2023 W-2 and EARNINGS SUMMARY 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 Social Security Medicare NC. State Wages. Compensation Wages Tips, Etc. Box 3 of W-2 Box 5 of W-2 Box 16 of W-2 Gross Pay 100,467.84 100.467.84 100 467 84 100.467.84 Plus GTL (C-Box 12) 105.60 105.60 105.60 105.60 Less Misc. Non Taxable Comp. 105.60 105.60 105.60 105.60 Less Other Cafe 125 1.408.00 1,408.00 1,408,00 1.408.00 Less Cafe 125 HSA (W-Box 12) 25.08 25.08 25.08 25.08 Less Exempt Wages N/A 99,034.76 99.034.76 N/A Reported W-2 Wages 99 034 76 0.00 0.00 99,034.76 Note - Fringe benefits include: Other \$87.60 2. Employee Name and Address. ARUSHI KULSHRESHTH 4700 RIVERWOOD CIRCLE APARTMENT 139 RALEIGH NC 27612 © 2023 ADP. Inc Fold and Detach Here → Wages, tips, other comp 2 Federal income tax withheld Wages, tips, other comp. 2 Federal income tax withheld 99034.76 14526.61 99034.76 14526 61 3 Social security wages 4 Social security tax withheld Social security wages 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld 5 Medicare wages and tips 6 Medicare tax withheld d Control number Dept Employer use only Dept. Corp. Employer use only 016422 L0S2/J3S 002010 996 Α 016422 L0S2/J3S 002010 A Employer's name, address, and ZIP code Employer's name, address, and ZIP code EXTREME NETWORKS INC EXTREME NETWORKS INC 2121 RDU CENTER DR 300 MORRISVILLE NC 27560 2121 RDU CENTER DR 300 MORRISVILLE NC 27560 Employer's FED ID number 77-0430270 a Employee's SSA number XXX-XX-9883 Employer's FED ID number 77-0430270 a Employee's SSA number XXX-XX-9883

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5 State Employer's state ID no. 16 State wages, tips, etc. NC 600235910 99034.76

Federal Filing Copy

2 Wage and Tax Statement

o be filed with employee's Federal Income Tax Return.

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

4700 RIVERWOOD CIRCLE

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ARUSHI KULSHRESHTH

APARTMENT 139

17 State income tax

19 Local income tax

RALFIGH NC 27612

Employee Reference Copy 2 Wage and Tax 2

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a Employee's SSA number

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12a See instructions for box 12

18 Local wages, tips, etc.

20 Locality name

8 Allocated tips 10 Dependent care benefits

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15 State Employer's state ID no. 16 State wages, tips, etc

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Statement

Employer's name, address, and ZIP code EXTREME NETWORKS INC 2121 RDU CENTER DR 300 MORRISVILLE NC 27560

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

ARUSHI KULSHRESHTH

APARTMENT 139

RALEIGH NC 27612

Wages, tips, other comp

b Employer's FED ID number 77-0430270

Social security wages

5 Medicare wages and tips

Social security tips

11 Nonqualified plans

NC 600235910

17 State income tax

14 Other

4700 RIVERWOOD CIRCLE

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NC.State Filing Copy

2 Wage and Tax Statement

8 Allocated tips

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20 Locality name

10 Dependent care benefits

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Social security tips

11 Nonqualified plans

14 Other

19 Local income tax NC.State Reference Copy W-2 Wage and Tax 2023
Statement
Copy 2 to be filled with employee's State Income Tax Reliand. No. 1546-0000 Copy 2 to be filed with employee's State In

Form 1	0	1	9!	5-C	
Departme	ent	of	the	Treasury	

Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax rotum. Keep for your records. Go to www.irs.gov/Form/1095C for instructions and the latest information.

☐ VOID

Applicable Large Employer Member (Employer)

600120 OMB No. 1545-2251

CORRECTED 2023

Part I Employee 8 Employer identification number (EIN) 2 Social security number (SSN) 7 Name of employer 1 Name of employee (first name, middle initial, last name) 77-0430270 Extreme Networks XXX-XX-9883 Kulshreshth Arushi 10 Contact telephone number 9 Street address (including room or suite no.) 919-447-7386 3 Street address (including apartment no.) 2121 Rdu Center Dr 4700 Riverwood Circle, Apartment 139 13 Country and ZIP or foreign postal code 12 State or province 11 City or town 5 State or province 6 Country and ZIP or foreign postal code 4 City or Town 27560 NC Morrisville 27612 NC Raleigh Plan Start Month (Enter 2-digit number): 01 Employee's Age on January 1 Employee Offer of Coverage Part II Nov Dec Sept May June July Apr All 12 Months Mar 1E 1E 1E 1E 14 Offer of 1E 1E 1E 1E 1F 1H 1H 1E required code) 15 Employee \$ 112.00 | \$ 112.00 | \$ 112.00 | \$ 112.00 | \$ 112.00 | \$ 112.00 | \$ 112.00 | \$ 112.00 | \$ 112.00 | \$ 112.00 Required Contribution (see \$ \$ \$ instructions) 2C 16 Section 4980H 2C 2C 20 2C 20 2C 2C 2C 2C Safe Harbor and 2A 20 Other Relief fente code, if applicable) If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. Part III (e) Months of Coverage (c) DOB (II SSN (d) Covered (a) Name of covered individual(s) (b) SSN or other TIN or other TIN is Sept Nov Dec June July Aug all 12 months Mar Apr Jan Feb First name, middle initial, last name not available) × × × × × × × x × × × XXX-XX-9883 Kulshreshth Arushi 18 П