Driver

Form W-2 W	Vage and Tax Statement		
Copy C - For EMPLO	YEE'S RECORDS 2023		
This information is being furnished to the to file a tax return, a negligence penalty or imposed on you if this income is taxable a	r other sanction may be Department of Treasury -		
Control number 0Y024 RG9	3 00153		
Employer's name, address, and ZIP code			
WRAPLIFY LLC 179 KERRY CMN FREMONT CA 945	536		
Employee's name, address, and ZIP code			
	EDDY GANTA		
3560 FLORA V			
SANTA CLARA (CA 95051		
36585.3	9 3549.61		
1 Wages, tips, other comp.			
36585.3			
3 Social security wages	4 Social security tax withheld		
36585.3	· ·		
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 DD 1985.85		
	12b		
13 Statutory Retirement Third-party sick pay	120		
	12d		
Employee's social security n 742-56-4008	o. 14 CASDI 329.27		
Employer ID number (EIN) 85-1887397			
15 St. Employer's state ID number	16 State wages, tips, etc. 17 State income tax		
CA 13895990	36585.39 1273.37		
18 Local wages, tips, etc.	19 Local income tax 20 Locality name		

Wage and Tax Statement

00153

5053

OMB No. 1545-0008 Department of Treasury -Internal Revenue Service

3549.61

2268.29

530.49

1985.85

329.27

1273.37

20 Locality name

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

10 Dependent care benefits

16 State wages, tips, etc. 17 State income tax

8 Allocated tips

12a DD

12b

12c 12d

14

CASDI

36585.39

19 Local income tax

Form W-2

Copy B — To Be Filed With

WRAPLIFY LLC 179 KERRY CMN FREMONT CA 94536

ovee's name, address, and ZIP code

3 Social security wages

7 Social security tips

11 Nongualified plans

13 Statutory Retirement plan

Employee's social security no.

742-56-4008

Employer ID number (EIN) 85-1887397 15 St. Employer's state ID number

CA 13895990

18 Local wages, tips, etc.

9

5 Medicare wages and tips

RAJASEKHAR REDDY GANTA 3560 FLORA VISTA AVE # 322

SANTA CLARA CA 95051

36585.39 Wages, tips, other comp.

36585.39

36585.39

Third-party sick pay

Employer's name, address, and ZIP code

Employee's FEDERAL Tax Return. This information is being furnished to the IRS. Control number 0Y024 RG93

	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages and Tips
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
Gross Pay	\$38,013.23	\$38,013.23	\$38,013.23
Less: Non-Taxable Earnings	\$0.00	\$0.00	\$0.00
Less: Retirement Deductions	\$0.00	N/A	N/A
Less: Other Pre-tax Deductions	(\$1,427.84)	(\$1,427.84)	(\$1,427.84)
Less: Third Party Sick Pay	\$0.00	\$0.00	\$0.00
Less: Excess Wages	N/A	\$0.00	N/A
Total Reported Wages	\$36,585.39	\$36,585.39	\$36,585.39
Tax Withheld	Fed Income	Social Security	Medicare
	Box 2 of W-2	Box 4 of W-2	Box 6 of W-2
	\$3,549.61	\$2,268.29	\$530.49

\$1,273.37

2023 W-2 and Earnings Summary

	CA State Wages, Tips, etc. Box 16 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay	\$38,013.23 \$0.00 \$0.00 (\$1,427.84) \$0.00
Total Reported Wages	\$36,585.39
	CA State Income Tax Box 17 of W-2

