

ONE NETWORK ENTERPRISES, INC.
4055 VALLEY VIEW LN STE 1000
DALLAS, TX 75244

CHAITRALI CHAUDHARI
3101 184TH ST SW A211
A211
LYNNWOOD, WA 98037

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

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

Table with 8 columns: Part I Employee, Social security number (SSN), Name of employer, Employer identification number (EIN), Street address, Contact telephone number, City or town, State or province, Country and ZIP or foreign postal code.

Table with 14 columns: Part II Employee Offer of Coverage, Employee's Age on January 1, Plan Start Month. Includes rows for Offer of Coverage (1E-1H) and Section 4980H Safe Harbor and Other Relief (2C-2A).

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

Table with 14 columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 months, (e) Months of coverage (Jan-Dec).

## Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



*Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.*

**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit [www.irs.gov/aca](http://www.irs.gov/aca) or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

### Part I. Employee

**Lines 1–6.** Part I, lines 1 through 6, reports information about you, the employee.

**Line 2.** This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

#### Part I. Applicable Large Employer Member (Employer)

**Lines 7–13.** Part I, lines 7 through 13, reports information about your employer.

**Line 10.** This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

### Part II. Employer Offer of Coverage, Lines 14–17

**Line 14.** The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

**1A.** Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit [IRS.gov](http://IRS.gov).

**1B.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

**1C.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

**1D.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

**1E.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

**1F.** Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

**1G.** You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

**1H.** No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

**1I.** Reserved for future use.

**1J.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

**1K.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

**1L.** Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.

**1M.** Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

**1N.** Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

**1O.** Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.

**1P.** Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

**1Q.** Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.

**1R.** Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.

**1S.** Individual coverage HRA offered to an individual who was not a full-time employee.

**1T.** Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.

**1U.** Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.

**1V.** Reserved for future use.

**1W.** Reserved for future use.

**1X.** Reserved for future use.

**1Y.** Reserved for future use.

**1Z.** Reserved for future use.

**Line 15.** This line reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the Instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit [IRS.gov](http://IRS.gov).

**Line 16.** This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit [IRS.gov](http://IRS.gov).

**Line 17.** This line reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information about individual coverage HRAs, visit [IRS.gov](http://IRS.gov).

### Part III. Covered Individuals, Lines 18–30

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 13 covered individuals, additional copies of page 3 may be used.



|  |   |                            |                        |
|--|---|----------------------------|------------------------|
| Employee Reference Copy<br><b>W-2</b> Wage and Tax Statement<br>2023<br>OMB No. 1545-0008  |   |                            |                        |
| d Control number<br>000386 NCT3/F2I  | Dept. 001300  | Corp.                      | Employer use only<br>T |
| c Employer's name, address, and ZIP code <b>604-707-96</b><br><b>ADP TOTALSOURCE FL XVIII INC</b><br><b>ONE NETWORK ENTERPRISES,</b><br><b>10200 SUNSET DR</b><br><b>MIAMI FL 33173</b><br><b>Batch #09598</b> |   |                            |                        |
| e/f Employee's name, address, and ZIP code<br><b>CHAITRALI CHAUDHARI</b><br><b>3101 184TH ST SW A211</b><br><b>A211</b><br><b>LYNNWOOD WA 98037</b>  |   |                            |                        |
| b Employer's FED ID number<br><b>65-0399700</b>  | a Employee's SSA number<br><b>XXX-XX-5509</b>             |                            |                        |
| 1 Wages, tips, other comp.<br><b>16121.31</b>  | 2 Federal income tax withheld<br><b>1809.70</b>           |                            |                        |
| 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<br><b>C</b>   <b>3.75</b> |                            |                        |
| 14 Other   | 12b <b>DD</b>   <b>2701.85</b>                            |                            |                        |
|  | 12c   |                            |                        |
|  | 12d   |                            |                        |
|  | 13 Stat emp. Ret. plan 3rd party sick pay                 |                            |                        |
| 15 State <b>WA</b>   | Employer's state ID no.                                   | 16 State wages, tips, etc. |                        |
| 17 State income tax  | 18 Local wages, tips, etc.                                |                            |                        |
| 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<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 | WA. State Wages, Tips, Etc.<br>Box 16 of W-2 |
|---------------------------|---|---------------------------------------|--------------------------------|--|
| Gross Pay                 | 16,201.92                                       | 16,201.92                             | 16,201.92                      |  |
| Plus GTL (C-Box 12)       | 3.75  | 3.75                                  | 3.75                           |  |
| Less Other Cafe 125       | 84.36   | 84.36                                 | 84.36                          |  |
| Less Exempt Wages         | N/A   | 16,121.31                             | 16,121.31                      |  |
| <b>Reported W-2 Wages</b> | <b>16,121.31</b>                                | <b>0.00</b>                           | <b>0.00</b>                    |  |

