| 1 Wages, tips, other compensation                   |               | 2 Federal Inco          | me tax withheld  |  |
|---|---------------|-------------------------|--|--|
|   | 88255.21      |                         | 13929.12   |  |
| 3 Social security wages                             |               | 4 Social securi         | ty tax withheld  |  |
|   | 93555.21      |                         | 5800.42  |  |
| 5 Medicare wages and tips                           |               | 6 Medicare tax          | withheld   |  |
|   | 93555.21      |                         | 1356.55  |  |
| a Employee's SSA number                             |               | Employer use of         | only   |  |
| 335-73-7012   |               |                         |  |  |
| b Employer's FED ID number                          |               | d Control number        |  |  |
| 72-1432917  | D a a da      | 00338441                |  |  |
| c Employer's name, address, and ZIF                 | code          |                         |  |  |
| Lumen Technolo                                      | ogies Servic  | e Group, LL             | С  |  |
| 100 CenturyLink                                     | Drive         |                         |  |  |
| Monroe LA 7120                                      | )3            |                         |  |  |
|   |               |                         |  |  |
|   |               |                         |  |  |
|   |               |                         |  |  |
| 7 Social security tips                              |               | 8 Allocated tips        |  |  |
|   |               |                         |  |  |
| 9   |               | 10 Dependent            | care benefits  |  |
| 11 Nongualified plans                               |               | 10-0                    | tions for how 40   |  |
| r nonquaimed plans                                  |               | DD                      | tions for box 12 5349.73   |  |
| 13 Statutory Retirement Third<br>Employee plan Sick | -Party<br>bay | 12b                     |  |  |
| Employée plan Sick j                                | bay           | C                       | 62.73  |  |
|   |               |                         |  |  |
| 14 Other  |               | <sup>12c</sup> D        | 5300.00  |  |
|   |               | <sup>12d</sup> W        | 750.00   |  |
|   |               | vv                      |  |  |
| e Employee's first name and initia                  |               | e                       | Suff.  |  |
| Sairam Sankara                                      |               |                         |  |  |
| 714 Ewell Farm                                      |               |                         |  |  |
| Spring Hill TN 3                                    | 7174          |                         |  |  |
|   |               |                         |  |  |
| f Employee's address and ZIP code                   |               |                         |  |  |
| 15 State Employer's st                              | ate ID        | 18 Local wage           | s, tips, etc   |  |
|   |               |                         |  |  |
| 16 State wages, tips, etc.                          |               | 19 Local income tax     |  |  |
| 17 State income tax                                 |               | 20 Locality name        |  |  |
|   |               |                         |  |  |
| Form OMB. No. 1545-000                              | В             | Dept. of th             | e Treasury - Internal Revenue<br>his information is being furnished to<br>you are required to file a tax return,<br>ce penalty or other sanction may be<br>n you if this income is taxable and |  |
| W-2 Wage and T<br>Statement                         | ax 202        | the IRS. If             | you are required to file a tax return,   |  |
|   | 202           | a negligen<br>imposed o | ce penalty or other sanction may be<br>n you if this income is taxable and   |  |
| Copy C for Employee's records                       |               | you fail to             | report it.   |  |
|   |               |                         |  |  |
| 1 Wages, tips, other compensation                   |               | 2 Federal Inco          | ne tax withheld  |  |

| 1 Wages, tips, othe   | er compensation                      |                  | 2 Fee                     | deral Incon       | ne tax withheld  |          |
|---|--------------------------------------|------------------|---------------------------|-------------------|------------------|----------|
|   |                                      | 88255.21         |                           |                   |                  | 13929.12 |
| 3 Social security w   | ages                                 |                  | 4 So                      | cial securit      | y tax withheld   |          |
|   |                                      | 93555.21         |                           |                   |                  | 5800.42  |
| 5 Medicare wages  | and tips                             |                  | 6 Me                      | dicare tax        | withheld         |          |
