f Employee's address and ZIP code					Code D 882.92	
15 State Employer's state ID Number NC 601002087	16 State wages, tips, etc. 70206.14	17 State i	3071.00	13 Statutory Retirement Third-party sick pay	Code W 379.0	
8 Local wages, tips, etc.	19 Local income tax	20 Localit	ly name	14 Other	Code DD 3603.0 12d Code	
orm W-2 Wage and Tax Statemen ppy C—For EMPLOYEE'S RECORDS se Notice to Employee on the back of Cop			202	This before the being Runished to the Internal	partment of the Treasury - Internal Revenue Se Revenue Service. If you are required to file a tax return, a negli	
Employee's social security number XXX-XX-0005	46-4958214		002107123101	penalty or other sanction may be imposed on you	f this income is taxable and you fail to report it. OMB No. 1545-0	
Employer's name, address, and ZIP co PricewaterhouseCoopers			er e	1 Wages, tips, other compensation 70206.14	2 Federal income tax withheld 11361.0	
4040 W Boy Scout Blvd			3 Social security wages	4 Social security tax withheld		
Tampa FL 33607 USA				5 Medicare wages and tips	6 Medicare tax withheld	
Employee's first name and initial ABHIJAY SHUKLA 39 High street APT-304	Last name		Suff.	7 Social security tips	8 Allocated tips 10 Dependent care benefits	
Jersey City NJ 0730 USA f Employee's address and ZIP code	College and the color and			11 Nonqualified plans 13 Statutory Retirement Third-party	12a See instructions for box 12 Code D 882.92	
15 State Employer's state ID Number	16 State wages, tips, etc. 70206.14	17 State I	3071.00	employee plan sick pay	Code W 379.08	
18 Local wages, tips, etc.	19 Local income tax	20 Localii	ty name	14 Other	Code DD 3603.00	
Form W-2 Wage and Tax Stateme Copy B—To Be Filed With Employee's F This information is being furnished to the	EDERAL Tax Return.		2023	3	artment of the Treasury - Internal Revenue Servi	
a Employee's social security number XXX-XX-0005	b Employer identification number (EIN) 46-4958214		d Control number 002107123101	penalty or other sanction may be imposed on you if	OMB No. 1545-000	
c Employer's name, address, and ZIP co PricewaterhouseCoopers	ode Advisory Services LLC			1 Wages, tips, other compensation 70206.14	2 Federal income tax withheld 11361.06	
4040 W Boy Scout Blvd				3 Social security wages	4 Social security tax withheld	
Tampa FL 33607 USA				5 Medicare wages and tips	6 Medicare tax withheld	

e Employee's first name and initial Last name Suff. 7 Social security tips 8 Allocated tips SHUKLA ABHIJAY 39 High street 10 Dependent care benefits APT-304 Jersey City NJ 07306 12a See instructions for box 12 11 Nonqualified plans Code D 882.92 f Employee's address and ZIP code 12b Statutory Retirement Third-party Employer's state ID Number 16 State wages, tips, etc. 17 State income tax 379.08 employee plan sick pay 601002087 70206.14 3071.00 × 12c 3603.00 20 Locality name 19 Local income tax 14 Other 18 Local wages, tips, etc. Code Department of the Treasury - Internal Revenue Service