2. Employee Name and Address.

**CHAITRALI CHAUDHARI**  
**3101 184TH ST SW A211**  
**A211**  
**LYNNWOOD WA 98037**

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|   |   |                            |                        |
|---|---|----------------------------|------------------------|
| 1 Wages, tips, other comp.<br><b>16121.31</b>   | 2 Federal income tax withheld<br><b>1809.70</b>           |                            |                        |
| 3 Social security wages   | 4 Social security tax withheld                            |                            |                        |
| 5 Medicare wages and tips   | 6 Medicare tax withheld                                   |                            |                        |
| d Control number<br>000386 NCT3/F2I   | Dept. 001300  | Corp.                      | Employer use only<br>T |
| c Employer's name, address, and ZIP code <b>604-707-96</b><br><b>ADP TOTALSOURCE FL XVIII INC</b><br><b>ONE NETWORK ENTERPRISES,</b><br><b>10200 SUNSET DR</b><br><b>MIAMI FL 33173</b> |   |                            |                        |
| b Employer's FED ID number<br><b>65-0399700</b>   | a Employee's SSA number<br><b>XXX-XX-5509</b>             |                            |                        |
| 7 Social security tips  | 8 Allocated tips  |                            |                        |
| 9   | 10 Dependent care benefits                                |                            |                        |
| 11 Nonqualified plans   | 12a See instructions for box 12<br><b>C</b>   <b>3.75</b> |                            |                        |
| 14 Other  | 12b <b>DD</b>   <b>2701.85</b>                            |                            |                        |
|   | 12c   |                            |                        |
|   | 12d   |                            |                        |
|   | 13 Stat emp. Ret. plan 3rd party sick pay                 |                            |                        |
| 15 State <b>WA</b>  | Employer's state ID no.                                   | 16 State wages, tips, etc. |                        |
| 17 State income tax   | 18 Local wages, tips, etc.                                |                            |                        |
| 19 Local income tax   | 20 Locality name  |                            |                        |
| Federal Filing Copy<br><b>W-2</b> Wage and Tax Statement<br>2023<br>OMB No. 1545-0008<br>Copy B to be filed with employee's Federal Income Tax Return.                                  |   |                            |                        |

|   |   |                            |                        |
|---|---|----------------------------|------------------------|
| 1 Wages, tips, other comp.<br><b>16121.31</b>   | 2 Federal income tax withheld<br><b>1809.70</b>           |                            |                        |
| 3 Social security wages   | 4 Social security tax withheld                            |                            |                        |
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| b Employer's FED ID number<br><b>65-0399700</b>   | a Employee's SSA number<br><b>XXX-XX-5509</b>             |                            |                        |
| 7 Social security tips  | 8 Allocated tips  |                            |                        |
| 9   | 10 Dependent care benefits                                |                            |                        |
| 11 Nonqualified plans   | 12a See instructions for box 12<br><b>C</b>   <b>3.75</b> |                            |                        |
| 14 Other  | 12b <b>DD</b>   <b>2701.85</b>                            |                            |                        |
|   | 12c   |                            |                        |
|   | 12d   |                            |                        |
|   | 13 Stat emp. Ret. plan 3rd party sick pay                 |                            |                        |
| 15 State <b>WA</b>  | Employer's state ID no.                                   | 16 State wages, tips, etc. |                        |
| 17 State income tax   | 18 Local wages, tips, etc.                                |                            |                        |
| 19 Local income tax   | 20 Locality name  |                            |                        |
| WA.State Reference Copy<br><b>W-2</b> Wage and Tax Statement<br>2023<br>OMB No. 1545-0008<br>Copy 2 to be filed with employee's State Income Tax Return.                                |   |                            |                        |

