

Form W-2 Wage and Tax Statement 2022

				Copy C, for employee's records			
<p>c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184</p>				<p>d Control number 0940-Y411ZE72 0000000845 - PAYROL</p>		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
<p>b Employer identification number (EIN) a Employee's social security number 86-0973809 283-93-5919</p>				<p>13 Statutory employee Retirement plan Third-party sick pay</p>		1 Wages, tips, other compensation 193268.00	2 Federal income tax withheld 20568.64
						3 Social security wages 147000.00	4 Social security tax withheld 9114.00
						5 Medicare wages and tips 193268.00	6 Medicare tax withheld 2802.39
						7 Social Security Tips	8 Allocated Tips
						10 Dependent care benefits	11 Nonqualified plans
15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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.

Form W-2 Wage and Tax Statement 2022

				Copy B, to be filed with employee's FEDERAL tax return			
<p>c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184</p>				<p>d Control number 0940-Y411ZE72 0000000845 - PAYROL</p>		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
<p>b Employer identification number (EIN) a Employee's social security number 86-0973809 283-93-5919</p>				<p>13 Statutory employee Retirement plan Third-party sick pay</p>		1 Wages, tips, other compensation 193268.00	2 Federal income tax withheld 20568.64
						3 Social security wages 147000.00	4 Social security tax withheld 9114.00
<p>e Employee's name, address, and ZIP code ANOOP ANAND 482 APPLE DR EXTON PA 19341</p>				<p>12 See instructions for box 12 14 Other PASUI</p>		5 Medicare wages and tips 193268.00	6 Medicare tax withheld 2802.39
						7 Social Security Tips	8 Allocated Tips
						10 Dependent care benefits	11 Nonqualified plans
15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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Form W-2 Wage and Tax Statement 2022

				Copy 2, to be filed with employee's tax return for PA			
<p>c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184</p>				<p>d Control number 0940-Y411ZE72 0000000845 - PAYROL</p>		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
<p>b Employer identification number (EIN) a Employee's social security number 86-0973809 283-93-5919</p>				<p>13 Statutory employee Retirement plan Third-party sick pay</p>		1 Wages, tips, other compensation 193268.00	2 Federal income tax withheld 20568.64
						3 Social security wages 147000.00	4 Social security tax withheld 9114.00
<p>e Employee's name, address, and ZIP code ANOOP ANAND 482 APPLE DR EXTON PA 19341</p>				<p>12 See instructions for box 12 14 Other PASUI</p>		5 Medicare wages and tips 193268.00	6 Medicare tax withheld 2802.39
						7 Social Security Tips	8 Allocated Tips
						10 Dependent care benefits	11 Nonqualified plans
15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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Form W-2 Wage and Tax Statement 2022

				Copy 2, to be filed with employee's tax return for PA			
<p>c Employer's name, address, and ZIP code DOTCOM TEAM LLC 325 WOOD RD STE 103 BRAINTREE MA 02184</p>				<p>d Control number 0940-Y411ZE72 0000000845 - PAYROL</p>		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
<p>b Employer identification number (EIN) a Employee's social security number 86-0973809 283-93-5919</p>				<p>13 Statutory employee Retirement plan Third-party sick pay</p>		1 Wages, tips, other compensation 193268.00	2 Federal income tax withheld 20568.64
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<p>e Employee's name, address, and ZIP code ANOOP ANAND 482 APPLE DR EXTON PA 19341</p>				<p>12 See instructions for box 12 14 Other PASUI</p>		5 Medicare wages and tips 193268.00	6 Medicare tax withheld 2802.39
						7 Social Security Tips	8 Allocated Tips
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15 State PA	Employer's state ID number 93191363	16 State wages, tips, etc. 193268.00	17 State income tax 5933.27	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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.

Employee Reference Copy	Wage and Tax Statement	2023
Copy C for employee's records.		
d Control number 032197	Dept. 401069	Corp. Employer use only A 836
OMB No. 1545-0008		

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.

c Employer's name, address, and ZIP code
HITACHI RAIL STS USA INC
1000 TECHNOLOGY DRIVE
PITTSBURGH PA 15219-3120

Batch #03274

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

YOGIREDDY YERRAMREDDY
2221 BEAR RUN DR
PITTSBURGH PA 15237

b Employer's FED ID number 25-1579001	a Employee's SSA number XXX-XX-9725
1 Wages, tips, other comp. 128879.67	2 Federal income tax withheld 8874.35
3 Social security wages 143658.46	4 Social security tax withheld 8906.82
5 Medicare wages and tips 143658.46	6 Medicare tax withheld 2083.05
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 113.88
14 Other 103.60 SUI	12b D 14778.79 12c DDI 29484.87 12d 13 Stat emp Ret. plan 3rd party sick pay X
15 State PA	Employer's state ID no. 17668351 16 State wages, tips, etc. 143544.58
17 State income tax 3850.81	18 Local wages, tips, etc. 143544.58
19 Local income tax 1867.97	20 Locality name 700102

