

Employee Reference Copy	Wage and Tax Statement	<b>2024</b>
Copy C for employee's records.		
d Control number 209137	Dept. DC0063	Corp. Employer use only T
c Employer's name, address, and ZIP code <b>2842-2678</b> <b>COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT</b> <b>211 QUALITY CIR STE 150</b> <b>COLLEGE STATION TX 77845</b>		

<b>Batch #01964</b>			
e/f Employee's name, address, and ZIP code <b>MANIKANDAN ALAGAPPAN</b> <b>211 QUALITY CIR SUITE 150</b> <b>COGNIZANT TECHNOLOGY SOLUTIONS</b> <b>COLLEGE STATION TX 77845-4470</b>			
b Employer's FED ID number <b>13-3924155</b>	a Employee's SSA number <b>XXX-XX-0861</b>		
1 Wages, tips, other comp. <b>89239.83</b>	2 Federal income tax withheld <b>11101.62</b>		
3 Social security wages <b>94811.99</b>	4 Social security tax withheld <b>5878.34</b>		
5 Medicare wages and tips <b>94811.99</b>	6 Medicare tax withheld <b>1374.77</b>		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 <b>C   137.81</b>		
14 Other	12b D   <b>5572.16</b>		
	12c DDI   <b>4935.48</b>		
	12d		
	13 Stat emp Ret. plan 3rd party sick pay X		
15 State Employer's state ID no. <b>TOTAL STATE</b>	16 State wages, tips, etc.		
17 State income tax <b>4415.89</b>	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	IL. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	95 ,097 .98	95 ,097 .98	95 ,097 .98	94 ,260 .67
Plus GTL (C-Box 12)	137 .81	137 .81	137 .81	137 .81
Less 401(k) (D-Box 12)	5 ,572 .16	N/A	N/A	5 ,572 .16
Less Other Cafeteria 125	423 .80	423 .80	423 .80	423 .80
Reported W-2 Wages	<b>89,239.83</b>	<b>94,811.99</b>	<b>94,811.99</b>	<b>88,402.52</b>

2. Employee Name and Address.

**MANIKANDAN ALAGAPPAN**  
**211 QUALITY CIR SUITE 150**  
**COGNIZANT TECHNOLOGY SOLUTIONS**  
**COLLEGE STATION TX 77845-4470**

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1 Wages, tips, other comp. <b>89239.83</b>	2 Federal income tax withheld <b>11101.62</b>		
3 Social security wages <b>94811.99</b>	4 Social security tax withheld <b>5878.34</b>		
5 Medicare wages and tips <b>94811.99</b>	6 Medicare tax withheld <b>1374.77</b>		
d Control number 209137	Dept. DC0063	Corp.	Employer use only T
c Employer's name, address, and ZIP code <b>2842-2678</b> <b>COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT</b> <b>211 QUALITY CIR STE 150</b> <b>COLLEGE STATION TX 77845</b>			
b Employer's FED ID number <b>13-3924155</b>	a Employee's SSA number <b>XXX-XX-0861</b>		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 <b>C   137.81</b>		
14 Other	12b D   <b>5572.16</b>		
	12c DD   <b>4935.48</b>		
	12d		
	13 Stat emp Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code <b>MANIKANDAN ALAGAPPAN</b> <b>211 QUALITY CIR SUITE 150</b> <b>COGNIZANT TECHNOLOGY SOLUTIONS</b> <b>COLLEGE STATION TX 77845-4470</b>			
15 State Employer's state ID no. <b>TOTAL STATE</b>	16 State wages, tips, etc.		
17 State income tax <b>4415.89</b>	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Filing Copy			
W-2	Wage and Tax Statement	<b>2024</b>	OMB No. 1545-0008