|   |   |                            |                        |
|---|---|----------------------------|------------------------|
| 1 Wages, tips, other comp.<br><b>16121.31</b>   | 2 Federal income tax withheld<br><b>1809.70</b>           |                            |                        |
| 3 Social security wages   | 4 Social security tax withheld                            |                            |                        |
| 5 Medicare wages and tips   | 6 Medicare tax withheld                                   |                            |                        |
| d Control number<br>000386 NCT3/F2I   | Dept. 001300  | Corp.                      | Employer use only<br>T |
| c Employer's name, address, and ZIP code <b>604-707-96</b><br><b>ADP TOTALSOURCE FL XVIII INC</b><br><b>ONE NETWORK ENTERPRISES,</b><br><b>10200 SUNSET DR</b><br><b>MIAMI FL 33173</b> |   |                            |                        |
| b Employer's FED ID number<br><b>65-0399700</b>   | a Employee's SSA number<br><b>XXX-XX-5509</b>             |                            |                        |
| 7 Social security tips  | 8 Allocated tips  |                            |                        |
| 9   | 10 Dependent care benefits                                |                            |                        |
| 11 Nonqualified plans   | 12a See instructions for box 12<br><b>C</b>   <b>3.75</b> |                            |                        |
| 14 Other  | 12b <b>DD</b>   <b>2701.85</b>                            |                            |                        |
|   | 12c   |                            |                        |
|   | 12d   |                            |                        |
|   | 13 Stat emp. Ret. plan 3rd party sick pay                 |                            |                        |
| 15 State <b>WA</b>  | Employer's state ID no.                                   | 16 State wages, tips, etc. |                        |
| 17 State income tax   | 18 Local wages, tips, etc.                                |                            |                        |
| 19 Local income tax   | 20 Locality name  |                            |                        |
| WA.State Filing Copy<br><b>W-2</b> Wage and Tax Statement<br>2023<br>OMB No. 1545-0008<br>Copy 2 to be filed with employee's State Income Tax Return.                                   |   |                            |                        |

## 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).

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. 5711). 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.

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)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

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 nonqualified 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.

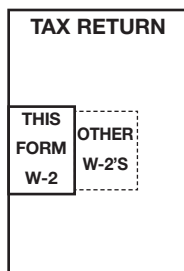
Department of the Treasury - Internal Revenue Service

**NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.**

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.

### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



## 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](http://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 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](http://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.

2023 W-2 and EARNINGS SUMMARY



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.

Employee Reference Copy  
**W-2** Wage and Tax Statement **2023**  
OMB No. 1545-0008

Copy C for employee's records.  
d Control number 000030 KU/M9Q Dept. M9Q Corp. A Employer use only 5

c Employer's name, address, and ZIP code  
**METIZ TECHNOLOGIES LLC**  
9501 TARTAN RIDGE CT  
DUBLIN, OH 43017 8929

Batch #90827

e/f Employee's name, address, and ZIP code  
**CHAITRALI R CHAUDHARI**  
3701 KETTERING COURT  
APT 101  
FAIRBORN, OH 45324

|  |   |
|--|---|
| b Employer's FED ID number<br>87-4634369           | a Employee's SSA number<br>XXX-XX-5509  |
| 1 Wages, tips, other comp.<br>10962.00             | 2 Federal income tax withheld<br>844.95 |
| 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         |
| 14 Other   | 12b<br>12c<br>12d                       |
| 13 Stat emp./Ret. plan/3rd party sick pay          |   |
| 15 State Employer's state ID no.<br>OH 54-205814 4 | 16 State wages, tips, etc.<br>10962.00  |
| 17 State income tax<br>253.42                      | 18 Local wages, tips, etc.              |
| 19 Local income tax                                | 20 Locality name                        |

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                    | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 | OH. State Wages, Tips, Etc.<br>Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|--|
| Gross Pay          | 10,962.00                                       | 10,962.00                             | 10,962.00                      | 10,962.00                                    |
| Reported W-2 Wages | 10,962.00                                       | 0.00                                  | 0.00                           | 10,962.00                                    |

