Unassigned

Form W-2 W	lag	e and Ta	ax	Statement
Copy C - For EMPLOY	YEE'	S RECOR	DS	2023
This information is being furnished to the l to file a tax return, a negligence penalty or imposed on you if this income is taxable a	other	sanction may b	e Der	OMB No. 1545-0008 partment of Treasury - ernal Revenue Service
Control number 0ZV74 D04	В	00142	2	
Employer's name, address, and ZIP code				
DEVOIR SOFTWARE 700 CROWN INDUS CHESTERFIELD MO	ΓRΙ	LUTION AL CT, 005		
Employee's name, address, and ZIP code				
SINDHU PUPPALA				
5688 BRAYLON S		EET,	AP	т #207
DUBLIN OH 4301	.6			
6000.0	0			253.74
1 Wages, tips, other comp.	1	2 Federal i	ncor	ne tax withheld
3 Social security wages		Social s	ecur	ity tax withheld
5 Medicare wages and tips		Medica	re ta	x withheld
7 Social security tips		8 Allocated tips		
9		I 0 Depend	ent	care benefits
11 Nonqualified plans	ŀ	12a		
	·	l2b		
13 Statutory Retirement Third-party plan Sick pay	′ ·	12c		
		2d		
Employee's social security no 828-26-8554	э. [.]	14		
Employer ID number (EIN) 84-2727369				
15 St. Employer's state ID number	16 s	ate wages, tips	, etc.	17 State income tax
OH 54202716		6000.0	00	105.12
18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name
4000.00		100.	00	Hilliard, C
2000.00		0.	00	Columbus CS

Form W-2 W	Vage and Tax Statement
Copy B — To Be Filed V	
Employee's FEDERAL Tax This information is being furnished to the I	Department of Treasury -
Control 0ZV74 D048	
Employer's name, address, and ZIP code	
DEVOIR SOFTWARE 700 CROWN INDUST CHESTERFIELD MO	TRIAL CT, STE #E
Employee's name, address, and ZIP code	
SINDHU PUPPALA	
DUBLIN OH 4301	STREET, APT #207
DOPTIN OH 4301	
6000.0	253.74
1 Wages, tips, other comp.	2 Federal income tax withheld
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
	12b
13 Statutory Retirement Third-party plan sick pay	120
Enclosed a solution with a second	12d
Employee's social security no 828-26-8554	0. 14
Employer ID number (EIN) 84-2727369	
15 St. Employer's state ID number	16 State wages, tips, etc. 17 State income tax
OH 54202716	6000.00 105.12
18 Local wages, tips, etc.	19 Local income tax 20 Locality name
4000.00	100.00 Hilliard, C
2000.00	0.00 Columbus CS

2023 W-2 and Earnings Summary

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Less: Excess Wages Total Reported Wages	\$6,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A \$6,000.00	\$6,000.00 (\$6,000.00) N/A \$0.00 \$0.00 \$0.00 \$0.00	\$6,000.00 (\$6,000.00) N/A \$0.00 \$0.00 N/A \$0.00
Tax Withheld	Fed Income Box 2 of W-2 \$253.74	Social Security Box 4 of W-2	Medicare Box 6 of W-2

	OH State Wages, Tips, etc.
	Box 16 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions	\$6,000.00 \$0.00 \$0.00 \$0.00 \$0.00
Less: Third Party Sick Pay Total Reported Wages	0.00 \$6.000.00
	OH State Income Tax

Tax Withheld

OH State Income Tax Box 17 of W-2 \$105.12

SINDHU PUPPALA 5688 BRAYLON STREET, APT #207 DUBLIN, OH 43016

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.

Copy 2 — To Be Filed V		3
Employee's State, City, or Income Tax Return.	Local OMB No. 1545-00 Department of Treasu Internal Revenue Serv	ry -
Control number 0ZV74 D04		nce
Employer's name, address, and ZIP code		
DEVOIR SOFTWARE 700 CROWN INDUS CHESTERFIELD MO	TRIAL CT, STE #E	
Employee's name, address, and ZIP code SINDHU PUPPALA 5688 BRAYLON S DUBLIN OH 4301	TREET, APT #207	
6000.0 1 Wages, tips, other comp.		
3 Social security wages	4 Social security tax withhe	əld
5 Medicare wages and tips	6 Medicare tax withheld	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	5
11 Nonqualified plans	12a	
	12b	_
13 Statutory Retirement Third-party	12c 12d	_
Employee's social security n 828-26-8554		
Employer ID number (EIN) 84-2727369	_	
15 st. Employer's state ID number OH 54202716	16 State wages, tips, etc. 17 State income 6000.00 105.1	
18 Local wages, tips, etc.	19 Local income tax 20 Locality nam	е
4000.00 2000.00	100.00 Hilliard 0.00 Columbus	