|   |                                      | 93555.21         |                           |                   |                  | 1356.55  |
| a Employee's SSA  | number                               |                  | Empl                      | oyer use o        | only             |          |
| 335-73-7012   |                                      |                  |                           |                   |                  |          |
| b Employer's FED<br>72-1432917  | ID number                            |                  | d Control number          |                   |                  |          |
|   | address and ZIE                      | 2 code           | 00338441                  |                   |                  |          |
| c Employer's name, address, and ZIP code<br>Lumen Technologies Service Group, LLC<br>100 CenturyLink Drive<br>Monroe LA 71203   |                                      |                  |                           |                   |                  |          |
| 7 Social security ti  | os                                   |                  | 8 Allo                    | ocated tips       |                  |          |
|   |                                      |                  |                           |                   |                  |          |
| 9   |                                      |                  | 10 D                      | ependent o        | care benefits    |          |
| 11 Nonqualified pla   |                                      |                  |                           | See instruc<br>DD | tions for box 12 | 5349.73  |
| 13 Statutory R<br>Employee p  | etirement Third-<br>lan Sick p<br><☐ | Party<br>ay      | 12b                       | С                 |                  | 62.73    |
| 14 Other  |                                      |                  | 12c                       | D                 |                  | 5300.00  |
|   |                                      |                  | 12d                       | W                 |                  | 750.00   |
| e Employee's first name and initial Last name Suff.<br>Sairam Sankaramanchi<br>714 Ewell Farm Dr<br>Spring Hill TN 37174  |                                      |                  |                           |                   |                  |          |
| f Employee's addr   | ess and ZIP code                     |                  |                           |                   |                  |          |
| 15 State  | Employer's sta                       | ate ID           | 18 Local wages, tips, etc |                   |                  |          |
| 16 State wages, tip   | 16 State wages, tips, etc.           |                  | 19 Local income tax       |                   |                  |          |
| 17 State income tax   |                                      | 20 Locality name |                           |                   |                  |          |
| Form       OMB. No. 1545-0008       Dept. of the Treasury - Internal Revenue         Wage and Tax       2023       Dept. of the Treasury - Internal Revenue         Service       Service         Copy B To Be Filed With Employee's FEDERAL Tax Return |                                      |                  |                           |                   |                  |          |

|                | 1 Wages, tips, o   | ther compensation   |                    | 2 Federal Incor            | me tax withheld       |            |
|----------------|--|---|--------------------|----------------------------|-----------------------|------------|
| 2              |  | •   | 88255.21           |                            |                       | 13929.12   |
| 12             | 3 Social security  | wages   | 93555.21           | 4 Social securi            | ty tax withheld       | 5000 42    |
| 12             | 5 Medicare wag   | es and tins   | 93000.21           | 6 Medicare tax             | withhold              | 5800.42    |
| 5              | 5 Medicare way   | es and ups  | 02555 21           | o medicare tax             | withited              | 1256 55    |
| 55             | a Employee's S   | SA number   | 93555.21           | Employer use of            | anly                  | 1356.55    |
|                |  |   |                    |                            | Jilly                 |            |
|                | 335-73-70  | 12  |                    |                            |                       |            |
|                | b Employer's FE  |   |                    | d Control numb<br>00338441 |                       |            |
|                | 72-143291  | I<br>me, address, and ZI  | P codo             | 00336441                   |                       |            |
|                | Lumen Technologies Service Group, LLC<br>100 CenturyLink Drive<br>Monroe LA 71203  |   |                    |                            |                       |            |
| _              | 7 Social security  | v tips  |                    | 8 Allocated tips           | 3                     |            |
| _              | 9  |   |                    | 10 Dependent               | care benefits         |            |
