Copy B - To Be Filed FEDERAL Tax Retur	41-0852411 OMB No. 1545-0008						
a Employee's soc. sec. no.		1 Wages, tips, other con	2 Federal income tax withheld				
536-59-4746			794.49	127.33			
		3 Social security wages	704 40	4 Social security tax withheld			
<b>b</b> Employer ID number (EIN	1)		794.49	421.26 6 Medicare tax withheld			
91-6001637		5 Medicare wages and t	<sup>1ps</sup> 794.49	98.53			
c Employer's name, address, and ZIP code							
BELLEVUE SCHOOL DISTRICT 405 PO BOX 90010 BELLEVUE, WA 98009-9010							
d Control number							
e Employee's name, address, and ZIP code Suff. SHITAL PATIL 242 152ND PL SE BELLEVUE, WA 98007							
7 Social security tips	Social security tips 8 Allocated tips 0.00						
10 Dependent care benefits		11 Nonqualified plans	0.00	12a Code See inst. for box 12			
13 Statutory employee	<b>14</b> Oth	her		12b Code			
Retirement plan				12c Code			
Third-party sick pay				12d Code			
15 State 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			
Form W-2 Wage and Tax Statement 2023 This information is being furnished to the Internal Revenue Service Dept. of the Treasury IRS <a href="https://www.irs.gov/efiles">www.irs.gov/efiles</a>							

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)					41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.		1 Wages, tips, other comp.		2 Federal income tax withheld			
536-59-4746				6794.49		127.33	
		3 Social security wages		4 Social security tax withheld			
<b>b</b> Employer ID number (EII	N)	6794.49			421.26		
91-6001637		5 Medicare wages and tips 6794.49		6 N	ledicare tax withheld 98.53		
c Employer's name, address, and ZIP code							
BELLEVUE SCHO PO BOX 90010 BELLEVUE, WA 9							
d Control number							
e Employee's name, address, and ZIP code SHITAL PATIL 242 152ND PL SE BELLEVUE, WA 98007  7 Social security tips 8 Allocated tips 9							
0.00		0.00					
10 Dependent care benefit	s 0.00	11 N	onqualified plan	s 0.00	12a	Code See inst. for box 12	
13 Statutory employee	14 Oth	ner		0.00	12t	Code	
Retirement plan	irement plan			12c Code			
Third-party sick pay	12d			2d Code			
15 State Employer's state	ID nur	nber	16 State wages	s, tips, etc.		17 State income tax	
18 Local wages, tips, etc. 19 L		Local income tax		20 Locality name			
Form W-2 Wage and Tax	Stater	nent	2	023		Dept. of the Treasury IRS	

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.					41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.		1 Wages, tips, other comp. 6794.49			2 Federal income tax withheld 127.33		
536-59-4746					Social security tax withheld		
<b>b</b> Employer ID number (EIN	I)	6794.49			421.26		
91-6001637		5 Medicare wages and tips 6794.49			Medicare tax withheld 98.53		
c Employer's name, address, and ZIP code							
BELLEVUE SCHOOL DISTRICT 405 PO BOX 90010 BELLEVUE, WA 98009-9010							
d Control number							
e Employee's name, address, and ZIP code SHITAL PATIL 242 152ND PL SE BELLEVUE, WA 98007							
7 Social security tips 0.00			ocated tips 0.00	9			
10 Dependent care benefits 0.00			lonqualified plans	12a Code See inst. for box 12			
13 Statutory employee 1	14 Other			12b Code			
Retirement plan				12c Code			
Third-party sick pay				12d Code			
15 State Employer's state II	D nun	nber	16 State wages, tips, etc.		17 State income tax		
18 Local wages, tips, etc.			ocal income tax	20 Locality name			

2023

Dept. of the Treasury -- IRS

Form W-2 Wage and Tax Statement

Copy 2 - To Be Filed With City, or Local Income Tax	41-0852411 OMB No. 1545-0008			
a Employee's soc. sec. no.	1 Wages, tips, other comp. 6794.49	2 Federal income tax withheld 127.33		
536-59-4746	3 Social security wages	4 Social security tax withheld		
<b>b</b> Employer ID number (EIN)	6794.49  5 Medicare wages and tips	421.26  6 Medicare tax withheld		
91-6001637	6794.49	98.53		
c Employer's name, address, and BELLEVUE SCHOOL I PO BOX 90010 BELLEVUE, WA 98009	DISTRICT 405			
d Control number				
e Employee's name, address, an SHITAL PATIL 242 152ND PL SE BELLEVUE, WA 98007		Suff.		
7 Social security tips 0.00	8 Allocated tips 0.00	9		
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12		
13 Statutory employee 14 Ot	her	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
15 State Employer's state ID nur	mber 16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
Form W-2 Wage and Tax State	ment 2023	Dept. of the Treasury IRS		

## 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 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.

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

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

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

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

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 1400 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 figs 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). 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

employer paid to you or incurred on your behalf (including amounts from a section 125 (caleteria) 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 fil 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 fil 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, Emplo 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 Box 12. The following list explains the codes shown in box 12. You may meed this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and ED) under all plans are generally limited to a total of \$22.500 (\$15.500 if \$1.500 if \$1.000 if \$1.

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

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 final form of the 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 deferred arranement.

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 (includeferrals) to a section 457(b) deferred compensation p

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

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.

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 nonstatutiony 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 (ceferris) 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

satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus inferest. See the Form 1040 instructions AA-Designated Roth contributions under a section 401(k) plan BB-Designated Roth contributions under a section 401(k) plan DD-Cost of employer-sponsored health coverage. The amount reporter 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. 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

FF—Fernitude detents under a qualified strain employer readul 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

Hin - Aggregate terminal union section (5) decisions as of the cases o

Box 14. Employers may use this box to report information such as state BOX 14, Employers may use with eld, union deport miloritization sourch as traited insibility insurance traves withheld, union due, uniform payments, health insurance premium deutocide, nontaxiatel income, educational assistant 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 rity benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/o earnings in a particular year