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 Rever

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	1 Gross distribution	2a Taxable amount	OMB No. 1545-011
BNY MELLON DISBURSEMENT AGENT	\$ 1,425.37		202: Form 1099-F
PRICE WATERHOUSE COOPERS	2b Taxable amount not determined	Total distribution X	Distribution
P O BOX 569	3 Capital gain	4 Federal income	From Pensions Annuities
PITTSBURGH, PA 15230	(Included in box 2a)	tax withheld	Retirement of
Customer service telephone number: 800-418-0273	\$ 5 Employee contributions	\$ 6 Net unrealized appreciation	Profit-Sharin
	/Designated Roth	in employer's securities	Plans, IRAs Insuranc
RECIPIENT'S name and address	contributions or		Contracts, etc
	Insurance premiums		This information is being furnished to the Intern
	\$ 7 Distribution IRA/ 8	S Other	Revenue Servic
PRI11T	code(s) SEP/	Other	COPY C
	SIMPLE		For
86	G S	9b Total employee	Recipient's
ABHIJAY SHUKLA	9a Your percentage of total distribution	contributions	Records
39 HIGH ST APT 304	%	\$	
Fr JERSEY CITY NJ 07306-2360	10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement
գիլիկրդիոցիիիիիիրկիրենիրիկիրհերկիի	e	Hour contrib.	
	14 State tax withheld	15 State/Payer's state no. 1	6 State distributio
	s	NJ/251-926-855/000 S	
PAYER'S Federal ID number RECIPIENT'S ID number Account number (see instructions) 13 Date of Paymer 25-1926855 XXX-XX-0005 PRIIIT 030000	nt 17 Local tax withheld	18 Name of locality 1	9 Local distributio
25-1926855 XXX-XX-0005 PRI11T 030000 FORM 1099-R (keep for your records) www.irs.gov/form1099r	5 Danatesa	t of the Treasury - Interna	al Bevenue Sendar
www.irs.gov/form1099r	Departmen	it of the Treasury - Intern	ai Neveriue Service
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	1 Gross distribution	2a Taxable amount	OMB No. 1545-01
BNY MELLON DISBURSEMENT AGENT	\$ 1,425.37	s	202
PRICE WATERHOUSE COOPERS	2b Taxable amount not determined	Total X	Form 1099-I
P O BOX 569	3 Capital gain	4 Federal income	From Pensions
PITTSBURGH, PA 15230	(Included in box 2a)	tax withheld	Annuities Retirement o
Customer service telephone number: 800-418-0273	5 Employee contributions	S 6 Net unrealized appreciation	Profit-Sharing
	/Designated Roth	in employer's securities	Plans, IRAs Insurance
RECIPIENT'S name and address	contributions or insurance premiums		Contracts, etc.
	s	\$	
	7 Distribution IRA/ 8 (Other	COPY 2
	code(s) SEP/ SIMPLE		File this copy
	G Ds	%	with your state, city, or local
	9a Your percentage of	nh Total employee	income tax
ABHIJAY SHUKLA	total distribution	contributions \$	return, when required.
APT - 304 39 HIGH STREET		11 1st year of desig.	12 FATCA filing
JERSEY CITY NJ 07306	IRR within 5 years	Roth contrib.	requirement
021022 0212 110 07000	\$		
	14 State tax withheld	15 State/Payer's state no. 16	State distribution
PAYER'S Federal ID number RECIPIENT'S ID number Account number (see instructions) 13 Date of Paymen	t 17 Local tax withheld	NJ/251-926-855/000 \$ 18 Name of locality 11	9 Local distribution
25-1926855 XXX-XX-0005 PRI11T 030000	\$	s	- and and another dead
FORM 1099-R www.irs.gov/form1099r	Departmen	t of the Treasury - Interna	Il Revenue Service
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	-		
PAYER'S name, street address, city or town, state or province, country, and zir or foreign postal code	1 Gross distribution	2a Taxable amount	OMB No. 1545-01 202
BNY MELLON DISBURSEMENT AGENT	2b Taxable amount not determined	Total (1)	Form 1099-
PRICE WATERHOUSE COOPERS P O BOX 569	not determined	Total X	Distribution From Pensions
PITTSBURGH, PA 15230	3 Capital gain (Included in box 2a)	4 Federal income tax withheld	Annuities
Customer service telephone number: 800-418-0273	\$	\$	Retirement of Profit-Sharing
	5 Employee contributions /Designated Roth	6 Net unrealized appreciation in employer's securities	Plans, IRAs
RECIPIENT'S name and address	contributions or insurance premiums		Contracts, etc.
	e		This information is being furnished to the Interna Revenue Service.
	7 Distribution IRA/ 8	Other	
	code(s) SEP/ SIMPLE		COPY B
	G S	04	Report this income on your federal tax return,
	9a Your percentage of	9b Total employee	your federal tax return, If this form shows federal income tax withheld in Box 4, attach this copy
ABHIJAY SHUKLA	total distribution	contributions	Box 4, attach this copy to your return,
APT - 304	10 Amount allocable to	11 1st year of desig.	12 FATCA filing
39 HIGH STREET	IRR within 5 years	Roth contrib.	requirement
JERSEY CITY NJ 07306	\$		
	14 State tax withheld	15 State/Payer's state no. 16	State distribution
PAYER'S Federal ID number RECIPIENT'S ID number Account number (see instructions) 13 Date of Payment	1 17 Local tax withheld	NJ/251-926-855/000 \$ 18 Name of locality 19	Local distribution
25-1926855 XXX-XX-0005 PRI11T 030000	\$	S	
FORM 1099-R www.irs.gov/form1099r	Department	of the Treasury - Internal	Revenue Service