1 Wages, tips, other comp. <b>89239.83</b>	2 Federal income tax withheld <b>11101.62</b>		
3 Social security wages <b>94811.99</b>	4 Social security tax withheld <b>5878.34</b>		
5 Medicare wages and tips <b>94811.99</b>	6 Medicare tax withheld <b>1374.77</b>		
d Control number 209137	Dept. DC0063	Corp.	Employer use only T
c Employer's name, address, and ZIP code <b>2842-2678</b> <b>COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT</b> <b>211 QUALITY CIR STE 150</b> <b>COLLEGE STATION TX 77845</b>			
b Employer's FED ID number <b>13-3924155</b>	a Employee's SSA number <b>XXX-XX-0861</b>		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 <b>C   137.81</b>		
14 Other	12b D   <b>5572.16</b>		
	12c DD   <b>4935.48</b>		
	12d		
	13 Stat emp Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code <b>MANIKANDAN ALAGAPPAN</b> <b>211 QUALITY CIR SUITE 150</b> <b>COGNIZANT TECHNOLOGY SOLUTIONS</b> <b>COLLEGE STATION TX 77845-4470</b>			
15 State Employer's state ID no. <b>IL 13-3924155 000 4</b>	16 State wages, tips, etc. <b>88402.52</b>		
17 State income tax <b>4375.89</b>	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
IL.State Reference Copy			
W-2	Wage and Tax Statement	<b>2024</b>	OMB No. 1545-0008

1 Wages, tips, other comp. <b>89239.83</b>	2 Federal income tax withheld <b>11101.62</b>		
3 Social security wages <b>94811.99</b>	4 Social security tax withheld <b>5878.34</b>		
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d Control number 209137	Dept. DC0063	Corp.	Employer use only T
c Employer's name, address, and ZIP code <b>2842-2678</b> <b>COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT</b> <b>211 QUALITY CIR STE 150</b> <b>COLLEGE STATION TX 77845</b>			
b Employer's FED ID number <b>13-3924155</b>	a Employee's SSA number <b>XXX-XX-0861</b>		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 <b>C   137.81</b>		
14 Other	12b D   <b>5572.16</b>		
	12c DD   <b>4935.48</b>		
	12d		
	13 Stat emp Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code <b>MANIKANDAN ALAGAPPAN</b> <b>211 QUALITY CIR SUITE 150</b> <b>COGNIZANT TECHNOLOGY SOLUTIONS</b> <b>COLLEGE STATION TX 77845-4470</b>			
15 State Employer's state ID no. <b>IL 13-3924155 000 4</b>	16 State wages, tips, etc. <b>88402.52</b>		
17 State income tax <b>4375.89</b>	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
IL.State Filing Copy			
W-2	Wage and Tax Statement	<b>2024</b>	OMB No. 1545-0008

MO.State Reference Copy			
Wage and Tax Statement <b>2024</b> OMB No. 1545-0008			
Copy 2 to be filed with employee's State Income Tax Return.			
d Control number 209137	Dept. CLI2/CNL	Corp. DC0063	Employer use only <b>T</b>
c Employer's name, address, and ZIP code <b>COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845</b>			
Batch #01964			
e/f Employee's name, address, and ZIP code <b>MANIKANDAN ALAGAPPAN 211 QUALITY CIR SUITE 150 COGNIZANT TECHNOLOGY SOLUTIONS COLLEGE STATION TX 77845-4470</b>			
b Employer's FED ID number <b>13-3924155</b>	a Employee's SSA number <b>XXX-XX-0861</b>		
1 Wages, tips, other comp. <b>89239.83</b>	2 Federal income tax withheld <b>11101.62</b>		
3 Social security wages <b>94811.99</b>	4 Social security tax withheld <b>5878.34</b>		
5 Medicare wages and tips <b>94811.99</b>	6 Medicare tax withheld <b>1374.77</b>		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
15 State <b>MO</b>	Employer's state ID no. <b>16617703</b>	16 State wages, tips, etc. <b>837.31</b>	
17 State income tax <b>40.00</b>	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