2. Employee Name and Address.

**CHAITRALI R CHAUDHARI**  
3701 KETTERING COURT  
APT 101  
FAIRBORN, OH 45324

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Fold and Detach Here

|  |   |
|--|---|
| 1 Wages, tips, other comp.<br>10962.00   | 2 Federal income tax withheld<br>844.95 |
| 3 Social security wages  | 4 Social security tax withheld          |
| 5 Medicare wages and tips  | 6 Medicare tax withheld                 |
| d Control number 000030 KU/M9Q Dept. M9Q Corp. A Employer use only 5   |   |
| c Employer's name, address, and ZIP code<br><b>METIZ TECHNOLOGIES LLC</b><br>9501 TARTAN RIDGE CT<br>DUBLIN, OH 43017 8929         |   |
| b Employer's FED ID number<br>87-4634369   | a Employee's SSA number<br>XXX-XX-5509  |
| 7 Social security tips   | 8 Allocated tips                        |
| 9  | 10 Dependent care benefits              |
| 11 Nonqualified plans  | 12a See instructions for box 12         |
| 14 Other   | 12b<br>12c<br>12d                       |
| 13 Stat emp./Ret. plan/3rd party sick pay  |   |
| e/f Employee's name, address and ZIP code<br><b>CHAITRALI R CHAUDHARI</b><br>3701 KETTERING COURT<br>APT 101<br>FAIRBORN, OH 45324 |   |
| 15 State Employer's state ID no.<br>OH 54-205814 4   | 16 State wages, tips, etc.<br>10962.00  |
| 17 State income tax<br>253.42  | 18 Local wages, tips, etc.              |
| 19 Local income tax  | 20 Locality name                        |

Federal Filing Copy  
**W-2** Wage and Tax Statement **2023**  
OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

|  |   |
|--|---|
| 1 Wages, tips, other comp.<br>10962.00   | 2 Federal income tax withheld<br>844.95 |
| 3 Social security wages  | 4 Social security tax withheld          |
| 5 Medicare wages and tips  | 6 Medicare tax withheld                 |
| d Control number 000030 KU/M9Q Dept. M9Q Corp. A Employer use only 5   |   |
| c Employer's name, address, and ZIP code<br><b>METIZ TECHNOLOGIES LLC</b><br>9501 TARTAN RIDGE CT<br>DUBLIN, OH 43017 8929         |   |
| b Employer's FED ID number<br>87-4634369   | a Employee's SSA number<br>XXX-XX-5509  |
| 7 Social security tips   | 8 Allocated tips                        |
| 9  | 10 Dependent care benefits              |
| 11 Nonqualified plans  | 12a See instructions for box 12         |
| 14 Other   | 12b<br>12c<br>12d                       |
| 13 Stat emp./Ret. plan/3rd party sick pay  |   |
| e/f Employee's name, address and ZIP code<br><b>CHAITRALI R CHAUDHARI</b><br>3701 KETTERING COURT<br>APT 101<br>FAIRBORN, OH 45324 |   |
| 15 State Employer's state ID no.<br>OH 54-205814 4   | 16 State wages, tips, etc.<br>10962.00  |
| 17 State income tax<br>253.42  | 18 Local wages, tips, etc.              |
| 19 Local income tax  | 20 Locality name                        |

OH. State Filing Copy  
**W-2** Wage and Tax Statement **2023**  
OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

|  |   |
|--|---|
| 1 Wages, tips, other comp.<br>10962.00   | 2 Federal income tax withheld<br>844.95 |
| 3 Social security wages  | 4 Social security tax withheld          |
| 5 Medicare wages and tips  | 6 Medicare tax withheld                 |
| d Control number 000030 KU/M9Q Dept. M9Q Corp. A Employer use only 5   |   |
| c Employer's name, address, and ZIP code<br><b>METIZ TECHNOLOGIES LLC</b><br>9501 TARTAN RIDGE CT<br>DUBLIN, OH 43017 8929         |   |
| b Employer's FED ID number<br>87-4634369   | a Employee's SSA number<br>XXX-XX-5509  |
| 7 Social security tips   | 8 Allocated tips                        |
| 9  | 10 Dependent care benefits              |
| 11 Nonqualified plans  | 12a See instructions for box 12         |
| 14 Other   | 12b<br>12c<br>12d                       |
| 13 Stat emp./Ret. plan/3rd party sick pay  |   |
| e/f Employee's name, address and ZIP code<br><b>CHAITRALI R CHAUDHARI</b><br>3701 KETTERING COURT<br>APT 101<br>FAIRBORN, OH 45324 |   |
| 15 State Employer's state ID no.<br>OH 54-205814 4   | 16 State wages, tips, etc.<br>10962.00  |
| 17 State income tax<br>253.42  | 18 Local wages, tips, etc.              |
| 19 Local income tax  | 20 Locality name                        |

OH. State Filing Copy  
**W-2** Wage and Tax Statement **2023**  
OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

2023

# W2 & EARNINGS SUMMARY

COLSH CONSULTANTS LLC  
2088 US HWY 130 STE. 211  
MONMOUTH JUNCTION, NJ 08852

Please scan this QR code to learn more about tax filing services provided by Turbo Tax, a Paycor partner. You will be directed to Turbo Tax's website for more information.  
<http://intuit.me/PaycorQR>



