5 Medicare wages and tips<br>134593.02   |  | 6 Medicare tax withheld<br>1951.60              |  |
| e Employee's first name and initial<br>Sri Vijaya Durga Sai P  |  | Last name<br>Palakurthi                              |                                | Suff.<br>  |  | 7 Social security tips                          |  |
| 5170 NORTHVIEW LK<br>CUMMING GA 30040<br>USA   |  |  |                                |  |  | 8 Allocated tips                                |  |
| f Employee's address and ZIP code  |  |  |                                | 9  |  | 10 Dependent care benefits                      |  |
|  |  |  |                                | 11 Nonqualified plans  |  | 12a See instructions for box 12<br>Code C 73.32 |  |
| 15 State<br>GA   | Employer's state ID Number<br>2106604-XL | 16 State wages, tips, etc.<br>130243.07              | 17 State income tax<br>6067.34 | 13 Statutory Retirement Third-party<br>employee plan sick Pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b Code D 4349.95                              |  |
| 18 Local wages, tips, etc.   |  | 19 Local income tax                                  | 20 Locality name               | 14 Other   |  | 12c Code W 5025.00                              |  |
|  |  |  |                                |  |  | 12d Code AA 4349.96                             |  |

Form W-2 Wage and Tax Statement  
Copy B—To Be Filed With Employee's FEDERAL Tax Return.

2023

Department of the Treasury - Internal Revenue Service

|  |  |  |                                |  |  |   |  |
|--|--|--|--------------------------------|--|--|---|--|
| a Employee's social security number<br>790-96-4575   |  | b Employer identification number (EIN)<br>65-0852445 |                                | d Control number<br>000091203101   |  | OMB No. 1545-0008                               |  |
| c Employer's name, address, and ZIP code<br><br>LexisNexis Risk Data Mgt LLC<br>313 Washington Street<br>Suite 400<br>Newton MA 02458-1626 |  |  |                                | 1 Wages, tips, other compensation<br>130243.07   |  | 2 Federal income tax withheld<br>12742.35       |  |
|  |  |  |                                | 3 Social security wages<br>134593.02   |  | 4 Social security tax withheld<br>8344.77       |  |
|  |  |  |                                | 5 Medicare wages and tips<br>134593.02   |  | 6 Medicare tax withheld<br>1951.60              |  |
| e Employee's first name and initial<br>Sri Vijaya Durga Sai P  |  | Last name<br>Palakurthi                              |                                | Suff.<br>  |  | 7 Social security tips                          |  |
| 5170 NORTHVIEW LK<br>CUMMING GA 30040<br>USA   |  |  |                                |  |  | 8 Allocated tips                                |  |
| f Employee's address and ZIP code  |  |  |                                | 9  |  | 10 Dependent care benefits                      |  |
|  |  |  |                                | 11 Nonqualified plans  |  | 12a See instructions for box 12<br>Code C 73.32 |  |
| 15 State<br>GA   | Employer's state ID Number<br>2106604-XL | 16 State wages, tips, etc.<br>130243.07              | 17 State income tax<br>6067.34 | 13 Statutory Retirement Third-party<br>employee plan sick Pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b Code D 4349.95                              |  |
| 18 Local wages, tips, etc.   |  | 19 Local income tax                                  | 20 Locality name               | 14 Other   |  | 12c Code W 5025.00                              |  |
|  |  |  |                                |  |  | 12d Code AA 4349.96                             |  |

Form W-2 Wage and Tax Statement  
Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return

2023

Department of the Treasury - Internal Revenue Service