1 Wages, tips, other comp. <b>89239.83</b>	2 Federal income tax withheld <b>11101.62</b>		
3 Social security wages <b>94811.99</b>	4 Social security tax withheld <b>5878.34</b>		
5 Medicare wages and tips <b>94811.99</b>	6 Medicare tax withheld <b>1374.77</b>		
d Control number 209137	Dept. CLI2/CNL	Corp. DC0063	Employer use only <b>T</b>
c Employer's name, address, and ZIP code <b>COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845</b>			
b Employer's FED ID number <b>13-3924155</b>	a Employee's SSA number <b>XXX-XX-0861</b>		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
e/f Employee's name, address and ZIP code <b>MANIKANDAN ALAGAPPAN 211 QUALITY CIR SUITE 150 COGNIZANT TECHNOLOGY SOLUTIONS COLLEGE STATION TX 77845-4470</b>	13 Stat emp Ret. plan 3rd party sick pay <b>X</b>		
15 State <b>MO</b>	Employer's state ID no. <b>16617703</b>	16 State wages, tips, etc. <b>837.31</b>	
17 State income tax <b>40.00</b>	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

MO.State Filing Copy			
Wage and Tax Statement <b>2024</b> OMB No. 1545-0008			
Copy 2 to be filed with employee's State Income Tax Return.			

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

**1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.**

		MO. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	Reported W-2 Wages	837 .31 <b>837.31</b>

**2. Employee Name and Address.**

**MANIKANDAN ALAGAPPAN  
211 QUALITY CIR SUITE 150  
COGNIZANT TECHNOLOGY SOLUTIONS  
COLLEGE STATION TX 77845-4470**

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# 2023 W-2 and EARNINGS SUMMARY

Employee	Reference	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2023</b>
Copy C for employee's records.		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	6,546.92	SOCIAL SECURITY	405.91
TAX WITHHELD		TAX WITHHELD	
BOX 04 OF W-2		BOX 04 OF W-2	
MEDICARE TAX		MEDICARE TAX	94.93
WITHHELD		WITHHELD	
BOX 06 OF W-2		BOX 06 OF W-2	
STATE INCOME TAX	175.00	SUI/SDI	0.00
BOX 17 OF W-2		BOX 14 OF W-2	
LOCAL INCOME TAX	0.00		
BOX 19 OF W-2			

d Control number      Dept.      Corp.      Employer use only

0000004857 VMI      001      BU44      A      102081

c Employer's name, address, and ZIP code  
**SCMS ADMINISTRATIVE SERVICES INC**  
**8125 SEDGWICK WAY**  
**MEMPHIS, TN 38125**

AGENT FOR COGNIZANT

e/f Employee's name, address, and ZIP code

**MANIKANDAN ALAGAPPAN**  
**1457 WESTMEADE DR**  
**CHESTERFIELD, MO 63017-4644**

b Employer's FED ID number      a Employee's SSA number

**62-1660982**      **XXX-XX-0861**

1 Wages, tips, other comp.	2 Federal income tax withheld
<b>6546.92</b>	<b>375.63</b>
3 Social security wages	4 Social security tax withheld
<b>6546.92</b>	<b>405.91</b>
5 Medicare wages and tips	6 Medicare tax withheld
<b>6546.92</b>	<b>94.93</b>

7 Social security tips      8 Allocated tips

9      10 Dependent care benefits

11 Nonqualified plans      12a See instructions for box 12

12b	1
12c	1
12d	1
13 Stat emp	Ret. plan
3rd party sick pay	X

15 State Employer's state ID no.      16 State wages, tips, etc.

**MO**      **16321120**      **6546.92**

17 State income tax      18 Local wages, tips, etc.

**175.00**      **175.00**

19 Local income tax      20 Locality name

To change your employee W-4 profile information  
file a new W-4 with your payroll department

Social Security Number: XXX-XX-0861

**MANIKANDAN ALAGAPPAN**  
**1457 WESTMEADE DR**  
**CHESTERFIELD, MO 63017-4644**

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PAGE 01 OF 01

1 Wages, tips, other comp.	2 Federal income tax withheld
<b>6546.92</b>	<b>375.63</b>
3 Social security wages	4 Social security tax withheld
<b>6546.92</b>	<b>405.91</b>
5 Medicare wages and tips	6 Medicare tax withheld
<b>6546.92</b>	<b>94.93</b>

d Control number	Dept.	Corp.	Employer use only
0000004857 VMI	001	BU44	A
<b>102081</b>			

c Employer's name, address, and ZIP code  
**SCMS ADMINISTRATIVE SERVICES INC**  
**8125 SEDGWICK WAY**  
**MEMPHIS, TN 38125**

