

Form **W-2 Wage and Tax Statement** 2024

c Employer's name, address, and ZIP code

GE ENERGY MGMT SERVICES, LLC
P.O. BOX 2236
SCHENECTADY NY 12301-6024

e Employee's name, address, and ZIP code

Suff. SUNEEL VURITI
27411 NE 152ND CT
DUVALL WA 98019

7 Social security tips	1 Wages, tips, other comp. 44823.53	2 Federal income tax withheld 4607.51
8 Allocated tips	3 Social security wages 48896.34	4 Social security tax withheld 3031.57
9	5 Medicare wages and tips 48896.34	6 Medicare tax withheld 709.00
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 239.40
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b D 4072.81
b Employer identification number (EIN) 35-1886526		12c DD 4777.00
a Employee's social security no. 772-05-2989		12d

15 State	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
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Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov/efile

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

OMB No. 1545-0008

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2024

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GE ENERGY MGMT SERVICES, LLC
P.O. BOX 2236
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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

L87 OMB No. 1545-0008 5206

Dept. of the Treasury - IRS

		a Employee's social security number 804-79-8305		OMB No. 1545-0008	
b Employer identification number 92-1187849		1 Wages, tips, other compensation 1582.87		2 Federal income tax withheld	
c Employer's name, address, and ZIP code CN Newcastle LLC Code Ninjas Newcastle 13316 Newcastle Common Newcastle, WA 98059-		3 Social security wages 1582.87		4 Social security tax withheld 98.13	
		5 Medicare wages and tips 1582.87		6 Medicare tax withheld 22.94	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Sai Rishali		Last name Vuriti		11 Nonqualified plans	
27411 NE 152nd Ct Duvall, WA 98019		13 Statutory employee Retirement plan Third party sick pay		12a See instructions for box 12	
		14 Other		12b	
				12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc. 1582.87	17 State income tax	18 Local wages, tips, etc. 1582.87	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement
Copy B-To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

2024

Department of the Treasury-Internal Revenue Service

		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
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2024

Department of the Treasury-Internal Revenue Service

9411.68		261.47	
1	Wages, tips, other comp.	2	Federal income tax withheld
9411.68		583.52	
3	Social security wages	4	Social security tax withheld
9411.68		136.48	
5	Medicare wages and tips	6	Medicare tax withheld
Employer's name, address, and ZIP code Riverview School District PO Box 519 Duvall WA 98019			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13	Statutory employee	Retirement plan	Third-party sick pay
		12c	
		12d	
14		Employee's social security no. 866-70-1303	
		Employer ID number (EIN) 91-6001639	
		Control number	
Himabindu Vuriti 27411 NE 152nd Ct Duvall WA 98019			
Employee's name, address, and ZIP code			
15	St. Employer's state ID number	16	State wages, tips, etc.
		17 State income tax	
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		20 Locality name	
Wage and Tax Statement Copy B This information is being furnished to the IRS. To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008 Department of the Treasury – Internal Revenue Service			
Form		W-2	
		2024	

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Wage and Tax Statement Copy C — For EMPLOYEE'S RECORDS This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is accurate and you fail to report it. OMB No. 1545-0008 Department of the Treasury – Internal Revenue Service			
Form		W-2	
		2024	

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 non governmental 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 (\$18,000 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.

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 gross 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—Employer 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.

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.

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 income 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. 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.

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.

**UNIVERSITY OF WASHINGTON****Educational Tax Credits Report**

IRS Form 1098-T and UW Information Statement - Tax Year 2024

2/13/25

If you have any questions regarding this report, please contact Student Fiscal Services via email at taxquest@uw.edu or call 206-221-2609, 9-5 Pacific Time Monday through Friday. See http://sdb.admin.uw.edu/sisStudents/irs1098t_instructions.aspx for additional information.

University of Washington
Student Fiscal Services
129 Schmitz Hall, Seattle WA 98195

UW IRS Identification Number: 91-6001537

SANJALI VURITI
27411 NE 152ND CT
DUVALL WA 98019

SOC SEC NUMBER: *****0604
Student Number: 2126300

INFORMATION SUBMITTED TO THE IRS

The following information is being sent to the IRS. Box numbers correspond to IRS form 1098-T, also called the "Tuition Statement". Any box number not listed below should be considered to have a zero dollar amount.

Box 1 : Payments for qualified tuition & related expenses... \$12,661.00
Box 5 : Scholarships or grants..... \$242.00
Box 7 : Expenses include an amount for 2025..... No
Box 8 : Student is at least half-time..... Yes
Box 9 : Student is a graduate student..... No

DETAIL OF CHARGES & PAYMENTS AND SCHOLARSHIPS OR GRANTS

The following information is NOT being sent to the IRS.

QUALIFIED TUITION AND RELATED EXPENSES PAID IN 2024

Charged	Transaction	Expense	Paid
12/27/23	WINTER 2024 TUITION	4,128.00	4,128.00
	REGULAR COURSE FEES	50.00	50.00
3/20/24	SPRING 2024 TUITION	4,128.00	4,128.00
	REGULAR COURSE FEES	50.00	50.00
8/28/24	AUTUMN 2024 TUITION	4,255.00	4,255.00
	REGULAR COURSE FEES	50.00	50.00
	TOTAL:	12,661.00	12,661.00

SCHOLARSHIPS OR GRANTS RECEIVED IN 2024

Date	Transaction	Grant Aid	Total
12/28/23	ASE TA/RA U-PASS WAIVER	86.00	
3/21/24	ASE TA/RA U-PASS WAIVER	86.00	
9/20/24	ASE TA/RA U-PASS WAIVER	70.00	242.00



3415 VISION DRIVE OH4-7214
COLUMBUS, OH 43219-6009

2761 20
SUNEEL VURITI
27411 NE 152ND CT
DUVALL, WA 98019

Phone Support: 1-800-848-9136 WE ACCEPT OPERATOR RELAY CALLS

MORTGAGE
REAL ESTATE TAXES PAID \$10,137.95

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. JPMORGAN CHASE BANK, N.A. HOME LENDING 3415 VISION DRIVE OH4-7214 COLUMBUS, OH 43219-6009		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 2024	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.	
RECIPIENT'S/LENDER'S TIN 13-4994650		PAYER'S/BORROWER'S TIN ***-**-2989	1 Mortgage interest received from payer(s)/borrower(s)* \$25,013.82		2 Outstanding mortgage principal \$879,634.88
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SUNEEL VURITI 27411 NE 152ND CT DUVALL, WA 98019		3 Mortgage origination date 09/28/2021	4 Refund of overpaid interest		
		5 Mortgage insurance premiums	6 Points paid on purchase of principal residence		
		7 <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8			
9 Number of properties securing the mortgage		8 Address or description of property securing mortgage 27411 NE 152ND CT DUVALL WA 98019			
Account number (see instructions) 1390654501		10 Other		11 Mortgage acquisition date	

YOUR INTEREST MAY BE OVERSTATED IN BOX 1 IF ALL OR A PORTION OF YOUR PAYMENTS ARE SUBSIDIZED BY A STATE-FUNDED PROGRAM. CONTACT YOUR TAX ADVISOR WITH QUESTIONS.
