

Copy B-To Be Filed With Employee's FEDERAL Tax Return		W-2 Wage and Tax Statement		2024	OMB No. 1545-0008
a. Employee's soc. sec. no. XXX-XX-8335	1. Wages, tips, other comp 2909.13	2. Fed. income tax withheld 327.72			
b. Employer ID number (EIN) 27-0705851	3. Social security wages 2081.13	4. Soc. sec. tax withheld 180.37			
d. Control number 4692-7591	5. Medicare wages and tips 2909.13	6. Medicare tax withheld 42.18			
c. Employer's name, address, and ZIP code Kama Restaurants LLC 2301 W Wabansia Ave 3 Chicago, IL 60647					
e. Employee's name, address, and ZIP code  Tamalika Sengupta 1704 Frost Lane Naperville, IL 60564					
7. Social security tips 828.00	8. Allocated tips	9.			
10. Dependent care benefits	11. Nonqualified plans	12a. Code			
13. Statutory employee	14. Other	12b. Code			
		12c. Code			
		12d. Code			
15. State IL	Employer's state ID no. 27-0705851	16. State wages, tips, etc. 2909.13	17. State income tax 143.99		
18. Local wages, tips, etc..	19. Local income tax	20. Locality name			

Department of the Treasury — Internal Revenue Service  
This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return		W-2 Wage and Tax Statement		2024	OMB No. 1545-0008
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Department of the Treasury — Internal Revenue Service

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Department of the Treasury — Internal Revenue Service

<b>Copy B—To Be Filed With Employee's FEDERAL Tax Return.</b>			OMB No. 1545-0008
<b>a</b> Employee's soc. sec. no. 785-11-8335	<b>1</b> Wages, tips, other comp. 709.04	<b>2</b> Federal income tax withheld 709.04	
<b>b</b> Employer ID number (EIN) 208913946	<b>3</b> Social security wages 694.76	<b>4</b> Social security tax withheld 43.97	
	<b>5</b> Medicare wages and tips 709.04	<b>6</b> Medicare tax withheld 10.28	
<b>c</b> Employer's name, address, and ZIP code Chipotle Services, LLC 610 Newport Center Drive Suite 1300 Newport Beach, CA 92660			
<b>d</b> Control number			
<b>e</b> Employee's name, address, and ZIP code Tamalika Sengupta 1704 Frost Lane Naperville, IL 60564			
<b>7</b> Social security tips 14.28		<b>8</b> Allocated tips 9	
<b>10</b> Dependent care benefits		<b>11</b> Nonqualified plans	<b>12a</b> Code See inst. for box 12
<b>13</b> Statutory employee	<b>14</b> Other  Retirement plan  Third-party sick pay		
		<b>12b</b> Code  <b>12c</b> Code  <b>12d</b> Code	
IL	2089139460009	709.04	35.10
<b>15</b> State Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

**Form W-2 Wage and Tax Statement** **2024** Dept. of the Treasury - IRS

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18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

**Form W-2 Wage and Tax Statement** **2024** Dept. of the Treasury - IRS

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IL	2089139460009	709.04	35.10
<b>15</b> State Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
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**Form W-2 Wage and Tax Statement** **2024** Dept. of the Treasury - IRS

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		<b>12b</b> Code  <b>12c</b> Code  <b>12d</b> Code	
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**Form W-2 Wage and Tax Statement** **2024** Dept. of the Treasury - IRS

**BW24UP** NTF 2586385 **4 BW24UP**

1 Wages, tips, other compensation  3 Social security wages  5 Medicare wages and tips  a Employee's social security number  b Employer identification number (EIN) 47-0049123 c Employer's name, address, and ZIP code	2 Federal Income tax withheld  4 Social security tax withheld  6 Medicare tax withheld  Employer use only  d Control number 00191237
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University of Nebraska-Board of Regents  
3835 Holdrege St  
Lincoln NE 68503-1435

7 Social security tips  9  11 Nonqualified plans  13 Statutory Employee Retirement plan Third-Party Sick pay  14 Other	8 Allocated tips  10 Dependent care benefits  12a See instructions for box 12  12b  12c  12d
--	--

e Employee's first name and initial Last name Suff.  
Tejaswini Boinpally  
804 S 198 St  
Omaha NE 68022

f Employee's address and ZIP code 15 State NE 8905401 16 State wages, tips, etc. 36.00 17 State income tax	18 Local wages, tips, etc 19 Local income tax 20 Locality name
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**Form W-2 OMB. No. 1545-0008 Wage and Tax Statement 2023**  
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Copy C for Employee's records

1 Wages, tips, other compensation  3 Social security wages  5 Medicare wages and tips  a Employee's social security number  b Employer identification number (EIN) 47-0049123 c Employer's name, address, and ZIP code	2 Federal Income tax withheld  4 Social security tax withheld  6 Medicare tax withheld  Employer use only  d Control number 00191237
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Dept. of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's STATE Income Tax Return

1 Wages, tips, other compensation  3 Social security wages  5 Medicare wages and tips  a Employee's social security number  b Employer identification number (EIN) 47-0049123 c Employer's name, address, and ZIP code	2 Federal Income tax withheld  4 Social security tax withheld  6 Medicare tax withheld  Employer use only  d Control number 00191237
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**Form W-2 OMB. No. 1545-0008 Wage and Tax Statement 2023**  
Dept. of the Treasury - Internal Revenue Service  
Copy B To Be Filed With Employee's FEDERAL Tax Return

**Form W-2 OMB. No. 1545-0008 Wage and Tax Statement 2023**  
Dept. of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008
<b>a</b> Employee's soc. sec. no. 488-19-5976	1 Wages, tips, other comp.	2 Federal income tax withheld	
	3 Social security wages	4 Social security tax withheld	
<b>b</b> Employer ID number (EIN) 36-4481037	5 Medicare wages and tips	6 Medicare tax withheld	
	<b>c</b> Employer's name, address, and ZIP code US: Mastercard Technologies, LLC 2200 MasterCard Blvd. O'Fallon, MO 63368		
<b>d</b> Control number			
<b>e</b> Employee's name, address, and ZIP code Tejaswini Boinpally 1308 Winghaven Pointe Drive O'Fallon, MO 63368			
7 Social security tips		8 Allocated tips	<b>9</b>
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12
<b>13</b> Statutory employee  Retirement plan X  Third-party sick pay	12b Code		
	12c Code		
	12d Code		
NE	21009496920	14583.09	122.84
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
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Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

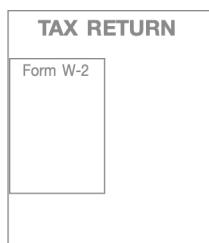
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Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

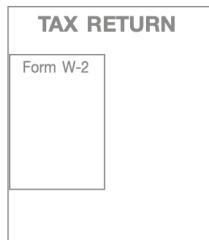
BW24UP NTF 2586385 4 BW24UP

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:



**NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.**

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**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*.)

#### Instructions for Employee

(See also *Notice to 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 boxes 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. 517). Deferrals under code G are limited to \$23,000. Deferrals under code H are limited to \$7,000.

#### Instructions for Employee (continued)

##### **Box 12 (continued)**

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 RRRA 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). See Pub. 525 for reporting requirements.

**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 RRRA 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 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.**