

d Control number		1 Wages, tips, other compensation 86832.61	2 Federal income tax withheld 6655.88
OMB NO. 1545-0008	3 Social security wages 92089.89	4 Social security tax withheld 5709.57	
	5 Medicare wages and tips 92089.89	6 Medicare tax withheld 1335.30	
c Employer's name, address and ZIP code GROUP HEALTH, INC. 8170 33RD AVE SO MINNEAPOLIS MN 55425			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12 C 112.92
12b D 5257.28	12c DD 25294.79	12d W 1800.00	
b Employer identification number (EIN) 41-0797853		a Employee's social security number XXX-XX-8337	
13 Statutory employee	Retirement plan X	Third-party sick pay	14 Other
e Employee's name, address and ZIP code Bhanu pratap Duggineni 13788 Kaylemore Trail Rosemount MN 55068 <small>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.</small>			

2023 Form **W-2 Wage and Tax Statement**  
 Copy C For EMPLOYEE'S RECORDS  
 (See Notice to Employee on back of Copy B.)

15 State MN	Employer's state I.D. No. 8600490	16 State wages, tips, etc. 86832.61
17 State income tax 4366.39		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

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2023 Form **W-2 Wage and Tax Statement**  
 Copy B To Be Filed With Employee's FEDERAL Tax Return

15 State MN	Employer's state I.D. No. 8600490	16 State wages, tips, etc. 86832.61
17 State income tax 4366.39		18 Local wages, tips, etc.
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2023 Form **W-2 Wage and Tax Statement**  
 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

15 State MN	Employer's state I.D. No. 8600490	16 State wages, tips, etc. 86832.61
17 State income tax 4366.39		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

d Control number		1 Wages, tips, other compensation 86832.61	2 Federal income tax withheld 6655.88
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2023 Form **W-2 Wage and Tax Statement**  
 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

15 State MN	Employer's state I.D. No. 8600490	16 State wages, tips, etc. 86832.61
17 State income tax 4366.39		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

**Notice to Employee**

**if you file a tax return.** If you have at least one qualifying child,

**You may be able to take the EIC for 2023 if (a) you do not have a qualifying child and you earned less than \$12,880 (\$15,880 if married filing jointly), (b) you have one qualifying child and you earned less than \$33,995 (\$36,995 if married filing jointly), or (c) you have more than one qualifying child and you earned less than \$38,646 (\$41,646 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$2,950. Any EIC that is more than your tax liability is refunded to you, but only**

**Clergy and religious workers.** If you are not subject to social

**Corrections.** If your name, SSN, or address is incorrect,

www.socialsecurity.gov.

**Credit for excess taxes.** If you had more than one employer in

**Instructions for Employee** (Also see 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 8.** This amount is **not** included in boxes 1, 3, 5 or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

**Box 9.** Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.

**Box 10.** This amount is 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 \$5,000 is also included in box 1. You **must** complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**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 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.

**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 and BB) under all plans are generally limited to a total of \$16,500.00 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. 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 \$5,500 (\$2,500 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 "Wages, Salaries, Tips, etc." line instructions for Form 1040.

**Note.** If a year follows code D, E, F, G, H, or S, 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. See "Total Tax" in the Form 1040 instructions.

**B-** Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**C-** Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to 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

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

**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 "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

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

**K-** 20% excise tax on excess golden parachute payments. See "Total Tax" in 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 "Total Tax" in the Form 1040 instructions.

**N-** Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

**P-** Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3 or 5)

**Q-** Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

**R-** Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**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, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**V-** Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5)

**W-** Employer contributions to your Health Savings Account Report on Form 8889, Health Savings Accounts (HSAs).

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

**Z-** Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

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

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

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

**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. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.