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	700102 PITTS Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	154,235.84	154,235.84	154,235.84	154,235.84
Plus GTL (C-Box 12)	113.88	113.88	113.88	N/A
Less Misc. Non Taxable Comp.	6,236.94	6,236.94	6,236.94	6,236.94
Less 401(k) (D-Box 12)	14,778.79	N/A	N/A	N/A
Less Other Cafeteria 125	4,454.32	4,454.32	4,454.32	4,454.32
Reported W-2 Wages	128,879.67	143,658.46	143,658.46	143,544.58

Note - Fringe benefits include : Other \$210.52

2. Employee Name and Address.

YOGIREDDY YERRAMREDDY
2221 BEAR RUN DR
PITTSBURGH PA 15237

* PA local wages and withholding are reported to employee work location PSD unless it is outside of

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PA (Per Act 32).

1 Wages, tips, other comp. 128879.67	2 Federal income tax withheld 8874.35
3 Social security wages 143658.46	4 Social security tax withheld 8906.82
5 Medicare wages and tips 143658.46	6 Medicare tax withheld 2083.05
d Control number 032197	Dept. 401069
Employer use only A 836	
c Employer's name, address, and ZIP code HITACHI RAIL STS USA INC 1000 TECHNOLOGY DRIVE PITTSBURGH PA 15219-3120	
b Employer's FED ID number 25-1579001	a Employee's SSA number XXX-XX-9725
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 113.88
14 Other 103.60 SUI	12b D 14778.79 12c DD 29484.87 12d 13 Stat emp Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code YOGIREDDY YERRAMREDDY 2221 BEAR RUN DR PITTSBURGH PA 15237	

1 Wages, tips, other comp. 128879.67	2 Federal income tax withheld 8874.35
3 Social security wages 143658.46	4 Social security tax withheld 8906.82
5 Medicare wages and tips 143658.46	6 Medicare tax withheld 2083.05
d Control number 032197	Dept. 401069
Employer use only A 836	
c Employer's name, address, and ZIP code HITACHI RAIL STS USA INC 1000 TECHNOLOGY DRIVE PITTSBURGH PA 15219-3120	
b Employer's FED ID number 25-1579001	a Employee's SSA number XXX-XX-9725
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 113.88
14 Other 103.60 SUI	12b D 14778.79 12c DD 29484.87 12d 13 Stat emp Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code YOGIREDDY YERRAMREDDY 2221 BEAR RUN DR PITTSBURGH PA 15237	

1 Wages, tips, other comp. 128879.67	2 Federal income tax withheld 8874.35
3 Social security wages 143658.46	4 Social security tax withheld 8906.82
5 Medicare wages and tips 143658.46	6 Medicare tax withheld 2083.05
d Control number 032197	Dept. 401069
Employer use only A 836	
c Employer's name, address, and ZIP code HITACHI RAIL STS USA INC 1000 TECHNOLOGY DRIVE PITTSBURGH PA 15219-3120	
b Employer's FED ID number 25-1579001	a Employee's SSA number XXX-XX-9725
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 113.88
14 Other 103.60 SUI	12b D 14778.79 12c DD 29484.87 12d 13 Stat emp Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code YOGIREDDY YERRAMREDDY 2221 BEAR RUN DR PITTSBURGH PA 15237	

Federal Filing Copy	Wage and Tax Statement	2023
W-2	Statement	OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.		

City or Local Reference Copy	Wage and Tax Statement	2023
W-2	Statement	OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.		

City or Local Filing Copy	Wage and Tax Statement	2023
W-2	Statement	OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.		

PA.State	Reference	Copy
Wage and Tax Statement	2023	
Copy 2 to be filed with employee's State Income Tax Return.		
d Control number 032197 PITT/6JC	Dept. 401069	Corp. A
Employer use only 837		

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.

c Employer's name, address, and ZIP code
HITACHI RAIL STS USA INC
1000 TECHNOLOGY DRIVE
PITTSBURGH PA 15219-3120

Batch #03274

e/f Employee's name, address, and ZIP code
YOGIREDDY YERRAMREDDY
2221 BEAR RUN DR
PITTSBURGH PA 15237

b Employer's FED ID number 25-1579001	a Employee's SSA number XXX-XX-9725
1 Wages, tips, other comp. 128879.67	2 Federal income tax withheld 8874.35
3 Social security wages 143658.46	4 Social security tax withheld 8906.82
5 Medicare wages and tips 143658.46	6 Medicare tax withheld 2083.05
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 113.88
14 Other 103.60 PA SUI	12b D 14778.79 12c DD 29484.87 12d 13 Stat emp Ret. plan 3rd party sick pay X
15 State PA	Employer's state ID no. 17668351
16 State wages, tips, etc. 143544.58	
17 State income tax 3850.81	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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

