

f Employee's address and ZIP code		16 State wages, tips, etc.		17 State income tax		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b Code W 379.08	
18 State NC Employee's state ID Number 601002087		70206.14		3071.00				12c Code DD 3603.00	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		14 Other		12d Code	

Form W-2 Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of Copy B.)

2023

Department of the Treasury - Internal Revenue Service

a Employee's social security number XXX-XX-0005		b Employer identification number (EIN) 46-4958214		d Control number 002107123101		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. OMB No. 1545-0008			
c Employer's name, address, and ZIP code PricewaterhouseCoopers Advisory Services LLC 4040 W Boy Scout Blvd Tampa FL 33607 USA						1 Wages, tips, other compensation 70206.14		2 Federal income tax withheld 11361.06	
						3 Social security wages		4 Social security tax withheld	
						5 Medicare wages and tips		6 Medicare tax withheld	
e Employee's first name and initial ABHIJAY SHUKLA 39 High street APT-304 Jersey City NJ 07306 USA						Last name		7 Social security tips	
						9		8 Allocated tips	
						11 Nonqualified plans		10 Dependent care benefits	
f Employee's address and ZIP code						12a See instructions for box 12 Code D 882.92			
18 State NC Employee's state ID Number 601002087		16 State wages, tips, etc. 70206.14		17 State income tax 3071.00		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b Code W 379.08	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		14 Other		12c Code DD 3603.00	
								12d Code	

Form W-2 Wage and Tax Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2023

Department of the Treasury - Internal Revenue Service

a Employee's social security number XXX-XX-0005		b Employer identification number (EIN) 46-4958214		d Control number 002107123101		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. OMB No. 1545-0008			
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						3 Social security wages		4 Social security tax withheld	
						5 Medicare wages and tips		6 Medicare tax withheld	
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						9		8 Allocated tips	
						11 Nonqualified plans		10 Dependent care benefits	
f Employee's address and ZIP code						12a See instructions for box 12 Code D 882.92			
18 State NC Employee's state ID Number 601002087		16 State wages, tips, etc. 70206.14		17 State income tax 3071.00		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b Code W 379.08	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		14 Other		12c Code DD 3603.00	
								12d Code	

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

2023

Department of the Treasury - Internal Revenue Service

a Employee's social security number		b Employer identification number (EIN)		d Control number		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.			
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PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

BNY MELLON DISBURSEMENT AGENT
PRICE WATERHOUSE COOPERS
P O BOX 569
PITTSBURGH, PA 15230

Customer service telephone number: 800-418-0273

RECIPIENT'S name and address

PRI11T

73 - 21398
7

ABHIJAY SHUKLA
39 HIGH ST APT 304
JERSEY CITY NJ 07306-2360



1	Gross distribution	2a	Taxable amount	OMB No. 1545-0119	
	\$ 1,425.37		\$	2023	
2b	Taxable amount not determined		Total distribution <input checked="" type="checkbox"/>	Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <small>This information is being furnished to the Internal Revenue Service.</small>	
3	Capital gain (included in box 2a)	4	Federal income tax withheld		
	\$		\$		
5	Employee contributions / Designated Roth contributions or insurance premiums	6	Net unrealized appreciation in employer's securities		
	\$		\$		
7	Distribution code(s)	IRA/SEP/SIMPLE	8	Other	
	G	<input type="checkbox"/>			
9a	Your percentage of total distribution	9b	Total employee contributions	COPY C For Recipient's Records	
	%		\$		
10	Amount allocable to IRR within 5 years	11	1st year of desig. Roth contrib.	12	FATCA filing requirement
	\$				<input type="checkbox"/>
14	State tax withheld	15	State/Payer's state no.	16	State distribution
	\$		NJ/251-926-855/000		\$
17	Local tax withheld	18	Name of locality	19	Local distribution
	\$				\$

PAYER'S Federal ID number	RECIPIENT'S ID number	Account number (see instructions)	13	Date of Payment
25-1926855	XXX-XX-0005	PRI11T 030000		

FORM 1099-R

(keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

BNY MELLON DISBURSEMENT AGENT
PRICE WATERHOUSE COOPERS
P O BOX 569
PITTSBURGH, PA 15230

Customer service telephone number: 800-418-0273

RECIPIENT'S name and address

ABHIJAY SHUKLA
APT - 304
39 HIGH STREET
JERSEY CITY NJ 07306

1	Gross distribution	2a	Taxable amount	OMB No. 1545-0119	
	\$ 1,425.37		\$	2023	
2b	Taxable amount not determined		Total distribution <input checked="" type="checkbox"/>	Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
3	Capital gain (included in box 2a)	4	Federal income tax withheld		
	\$		\$		
5	Employee contributions / Designated Roth contributions or insurance premiums	6	Net unrealized appreciation in employer's securities		
	\$		\$		
7	Distribution code(s)	IRA/SEP/SIMPLE	8	Other	
	G	<input type="checkbox"/>			
9a	Your percentage of total distribution	9b	Total employee contributions	COPY 2 File this copy with your state, city, or local income tax return, when required.	
	%		\$		
10	Amount allocable to IRR within 5 years	11	1st year of desig. Roth contrib.	12	FATCA filing requirement
	\$				<input type="checkbox"/>
14	State tax withheld	15	State/Payer's state no.	16	State distribution
	\$		NJ/251-926-855/000		\$
17	Local tax withheld	18	Name of locality	19	Local distribution
	\$				\$

PAYER'S Federal ID number	RECIPIENT'S ID number	Account number (see instructions)	13	Date of Payment
25-1926855	XXX-XX-0005	PRI11T 030000		

FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

BNY MELLON DISBURSEMENT AGENT
PRICE WATERHOUSE COOPERS
P O BOX 569
PITTSBURGH, PA 15230

Customer service telephone number: 800-418-0273

RECIPIENT'S name and address

ABHIJAY SHUKLA
APT - 304
39 HIGH STREET
JERSEY CITY NJ 07306

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	\$		\$		
5	Employee contributions / Designated Roth contributions or insurance premiums	6	Net unrealized appreciation in employer's securities		
	\$		\$		
7	Distribution code(s)	IRA/SEP/SIMPLE	8	Other	
	G	<input type="checkbox"/>			
9a	Your percentage of total distribution	9b	Total employee contributions	COPY B Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return.	
	%		\$		
10	Amount allocable to IRR within 5 years	11	1st year of desig. Roth contrib.	12	FATCA filing requirement
	\$				<input type="checkbox"/>
14	State tax withheld	15	State/Payer's state no.	16	State distribution
	\$		NJ/251-926-855/000		\$
17	Local tax withheld	18	Name of locality	19	Local distribution
	\$				\$

PAYER'S Federal ID number	RECIPIENT'S ID number	Account number (see instructions)	13	Date of Payment
25-1926855	XXX-XX-0005	PRI11T 030000		

FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service