Tax Withheld

RAJASEKHAR REDDY GANTA 3560 FLORA VISTA AVE # 322 SANTA CLARA, CA 95051

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2 V	lag	ge and T	ax	Statement	
Copy 2 - To Be Filed \	Nith	n		2023	
Employee's State, City, or	Loo	cal	Der	OMB No. 1545-0008 partment of Treasury -	
Control 0X024 DC0	_	0.01 -	Inte	ernal Revenue Service	
number 01024 RG9	3	0015	3		
Employer's name, address, and ZIP code					
WRAPLIFY LLC					
179 KERRY CMN					
FREMONT CA 945	53	б			
Employee's name, address, and ZIP code					
RAJASEKHAR R		DY GA	NT	Ά	
3560 FLORA V	TS	TA AV	TE -	# 322	
SANTA CLARA				1 011	
			-		
36585.3	۵		2	549.61	
1 Wages, tips, other comp		2 Federal		ne tax withheld	
36585.3			2	268.29	
3 Social security wages	2	4 Social		ity tax withheld	
36585.3	9			530.49	
5 Medicare wages and tips		6 Medicare tax withheld			
7 Social security tips		8 Allocated tips			
9		10 Depend	dent	care benefits	
11 Nonqualified plans		12a DD		1985.85	
		12b			
13 Statutory Retirement Third-part plan sick pay	у	12c			
		12d			
Employee's social security n	о.	14			
742-56-4008		CASDI		329.27	
Employer ID number (EIN)]			
85-1887397					
15 St. Employer's state ID number	16	State wages, tip	s, etc.	17 State income tax	
CA 13895990		36585.	39	1273.37	
18 Local wages, tips, etc.	18 Local wages, tips, etc. 19		Local income tax 20 Locality na		

Copy 2 — To Be Filed W Employee's State, City, or Income Tax Return.	Nith	1	Dep	Statement 2023 OMB No. 1545-0008 Dartment of Treasury - mral Revenue Service	
Control number 0Y024 RG93	3	00153			
Employer's name, address, and ZIP code WRAPLIFY LLC 179 KERRY CMN FREMONT CA 945	530	6			
Employee's name, address, and ZIP code RAJASEKHAR REDDY GANTA 3560 FLORA VISTA AVE # 322 SANTA CLARA CA 95051					
36585.3				549.61	
1 Wages, tips, other comp. 36585.3 3 Social security wages			2	ne tax withheld 268.29 ity tax withheld	
36585.39		530.49 6 Medicare tax withheld			
7 Social security tips		8 Allocate	d tip	DS	
9 10 Dependent care ber			care benefits		
11 Nonqualified plans		12a DD		1985.85	
13 Statutory Retirement Third-parts		12b			
13 Statutory Retirement Third-party plan sick pay	y	12c 12d			
Employee's social security in $742 - 56 - 4008$	0.	14 CASDI		329.27	2
Employer ID number (EIN) 85-1887397					PYW2
15 st. Employer's state ID number CA 13895990		State wages, tips, 36585.3		17 State income tax 1273.37	- ო
18 Local wages, tips, etc.	19	Local income tax		20 Locality name	2585828

NTF 2585828

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. Employee's social security number (SSN). For your protection, this form may show only the last

your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA). Clergy and religious workers. If you aren't subject

to social security and Medicare taxes, see Pub. 517. **Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2023 and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

(Instructions for Employee continued on back of Copy 2.)

Instructions for Employee (*Continued from back of Copy B.*)

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. **B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement

F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K−20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

(Instructions for Employee continued on back of Copy C.)

Instructions for Employee (*Continued from back of Copy 2.*)

Box 12. (continued)

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

 N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

 \mathbf{Q} -Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount. \mathbf{R} -Employer contributions to your Archer MSA. Report on Form 8853.

 $\begin{array}{l} \textbf{S}-\text{Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1) \\ \textbf{T}-\text{Adoption benefits (not included in box 1).} \\ \text{Complete Form 8839 to figure any taxable and nontaxable amounts.} \end{array}$

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements. W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y-Deferrals under a section 409A nonqualified deferred compensation plan

Z-Income under a nongualified deferred

compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA-Designated Roth contributions under a section 401(k) plan

BB-Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement GG—Income from qualified equity grants under section 83(i) HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year **Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. **Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

(See also Notice to Employee on back of Copy B.)