**CHAITRALI RAJOO CHAUDHARI**

Filing Status Exemptions  
FITWH S  
NJ S 0

|  |                                       |   |  |
|--|---------------------------------------|---|--|
| a Employee's social security number<br>599-43-5509   |                                       |   |  |
| c Employer's name, address, and ZIP code<br>COLSH CONSULTANTS LLC<br>2088 US HWY 130 STE. 211<br>MONMOUTH JUNCTION, NJ 08852 |                                       | 1 Wages, tips, other compensation<br>11655.20 | 2 Federal income tax<br>982.25                                       |
|  |                                       | 3 Social security wages                       | 4 Social security tax  |
| b Employer's identification number<br>20-3097959   |                                       | d Control Number<br>112762-1469               |  |
| e Employee's name and address<br>CHAITRALI RAJOO CHAUDHARI<br>22 OVERHILL DR<br>NORTH BRUNSWICK, NJ 08902                    |                                       | 5 Medicare wages and tips                     | 6 Medicare tax withheld  |
|  |                                       | 7 Social security tips                        | 8 Allocated tips   |
|  |                                       | 9   | 10 Dependent care benefits   |
|  |                                       | 11 Nonqualified plans                         | 12 See instrs. for box 12  |
|  |                                       | 13 Stat emp. Ret. Plan 3 Party Sick           |  |
|  |                                       | 14 Other<br>FLI 6.99<br>UI/WF/S 49.55         |  |
| 15 State & Employer's state ID<br>NJ   203-097-959/000   | 16 State wages, tips, etc<br>11655.20 | 17 State income tax<br>367.80                 | 18 Local wages, tips, etc<br>19 Local income tax<br>20 Locality name |

**2023**  
 Federal Filing Copy  
 W2 Wage and Tax Statement  
 Copy B to be filed with Employee's Federal Income Tax Return. OMB No. 1545-0048

**OTHER**  
Description Amount Box  
FLI 6.99 14  
UI/WF/SWF 49.55 14  
**WAGES**

|  |                                       |   |  |
|--|---------------------------------------|---|--|
| a Employee's social security number<br>599-43-5509   |                                       |   |  |
| c Employer's name, address, and ZIP code<br>COLSH CONSULTANTS LLC<br>2088 US HWY 130 STE. 211<br>MONMOUTH JUNCTION, NJ 08852 |                                       | 1 Wages, tips, other compensation<br>11655.20 | 2 Federal income tax<br>982.25                                       |
|  |                                       | 3 Social security wages                       | 4 Social security tax  |
| b Employer's identification number<br>20-3097959   |                                       | d Control Number<br>112762-1469               |  |
| e Employee's name and address<br>CHAITRALI RAJOO CHAUDHARI<br>22 OVERHILL DR<br>NORTH BRUNSWICK, NJ 08902                    |                                       | 5 Medicare wages and tips                     | 6 Medicare tax withheld  |
|  |                                       | 7 Social security tips                        | 8 Allocated tips   |
|  |                                       | 9   | 10 Dependent care benefits   |
|  |                                       | 11 Nonqualified plans                         | 12 See instrs. for box 12  |
|  |                                       | 13 Stat emp. Ret. Plan 3 Party Sick           |  |
|  |                                       | 14 Other<br>FLI 6.99<br>UI/WF/S 49.55         |  |
| 15 State & Employer's state ID<br>NJ   203-097-959/000   | 16 State wages, tips, etc<br>11655.20 | 17 State income tax<br>367.80                 | 18 Local wages, tips, etc<br>19 Local income tax<br>20 Locality name |

**2023**  
 State Filing Copy  
 W2 Wage and Tax Statement  
 Copy 2 to be filed with Employee's State Income Tax Return. OMB No. 1545-0048