Form W-2 W Copy 2 — To Be Filed W Employee's State, City, or Income Tax Return.		
Control 0ZV74 D048		
Employer's name, address, and ZIP code		
DEVOIR SOFTWARE 700 CROWN INDUS CHESTERFIELD MO	TRIAL CT, STE #E	
Employee's name, address, and ZIP code SINDHU PUPPALA 5688 BRAYLON S DUBLIN OH 4301	STREET, APT #207	
6000.0 1 Wages, tips, other comp.		
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	
	12b	
13 Statutory employee Retirement Third-party sick pay	120	
Employee's social security no 828-26-8554	12d 0. 14	~
Employer ID number (EIN) 84-2727369		PYW2
15 St. Employer's state ID number OH 54202716	16 State wages, tips, etc. 17 State income tax 6000.00 105.12	- ო
18 Local wages, tips, etc.	19 Local income tax 20 Locality name	828
4000.00 2000.00	100.00 Hilliard, c 0.00 Columbus CS	F 2585828

Unassigned

	age and Tax Statement		
Copy C — For EMPLOY			
This information is being furnished to the IF to file a tax return, a negligence penalty or imposed on you if this income is taxable ar	other sanction may be Department of Treasury -		
Control 0ZV74 D048			
Employer's name, address, and ZIP code			
DEVOIR SOFTWARE	SOLUTIONS LLC		
	TRIAL CT, STE #E		
CHESTERFIELD MO	63005		
Employee's name, address, and ZIP code			
SINDHU PUPPALA			
	TREET, APT #207		
DUBLIN OH 4301	6		
1 Wages, tips, other comp.	2 Federal income tax withheld		
·····			
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		
	12b		
13 Statutory Retirement Third-party plan Sick pay	120		
Employee's social security no	12d		
828-26-8554	. 14		
Employer ID number (EIN)			
84-2727369			
15 St. Employer's state ID number	16 State wages, tips, etc. 17 State income tax		
18 Local wages, tips, etc.	19 Local income tax 20 Locality name		
2000.00	50.00 Columbus,		
2000.00	50.00		

		-	Tax	Statement	
Copy B — To Be Filed			2023		
Employee's FEDERAL Tax		turn.	Dep	OMB No. 1545-0008 partment of Treasury -	
This information is being furnished to the		0.01		ernal Revenue Service	
number UZV74 DU4		0014	13		
Employer's name, address, and ZIP cod	e				
DEVOIR SOFTWARE					
700 CROWN INDUS		IAL CT 3005	', S	TE #E	
Employee's name, address, and ZIP cod					
SINDHU PUPPAL					
5688 BRAYLON		REET,	AP	т #207	
DUBLIN OH 430	16				
1 Wages, tips, other comp	Э.	2 Federa	l incor	me tax withheld	
		1			
3 Social security wages		4 Social	secur	ity tax withheld	
5 Medicare wages and tip	<u> </u>	6 Modio	ara ta	x withheld	
7 Social security tips	3				
7 Social security lips		8 Allocated tips			
9		10 Deper	dent	care benefits	
		le Dopon	laont	ouro portonto	
11 Nongualified plans		12a			
		12b			
13 Statutory Retirement Third-pa plan sick pay	rty	12c			
		12d			
Employee's social security	no.	14			
828-26-8554		·			
Employer ID number (EIN)		1			
84-2727369					
15 St. Employer's state ID number	16	State wages ti	ns. etc.	17 State income tax	
	1.0	rugoo, a	,		
18 Local wages, tips, etc.	10	Local income t	22	20 Locality name	
2000.00		50.	.00	Columbus, C	

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

SINDHU PUPPALA 5688 BRAYLON STREET, APT #207 DUBLIN, OH 43016

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 Wage and Tax Statement Copy 2 – To Be Filed With 2023 Employee's State, City, or Local						
Employee's State, City, or Income Tax Return.	Local		artment of Treasury -			
Control 0ZV74 D048	3 00	143	rnal Revenue Service			
Employer's name, address, and ZIP code						
DEVOIR SOFTWARE 700 CROWN INDUST CHESTERFIELD MO	RIAL					
5688 BRAYLON S	SINDHU PUPPALA					
1 Wages, tips, other comp.	2 Fee	leral incon	ne tax withheld			
3 Social security wages	4 So	4 Social security tax withheld				
5 Medicare wages and tips	6 Me	6 Medicare tax withheld				
7 Social security tips	8 Allo	8 Allocated tips				
9	10 De	pendent o	care benefits			
11 Nonqualified plans	12a					
	12b					
13 Statutory Retirement Third-party sick pay	12c 12d					
Employee's social security no 828-26-8554). 14					
Employer ID number (EIN) $84 - 2727369$						
15 St. Employer's state ID number	16 State wag	es, tips, etc.	17 State income tax			
18 Local wages, tips, etc. 2000.00	19 Local inco 5		20 Locality name Columbus, C			

F	or	m`	W-2	V	Vag	je a	nd Ta	X	Statement	
C	ao	v 2	— То В	e Filed \	Nith				2023	
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			ax Return					Dep	partment of Treasury - ernal Revenue Service	
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13	Statu	itory	Retirement	Third-part	v	12c				1
10	empl	oyee	plan	sick pay		120				-
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15	St. E	mploy	er's state ID r	number	10	State v	vages, tips,	etc.	17 State income tax	က
-					10					- 00
18	Local	l wage	s, tips, etc.		19	Local i	ncome tax		20 Locality name	182
			2000	0.00			50.0	00	Columbus, (2585828
1					1					1 ನ

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.)