AGENT FOR COGNIZANT

b Employer's FED ID number	a Employee's SSA number
<b>62-1660982</b>	<b>XXX-XX-0861</b>
7 Social security tips	8 Allocated tips

9      10 Dependent care benefits

11 Nonqualified plans      12a See instructions for box 12

12b	1
12c	1
12d	1
13 Stat emp	Ret. plan
3rd party sick pay	X

e/f Employee's name, address and ZIP code

**MANIKANDAN ALAGAPPAN**  
**1457 WESTMEADE DR**  
**CHESTERFIELD, MO 63017-4644**

15 State Employer's state ID no.	16 State wages, tips, etc.
<b>MO</b>	<b>16321120</b>
6546.92	6546.92

17 State income tax	18 Local wages, tips, etc.
<b>175.00</b>	<b>175.00</b>

19 Local income tax	20 Locality name
---------------------	------------------

Federal Filing Copy  
**W-2** Wage and Tax Statement **2023**  
 OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp.	2 Federal income tax withheld
<b>6546.92</b>	<b>375.63</b>
3 Social security wages	4 Social security tax withheld
<b>6546.92</b>	<b>405.91</b>
5 Medicare wages and tips	6 Medicare tax withheld
<b>6546.92</b>	<b>94.93</b>

d Control number	Dept.	Corp.	Employer use only
0000004857 VMI	001	BU44	A
<b>102081</b>			

c Employer's name, address, and ZIP code  
**SCMS ADMINISTRATIVE SERVICES INC**  
**8125 SEDGWICK WAY**  
**MEMPHIS, TN 38125**

AGENT FOR COGNIZANT

b Employer's FED ID number	a Employee's SSA number
<b>62-1660982</b>	<b>XXX-XX-0861</b>
7 Social security tips	8 Allocated tips

9      10 Dependent care benefits

11 Nonqualified plans      12a

12b	1
12c	1
12d	1
13 Stat emp	Ret. plan
3rd party sick pay	X

e/f Employee's name, address and ZIP code

**MANIKANDAN ALAGAPPAN**  
**1457 WESTMEADE DR**  
**CHESTERFIELD, MO 63017-4644**

15 State Employer's state ID no.	16 State wages, tips, etc.
<b>MO</b>	<b>16321120</b>
6546.92	6546.92

17 State income tax	18 Local wages, tips, etc.
<b>175.00</b>	<b>175.00</b>

19 Local income tax	20 Locality name
---------------------	------------------

MO. State Filing Copy  
**W-2** Wage and Tax Statement **2023**  
 OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp.	2 Federal income tax withheld
<b>6546.92</b>	<b>375.63</b>
3 Social security wages	4 Social security tax withheld
<b>6546.92</b>	<b>405.91</b>
5 Medicare wages and tips	6 Medicare tax withheld
<b>6546.92</b>	<b>94.93</b>

d Control number	Dept.	Corp.	Employer use only
0000004857 VMI	001	BU44	A
<b>102081</b>			

c Employer's name, address, and ZIP code  
**SCMS ADMINISTRATIVE SERVICES INC**  
**8125 SEDGWICK WAY**  
**MEMPHIS, TN 38125**

AGENT FOR COGNIZANT

b Employer's FED ID number	a Employee's SSA number
<b>62-1660982</b>	<b>XXX-XX-0861</b>
7 Social security tips	8 Allocated tips

9      10 Dependent care benefits

11 Nonqualified plans      12a

12b	1
12c	1
12d	1
13 Stat emp	Ret. plan
3rd party sick pay	X

e/f Employee's name, address and ZIP code

**MANIKANDAN ALAGAPPAN**  
**1457 WESTMEADE DR**  
**CHESTERFIELD, MO 63017-4644**

15 State Employer's state ID no.	16 State wages, tips, etc.
<b>MO</b>	<b>16321120</b>
6546.92	6546.92

17 State income tax	18 Local wages, tips, etc.
<b>175.00</b>	<b>175.00</b>

19 Local income tax	20 Locality name
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City or Local Filing Copy  
**W-2** Wage and Tax Statement **2023**  
 OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.