TOTAL GROSS WAGES 11655.20  
Description Amount Box  
Fed. Taxable Wages 11655.20 1  
Soc. Security Wages 0 3  
Medicare Wages 0 5  
NJ Taxable Wages 11655.20 16  
**WITHHOLDINGS**  
Description Amount Box  
Fed. Income Tax 982.25 2  
Soc. Security Tax 0 4  
Medicare Tax 0 6  
NJ Income Tax 367.80 17

|  |                                       |   |  |
|--|---------------------------------------|---|--|
| a Employee's social security number<br>599-43-5509   |                                       |   |  |
| c Employer's name, address, and ZIP code<br>COLSH CONSULTANTS LLC<br>2088 US HWY 130 STE. 211<br>MONMOUTH JUNCTION, NJ 08852 |                                       | 1 Wages, tips, other compensation<br>11655.20 | 2 Federal income tax<br>982.25                                       |
|  |                                       | 3 Social security wages                       | 4 Social security tax  |
| b Employer's identification number<br>20-3097959   |                                       | d Control Number<br>112762-1469               |  |
| e Employee's name and address<br>CHAITRALI RAJOO CHAUDHARI<br>22 OVERHILL DR<br>NORTH BRUNSWICK, NJ 08902                    |                                       | 5 Medicare wages and tips                     | 6 Medicare tax withheld  |
|  |                                       | 7 Social security tips                        | 8 Allocated tips   |
|  |                                       | 9   | 10 Dependent care benefits   |
|  |                                       | 11 Nonqualified plans                         | 12 See instrs. for box 12  |
|  |                                       | 13 Stat emp. Ret. Plan 3 Party Sick           |  |
|  |                                       | 14 Other<br>FLI 6.99<br>UI/WF/S 49.55         |  |
| 15 State & Employer's state ID<br>NJ   203-097-959/000   | 16 State wages, tips, etc<br>11655.20 | 17 State income tax<br>367.80                 | 18 Local wages, tips, etc<br>19 Local income tax<br>20 Locality name |

**2023**  
 City or Local Filing Copy  
 W2 Wage and Tax Statement  
 Copy 2 for Employee's City/Local Income Tax Return. OMB No. 1545-0048

|  |                                       |   |  |
|--|---------------------------------------|---|--|
| a Employee's social security number<br>599-43-5509   |                                       |   |  |
| c Employer's name, address, and ZIP code<br>COLSH CONSULTANTS LLC<br>2088 US HWY 130 STE. 211<br>MONMOUTH JUNCTION, NJ 08852 |                                       | 1 Wages, tips, other compensation<br>11655.20 | 2 Federal income tax<br>982.25                                       |
|  |                                       | 3 Social security wages                       | 4 Social security tax  |
| b Employer's identification number<br>20-3097959   |                                       | d Control Number<br>112762-1469               |  |
| e Employee's name and address<br>CHAITRALI RAJOO CHAUDHARI<br>22 OVERHILL DR<br>NORTH BRUNSWICK, NJ 08902                    |                                       | 5 Medicare wages and tips                     | 6 Medicare tax withheld  |
|  |                                       | 7 Social security tips                        | 8 Allocated tips   |
|  |                                       | 9   | 10 Dependent care benefits   |
|  |                                       | 11 Nonqualified plans                         | 12 See instrs. for box 12  |
|  |                                       | 13 Stat emp. Ret. Plan 3 Party Sick           |  |
|  |                                       | 14 Other<br>FLI 6.99<br>UI/WF/S 49.55         |  |
| 15 State & Employer's state ID<br>NJ   203-097-959/000   | 16 State wages, tips, etc<br>11655.20 | 17 State income tax<br>367.80                 | 18 Local wages, tips, etc<br>19 Local income tax<br>20 Locality name |

**2023**  
 Employee Reference Copy  
 W2 Wage and Tax Statement  
 Copy C for Employee's records. OMB No. 1545-0048

**Future developments.** For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to [www.irs.gov/FormW2](http://www.irs.gov/FormW2).

## 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 tax credit (EITC).** You may be able to take the EITC for 2024 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 EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 596. **Any EITC 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 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](http://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 2024 and more than \$10,453.20 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 \$6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

(See also *Instructions for Employee* on the back of Copy C.)

## Instructions for Employee

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

**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).

**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 \$23,000 (\$16,000 if you only have SIMPLE plans; \$26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$23,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2024, 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  
(continued on back of Copy 2)



## Instructions for Employee *(continued from back of Copy C)*

### Box 12 *(continued)*

- 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.
- 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)
- Q**—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.
- R**—Employer contributions to your Archer MSA. Report on Form 8853.
- S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan
- T**—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.
- 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 nonqualified 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

**II**—Medicaid waiver payments excluded from gross income under Notice 2014-7.

**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.

2023

# W2 & EARNINGS SUMMARY

HIDDEN LAKE TECHNOLOGIES INC  
9 E LOOCKERMAN STREET TREADWAY TO  
DOVER, DE 19901



Please scan this QR code to learn more about tax filing services provided by Turbo Tax, a Paycor partner. You will be directed to Turbo Tax's website for more information.  
<http://intuit.me/PaycorQR>