| '3             | 11 Nonqualified  |   |                    | 12a See instruc<br>DD      | ctions for box 12     | 5349.73    |
| '3             | 13 Statutory<br>Employee   | Retirement Third<br>plan Sick                                     | l-Party<br>pay     | <sup>12b</sup> C           |                       | 62.73      |
| 00             | 14 Other   |   |                    | <sup>12c</sup> D           |                       | 5300.00    |
| 0              |  |   |                    | <sup>12d</sup> W           |                       | 750.00     |
|                | e Employee's first name and initial Last name Suff.<br>Sairam Sankaramanchi<br>714 Ewell Farm Dr<br>Spring Hill TN 37174 |   |                    |                            |                       |            |
|                | f Employee's ac  | Idress and ZIP code   |                    |                            |                       |            |
|                | 15 State   | Employer's s  | tate ID            | 18 Local wages             | s, tips, etc          |            |
|                | 16 State wages,  | tips, etc.  |                    | 19 Local incom             | ie tax                |            |
|                | 17 State income  | tax   |                    | 20 Locality nan            | ne                    |            |
| to<br>n,<br>be | W-2  | OMB. No. 1545-000<br>Wage and<br>Statement<br>iled With Employee' | <sup>rax</sup> 202 | 3 Service                  | ne Treasury - Interna | al Revenue |

| 1 Wages, tips, other compensation                              | 2 Federal Incor     | ne tax withheld                 |  |
|--|---------------------|---------------------------------|--|
| 88255.21   |                     | 13929.12                        |  |
| 3 Social security wages  | 4 Social securi     |                                 |  |
| 93555.21   |                     | 5800.42                         |  |
| 5 Medicare wages and tips                                      | 6 Medicare tax      |                                 |  |
| 93555.21   |                     | 1356.55                         |  |
| a Employee's SSA number  | Employer use of     |                                 |  |
| 335-73-7012  |                     |                                 |  |
| b Employer's FED ID number                                     | d Control numb      | er                              |  |
| 72-1432917   | 00338441            |                                 |  |
| c Employer's name, address, and ZIP code                       | •                   |                                 |  |
| Lumen Technologies Servic                                      | e Group II          | C.                              |  |
| 100 CenturyLink Drive  | C Oloup, LL         | 0                               |  |
| Monroe LA 71203  |                     |                                 |  |
| WOITIOE LA 71203   |                     |                                 |  |
|  |                     |                                 |  |
|  |                     |                                 |  |
|  |                     |                                 |  |
| 7 Social security tips   | 8 Allocated tips    |                                 |  |
| 9  | 10 Dependent        | care benefits                   |  |
|  | re Dependent        |                                 |  |
| 11 Nonqualified plans  |                     | tions for box 12 5349.73        |  |
| 12 Statutory Patiroment Third Party                            | DD<br>12b           | 00-10.110                       |  |
| 13 Statutory Retirement Third-Party<br>Employée plan Sick pay  | C                   | 62.73                           |  |
|  | Ũ                   | 02.110                          |  |
| 14 Other   | <sup>12c</sup> D    | 5300.00                         |  |
|  | 12d                 |                                 |  |
|  | W W                 | 750.00                          |  |
| e Employee's first name and initial Last nam                   | e                   | Suff.                           |  |
| Sairam Sankaramanchi   |                     |                                 |  |
| 714 Ewell Farm Dr  |                     |                                 |  |
| Spring Hill TN 37174   |                     |                                 |  |
| 1 3  |                     |                                 |  |
| f Employee's address and ZID sade                              |                     |                                 |  |
| f Employee's address and ZIP code 15 State Employer's state ID | 18 Local wages      | s, tips, etc                    |  |
|  |                     |                                 |  |
| 16 State wages, tips, etc.                                     | 19 Local income tax |                                 |  |
| 17 State income tox  |                     |                                 |  |
| 17 State income tax  | 20 Locality name    |                                 |  |
| Form OMB. No. 1545-0008  | Dept of             | the Treasury - Internal Revenue |  |

W-2 Wage and Tax 2023 Dept. of the T Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return