# 2023 W-2 and EARNINGS SUMMARY

Employee	Reference	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2023</b> OMB No. 1545-0008
Copy C for employee's records.		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

d Control number <b>0000005213 VG5</b>	Dept.	Corp.	Employer use only <b>YBFS</b>	<b>1890</b>
c Employer's name, address, and ZIP code <b>INTUIT INC</b> <b>PO BOX 391805</b> <b>MOUNTAIN VIEW, CA 94039-7850</b>				
e/f Employee's name, address, and ZIP code <b>MANISH KHANDELWAL</b> <b>718 OLD SAN FRANCISCO ROAD</b> <b>APT 166</b> <b>SUNNYVALE, CA 94086</b>				
b Employer's FED ID number <b>77-0034661</b>	a Employee's SSA number <b>XXX-XX-1716</b>			
1 Wages, tips, other comp. <b>525231.63</b>	2 Federal income tax withheld <b>134033.19</b>			
3 Social security wages <b>160200.00</b>	4 Social security tax withheld <b>9932.40</b>			
5 Medicare wages and tips <b>539481.35</b>	6 Medicare tax withheld <b>10877.81</b>			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits <b>2909.59</b>			
11 Nonqualified plans	12a See instructions for box 12 <b>C   513.60</b>			
14 Other	DI P.P.# ZA003139 1225.31 CA VPDI 5.99 FLI 42.46 UI/HC/WD	12b D   <b>15746.32</b>	12c W   <b>1500.00</b>	12d DD   <b>16847.16</b>
15 State	Employer's state ID no. <b>TOTAL STATE</b>	16 State wages, tips, etc.		
17 State income tax <b>48892.66</b>	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

GROSS PAY	545,360.54	SOCIAL SECURITY	9,932.40
FED. INCOME	134,033.19	TAX WITHHELD	
TAX WITHHELD		BOX 04 OF W-2	
BOX 02 OF W-2		MEDICARE TAX	10,877.81
		WITHHELD	
		BOX 06 OF W-2	
STATE INCOME TAX	48,892.66	SUI/SDI	42.46
BOX 17 OF W-2	0.00	BOX 14 OF W-2	
LOCAL INCOME TAX			
BOX 19 OF W-2			

To change your employee W-4 profile information  
file a new W-4 with your payroll department

Social Security Number: XXX-XX-1716

**MANISH KHANDELWAL**  
**718 OLD SAN FRANCISCO ROAD**  
**APT 166**  
**SUNNYVALE, CA 94086**

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**PAGE 01 OF 02**

1 Wages, tips, other comp. <b>525231.63</b>	2 Federal income tax withheld <b>134033.19</b>			
3 Social security wages <b>160200.00</b>	4 Social security tax withheld <b>9932.40</b>			
5 Medicare wages and tips <b>539481.35</b>	6 Medicare tax withheld <b>10877.81</b>			
d Control number <b>0000005213 VG5</b>	Dept.	Corp.	Employer use only <b>YBFS</b>	<b>1890</b>
c Employer's name, address, and ZIP code <b>INTUIT INC</b> <b>PO BOX 391805</b> <b>MOUNTAIN VIEW, CA 94039-7850</b>				
b Employer's FED ID number <b>77-0034661</b>	a Employee's SSA number <b>XXX-XX-1716</b>			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits <b>2909.59</b>			
11 Nonqualified plans	12a See instructions for box 12 <b>C   513.60</b>			
14 Other	DI P.P.# ZA003139 1225.31 CA VPDI 5.99 FLI 42.46 UI/HC/WD	12b D   <b>15746.32</b>	12c W   <b>1500.00</b>	12d DD   <b>16847.16</b>
15 State	Employer's state ID no. <b>TOTAL STATE</b>	16 State wages, tips, etc.		
17 State income tax <b>48892.66</b>	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			
e/f Employee's name, address and ZIP code <b>MANISH KHANDELWAL</b> <b>718 OLD SAN FRANCISCO ROAD</b> <b>APT 166</b> <b>SUNNYVALE, CA 94086</b>				
15 State	Employer's state ID no. <b>CA 311-3327 5</b>	16 State wages, tips, etc. <b>518486.40</b>		
17 State income tax <b>48892.66</b>	18 Local wages, tips, etc. <b>48336.27</b>	19 Local income tax	20 Locality name	
Federal Filing Copy				
<b>W-2</b>	Wage and Tax Statement	<b>2023</b> OMB No. 1545-0008		
Copy B to be filed with employee's Federal Income Tax Return.				