**CHAITRALI CHAUDHARI**

Filing Status Exemptions  
S  
S 0

### OTHER

| Description | Amount | Box |
|-------------|--------|-----|
| FLI         | 0.27   | 14  |
| UI/WF/SWF   | 1.91   | 14  |

### WAGES

| Description         | Amount | Box |
|---------------------|--------|-----|
| TOTAL GROSS WAGES   | 450.00 |     |
| Fed. Taxable Wages  | 450.00 | 1   |
| Soc. Security Wages | 0      | 3   |
| Medicare Wages      | 0      | 5   |
| NJ Taxable Wages    | 450.00 | 16  |

| Description       | Amount | Box |
|-------------------|--------|-----|
| Fed. Income Tax   | 0      | 2   |
| Soc. Security Tax | 0      | 4   |
| Medicare Tax      | 0      | 6   |
| NJ Income Tax     | 6.75   | 17  |

|  |                                     |   |  |
|--|-------------------------------------|---|--|
| a Employee's social security number<br>599-43-5509   |                                     |   |  |
| c Employer's name, address, and ZIP code<br>HIDDEN LAKE TECHNOLOGIES INC<br>9 E LOOCKERMAN STREET TREADWAY TOWERS S<br>DOVER, DE 19901 |                                     | 1 Wages, tips, other compensation<br>450.00 | 2 Federal income tax   |
| b Employer's identification number<br>84-4360092   |                                     | d Control Number<br>168155-8                |  |
| e Employee's name and address<br>CHAITRALI CHAUDHARI<br>22 OVERHILL DR<br>NORTH BRUNSWICK, NJ 08902                                    |                                     | 3 Social security wages                     | 4 Social security tax  |
|  |                                     | 5 Medicare wages and tips                   | 6 Medicare tax withheld  |
|  |                                     | 7 Social security tips                      | 8 Allocated tips   |
|  |                                     | 9   | 10 Dependent care benefits   |
|  |                                     | 11 Nonqualified plans                       | 12 See instrs. for box 12  |
|  |                                     | 13 Stat emp. Ret. Plan 3 Party Sick         |  |
|  |                                     | 14 Other<br>FLI 0.27<br>UI/WF/S 1.91        |  |
| 15 State & Employer's state ID<br>NJ   844-360-092/000   | 16 State wages, tips, etc<br>450.00 | 17 State income tax<br>6.75                 | 18 Local wages, tips, etc<br>19 Local income tax<br>20 Locality name |

2023  
Federal Filing Copy  
W2 Wage and Tax Statement  
OMB No. 1545-0048  
Copy 2 to be filed with Employee's Federal Income Tax Return.

|  |                                     |   |  |
|--|-------------------------------------|---|--|
| a Employee's social security number<br>599-43-5509   |                                     |   |  |
| c Employer's name, address, and ZIP code<br>HIDDEN LAKE TECHNOLOGIES INC<br>9 E LOOCKERMAN STREET TREADWAY TOWERS S<br>DOVER, DE 19901 |                                     | 1 Wages, tips, other compensation<br>450.00 | 2 Federal income tax   |
| b Employer's identification number<br>84-4360092   |                                     | d Control Number<br>168155-8                |  |
| e Employee's name and address<br>CHAITRALI CHAUDHARI<br>22 OVERHILL DR<br>NORTH BRUNSWICK, NJ 08902                                    |                                     | 3 Social security wages                     | 4 Social security tax  |
|  |                                     | 5 Medicare wages and tips                   | 6 Medicare tax withheld  |
|  |                                     | 7 Social security tips                      | 8 Allocated tips   |
|  |                                     | 9   | 10 Dependent care benefits   |
|  |                                     | 11 Nonqualified plans                       | 12 See instrs. for box 12  |
|  |                                     | 13 Stat emp. Ret. Plan 3 Party Sick         |  |
|  |                                     | 14 Other<br>FLI 0.27<br>UI/WF/S 1.91        |  |
| 15 State & Employer's state ID<br>NJ   844-360-092/000   | 16 State wages, tips, etc<br>450.00 | 17 State income tax<br>6.75                 | 18 Local wages, tips, etc<br>19 Local income tax<br>20 Locality name |

