



W-2 Wage and Tax Statement				2023	
OMB No. 1545-0048					
Copy 2 to employer's records					
d Control number	Dept.	Corp.	Employer use only		
016422	LOS2/J3S	002010	A 996		
c Employer's name, address, and ZIP code					
EXTREME NETWORKS INC 2121 RDU CENTER DR 300 MORRISVILLE NC 27560					
Batch #03176					
e1 Employee's name, address, and ZIP code					
ARUSHI KULSHRESHTH 4700 RIVERWOOD CIRCLE APARTMENT 139 RALEIGH NC 27612					
b Employer's FED ID number	a Employee's SSA number				
77-0430270	XXX-XX-9883				
1 Wages, tips, other comp.	2 Federal income tax withheld				
99034.76	14526.61				
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				
	C 105.60				
14 Other	12b W 712.58				
	12c DD 12120.02				
	12d				
	13 Stat emp./Ret. plan/3rd party sick pay				
15 State [Employer's state ID no.]	16 State wages, tips, etc.				
NC 600235910	99034.76				
17 State income tax	18 Local wages, tips, etc.				
4198.00					
19 Local income tax	20 Locality name				

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	NC State Wages, Tips, Etc. 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

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Federal Filing Copy
W-2 Wage and Tax Statement
OMB No. 1545-0048

NC State Reference Copy
W-2 Wage and Tax Statement
OMB No. 1548-0008

NC State Filing Copy
W-2 Wage and Tax Statement
OMB No. 1548-0008

Form **1095-C**

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

2023

Part I Employee				Applicable Large Employer Member (Employer)									
1 Name of employee (first name, middle initial, last name) Arushi Kulshreshth				2 Social security number (SSN) XXX-XX-9883				7 Name of employer Extreme Networks				8 Employer identification number (EIN) 77-0430270	
3 Street address (including apartment no.) 4700 Riverwood Circle, Apartment 139				9 Country and ZIP or foreign postal code 27612				5 Street address (including room or suite no.) 2121 Rdu Center Dr				10 Contact telephone number 919-447-7386	
4 City or town Raleigh		5 State or province NC		6 Country and ZIP or foreign postal code 27612		11 City or town Morrisville		12 State or province NC		13 Country and ZIP or foreign postal code 27560			

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
\$	\$	\$	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00
2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

17 ZIP Code

Part II Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18 Arushi Kulshreshth	XXX-XX-9883		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>