1 Wages, tips, other comp. <b>525231.63</b>	2 Federal income tax withheld <b>134033.19</b>			
3 Social security wages <b>160200.00</b>	4 Social security tax withheld <b>9932.40</b>			
5 Medicare wages and tips <b>539481.35</b>	6 Medicare tax withheld <b>10877.81</b>			
d Control number <b>0000005213 VG5</b>	Dept.	Corp.	Employer use only <b>YBFS</b>	<b>1890</b>
c Employer's name, address, and ZIP code <b>INTUIT INC</b> <b>PO BOX 391805</b> <b>MOUNTAIN VIEW, CA 94039-7850</b>				
b Employer's FED ID number <b>77-0034661</b>	a Employee's SSA number <b>XXX-XX-1716</b>			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits <b>2909.59</b>			
11 Nonqualified plans	12a See instructions for box 12 <b>C   513.60</b>			
14 Other	DI P.P.# ZA003139 1225.31 CA VPDI 5.99 FLI 42.46 UI/HC/WD	12b D   <b>15746.32</b>	12c W   <b>1500.00</b>	12d DD   <b>16847.16</b>
15 State	Employer's state ID no. <b>CA 311-3327 5</b>	16 State wages, tips, etc. <b>518486.40</b>		
17 State income tax <b>48892.66</b>	18 Local wages, tips, etc. <b>48336.27</b>	19 Local income tax	20 Locality name	
e/f Employee's name, address and ZIP code <b>MANISH KHANDELWAL</b> <b>718 OLD SAN FRANCISCO ROAD</b> <b>APT 166</b> <b>SUNNYVALE, CA 94086</b>				
15 State	Employer's state ID no. <b>CA 311-3327 5</b>	16 State wages, tips, etc. <b>518486.40</b>		
17 State income tax <b>48892.66</b>	18 Local wages, tips, etc. <b>48336.27</b>	19 Local income tax	20 Locality name	
CA. State Reference Copy				
<b>W-2</b>	Wage and Tax Statement	<b>2023</b> OMB No. 1545-0008		
Copy 2 to be filed with employee's State Income Tax Return.				

1 Wages, tips, other comp. <b>525231.63</b>	2 Federal income tax withheld <b>134033.19</b>			
3 Social security wages <b>160200.00</b>	4 Social security tax withheld <b>9932.40</b>			
5 Medicare wages and tips <b>539481.35</b>	6 Medicare tax withheld <b>10877.81</b>			
d Control number <b>0000005213 VG5</b>	Dept.	Corp.	Employer use only <b>YBFS</b>	<b>1890</b>
c Employer's name, address, and ZIP code <b>INTUIT INC</b> <b>PO BOX 391805</b> <b>MOUNTAIN VIEW, CA 94039-7850</b>				
b Employer's FED ID number <b>77-0034661</b>	a Employee's SSA number <b>XXX-XX-1716</b>			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits <b>2909.59</b>			
11 Nonqualified plans	12a See instructions for box 12 <b>C   513.60</b>			
14 Other	DI P.P.# ZA003139 1225.31 CA VPDI 5.99 FLI 42.46 UI/HC/WD	12b D   <b>15746.32</b>	12c W   <b>1500.00</b>	12d DD   <b>16847.16</b>
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CA. State Filing Copy				
<b>W-2</b>	Wage and Tax Statement	<b>2023</b> OMB No. 1545-0008		
Copy 2 to be filed with employee's State Income Tax Return.				