2023  
State Filing Copy  
W2 Wage and Tax Statement  
OMB No. 1545-0048  
Copy 2 to be filed with Employee's State Income Tax Return.

|  |                                     |   |  |
|--|-------------------------------------|---|--|
| a Employee's social security number<br>599-43-5509   |                                     |   |  |
| c Employer's name, address, and ZIP code<br>HIDDEN LAKE TECHNOLOGIES INC<br>9 E LOOCKERMAN STREET TREADWAY TOWERS S<br>DOVER, DE 19901 |                                     | 1 Wages, tips, other compensation<br>450.00 | 2 Federal income tax   |
| b Employer's identification number<br>84-4360092   |                                     | d Control Number<br>168155-8                |  |
| e Employee's name and address<br>CHAITRALI CHAUDHARI<br>22 OVERHILL DR<br>NORTH BRUNSWICK, NJ 08902                                    |                                     | 3 Social security wages                     | 4 Social security tax  |
|  |                                     | 5 Medicare wages and tips                   | 6 Medicare tax withheld  |
|  |                                     | 7 Social security tips                      | 8 Allocated tips   |
|  |                                     | 9   | 10 Dependent care benefits   |
|  |                                     | 11 Nonqualified plans                       | 12 See instrs. for box 12  |
|  |                                     | 13 Stat emp. Ret. Plan 3 Party Sick         |  |
|  |                                     | 14 Other<br>FLI 0.27<br>UI/WF/S 1.91        |  |
| 15 State & Employer's state ID<br>NJ   844-360-092/000   | 16 State wages, tips, etc<br>450.00 | 17 State income tax<br>6.75                 | 18 Local wages, tips, etc<br>19 Local income tax<br>20 Locality name |

2023  
City or Local Filing Copy  
W2 Wage and Tax Statement  
OMB No. 1545-0048  
Copy 2 for Employee's City/Local Income Tax Return.

|  |                                     |   |  |
|--|-------------------------------------|---|--|
| a Employee's social security number<br>599-43-5509   |                                     |   |  |
| c Employer's name, address, and ZIP code<br>HIDDEN LAKE TECHNOLOGIES INC<br>9 E LOOCKERMAN STREET TREADWAY TOWERS S<br>DOVER, DE 19901 |                                     | 1 Wages, tips, other compensation<br>450.00 | 2 Federal income tax   |
| b Employer's identification number<br>84-4360092   |                                     | d Control Number<br>168155-8                |  |
| e Employee's name and address<br>CHAITRALI CHAUDHARI<br>22 OVERHILL DR<br>NORTH BRUNSWICK, NJ 08902                                    |                                     | 3 Social security wages                     | 4 Social security tax  |
|  |                                     | 5 Medicare wages and tips                   | 6 Medicare tax withheld  |
|  |                                     | 7 Social security tips                      | 8 Allocated tips   |
|  |                                     | 9   | 10 Dependent care benefits   |
|  |                                     | 11 Nonqualified plans                       | 12 See instrs. for box 12  |
|  |                                     | 13 Stat emp. Ret. Plan 3 Party Sick         |  |
|  |                                     | 14 Other<br>FLI 0.27<br>UI/WF/S 1.91        |  |
| 15 State & Employer's state ID<br>NJ   844-360-092/000   | 16 State wages, tips, etc<br>450.00 | 17 State income tax<br>6.75                 | 18 Local wages, tips, etc<br>19 Local income tax<br>20 Locality name |

2023  
Employee Reference Copy  
W2 Wage and Tax Statement  
OMB No. 1545-0048  
Copy 2 for Employer's records.

**Future developments.** For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to [www.irs.gov/FormW2](http://www.irs.gov/FormW2).

## 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 tax credit (EITC).** You may be able to take the EITC for 2024 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 EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 596. **Any EITC 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 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](http://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 2024 and more than \$10,453.20 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 \$6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

(See also *Instructions for Employee* on the back of Copy C.)

## Instructions for Employee

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

**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).

**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 \$23,000 (\$16,000 if you only have SIMPLE plans; \$26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$23,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2024, 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  
(continued on back of Copy 2)

## Instructions for Employee *(continued from back of Copy C)*

### Box 12 *(continued)*

- 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.
- 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)
- Q**—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.
- R**—Employer contributions to your Archer MSA. Report on Form 8853.
- S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan
- T**—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.
- 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 nonqualified 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

**II**—Medicaid waiver payments excluded from gross income under Notice 2014-7.

**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.