# 2023 W-2 and EARNINGS SUMMARY

<b>N.J. State Reference Copy</b> <b>W-2</b> <b>Wage and Tax Statement</b> <b>2023</b> <small>Copy 2 to be filed with employee's State Income Tax Return OMB No. 1545-0008</small>			
<b>d Control number</b> <b>0000005213 VG5</b> <b>Dept.</b> <b>YBFS</b> <b>Corp.</b> <b>Employer use only</b> <b>1891</b>			
<b>c Employer's name, address, and ZIP code</b> <b>INTUIT INC</b> <b>PO BOX 391805</b> <b>MOUNTAIN VIEW, CA 94039-7850</b>			
<b>e/f Employee's name, address, and ZIP code</b> <b>MANISH KHANDELWAL</b> <b>718 OLD SAN FRANCISCO ROAD</b> <b>APT 166</b> <b>SUNNYVALE, CA 94086</b>			
<b>b Employer's FED ID number</b> <b>77-0034661</b>		<b>a Employee's SSA number</b> <b>XXX-XX-1716</b>	
<b>1 Wages, tips, other comp.</b> <b>525231.63</b>		<b>2 Federal income tax withheld</b> <b>134033.19</b>	
<b>3 Social security wages</b> <b>160200.00</b>		<b>4 Social security tax withheld</b> <b>9932.40</b>	
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<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
<b>9</b>		<b>10 Dependent care benefits</b> <b>2909.59</b>	
<b>11 Nonqualified plans</b>		<b>12a See instructions for box 12</b> <b>C   513.60</b>	
<b>14 Other</b> <small>DIP.P.# ZA003139 1225.31 CA VPDI 5.99 FLI 42.46 UI/HC/WD</small>		<b>12b D   15746.32</b> <b>12c W   1500.00</b> <b>12d DD   16847.16</b> <b>13 Stat emp Ret. plan 3rd party sick pay X</b>	
<b>15 State</b> <b>NJ</b>	<b>Employer's state ID no.</b> <b>770-034-661/000</b>	<b>16 State wages, tips, etc.</b> <b>9408.65</b>	
<b>17 State income tax</b> <b>556.39</b>		<b>18 Local wages, tips, etc.</b>	
<b>19 Local income tax</b>		<b>20 Locality name</b>	

Social Security Number: XXX-XX-1716

**MANISH KHANDELWAL**  
**718 OLD SAN FRANCISCO ROAD**  
**APT 166**  
**SUNNYVALE, CA 94086**

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**PAGE 02 OF 02**

<b>N.J. State Filing Copy</b> <b>W-2</b> <b>Wage and Tax Statement</b> <b>2023</b> <small>Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008</small>			
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<b>19 Local income tax</b>		<b>20 Locality name</b>	

## 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 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. 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 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 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 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.

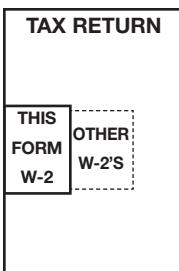
Department of the Treasury – Internal Revenue Service

## NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



**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.

## Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

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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.

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However, if you were at least age 50 in 2023, 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.

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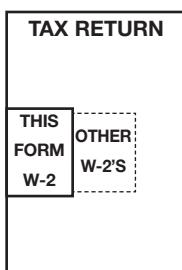
Department of the Treasury - Internal Revenue Service

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**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 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.

## 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 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 \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. 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 \$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 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 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—Exclusive 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 (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 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

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.

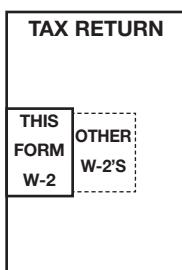
Department of the Treasury - Internal Revenue Service

## NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



## 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](http://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**.

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