PA. State Wages,
Tips, Etc.
Box 16 of W-2

Gross Pay	154,235.84
Plus GTL (C-Box 12)	N/A
Less Misc. Non Taxable Comp.	6,236.94
Less 401(k) (D-Box 12)	N/A
Less Other Caf 125	4,454.32
Reported W-2 Wages	143,544.58

Note - Fringe benefits include : Other \$210.52

2. Employee Name and Address.

YOGIREDDY YERRAMREDDY
2221 BEAR RUN DR
PITTSBURGH PA 15237

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INTENTIONALLY

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1 Wages, tips, other comp. 128879.67	2 Federal income tax withheld 8874.35
3 Social security wages 143658.46	4 Social security tax withheld 8906.82
5 Medicare wages and tips 143658.46	6 Medicare tax withheld 2083.05
d Control number 032197 PITT/6JC	Dept. 401069
Corp. A	Employer use only 837
c Employer's name, address, and ZIP code HITACHI RAIL STS USA INC 1000 TECHNOLOGY DRIVE PITTSBURGH PA 15219-3120	
b Employer's FED ID number 25-1579001	a Employee's SSA number XXX-XX-9725
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 113.88
14 Other 103.60 PA SUI	12b D 14778.79 12c DD 29484.87 12d 13 Stat emp Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code YOGIREDDY YERRAMREDDY 2221 BEAR RUN DR PITTSBURGH PA 15237	
15 State PA	Employer's state ID no. 17668351
16 State wages, tips, etc. 143544.58	
17 State income tax 3850.81	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
PA.State Filing Copy	
W-2	Wage and Tax Statement 2023
Copy 2 to be filed with employee's State Income Tax Return.	

OMB No. 1545-0008

Virat Agarwal - 030067 - NVIDIA Corporation

W-2

Scan QR code to go to TurboTax and import your W-2 information and file your return. Or by typing this into your browser:
<https://turbotax.intuit.com/affiliate/ultipaper>



**Form W-2 Wage & Tax Statement 2024
Copy B - To Be Filed With Employee's FEDERAL Tax Return.**

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-8111	1 Wages, tips, other compensation 134938.28	2 Federal income tax withheld 25649.32				
c Employer's name, address, and ZIP code NVIDIA Corporation 2788 San Tomas Expressway Santa Clara, CA 95051 USA	3 Social security wages 61321.96	4 Social security tax withheld 3801.96				
	5 Medicare wages and tips 61321.96	6 Medicare tax withheld 889.17				
	7 Social security tips 0.00	8 Allocated tips 0.00				
b Employer identification number (EIN) 94-3177549	9	10 Dependent care benefits 0.00				
e Employee's name, address, and ZIP code Virat Agarwal 1656 Hope Drive, Apt 1429 Santa Clara, CA 95054	11 Nonqualified plans 0.00	13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
	12 See instructions for box 12 C 151.32 D 23000.00 DD 5244.27 W 1000.02	14 Other VPDI 1587.85				
15 State CA	Employer's state ID No. 397-6790-0	16 State wages, tips, etc. 135938.30	17 State income tax 11001.40	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage & Tax Statement 2024
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-8111	1 Wages, tips, other compensation 134938.28	2 Federal income tax withheld 25649.32				
c Employer's name, address, and ZIP code NVIDIA Corporation 2788 San Tomas Expressway Santa Clara, CA 95051 USA	3 Social security wages 61321.96	4 Social security tax withheld 3801.96				
	5 Medicare wages and tips 61321.96	6 Medicare tax withheld 889.17				
	7 Social security tips 0.00	8 Allocated tips 0.00				
b Employer identification number (EIN) 94-3177549	9	10 Dependent care benefits 0.00				
e Employee's name, address, and ZIP code Virat Agarwal 1656 Hope Drive, Apt 1429 Santa Clara, CA 95054	11 Nonqualified plans 0.00	13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>				
	12 See instructions for box 12 C 151.32 D 23000.00 DD 5244.27 W 1000.02	14 Other VPDI 1587.85				
15 State CA	Employer's state ID No. 397-6790-0	16 State wages, tips, etc. 135938.30	17 State income tax 11001.40	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage & Tax Statement 2024
COPY C-FOR EMPLOYEE'S RECORDS.

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.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-8111	1 Wages, tips, other compensation 134938.28	2 Federal income tax withheld 25649.32				
c Employer's name, address, and ZIP code NVIDIA Corporation 2788 San Tomas Expressway Santa Clara, CA 95051 USA	3 Social security wages 61321.96	4 Social security tax withheld 3801.96				
	5 Medicare wages and tips 61321.96	6 Medicare tax withheld 889.17				
	7 Social security tips 0.00	8 Allocated tips 0.00				
b Employer identification number (EIN) 94-3177549	9	10 Dependent care benefits 0.00				
e Employee's name, address, and ZIP code Virat Agarwal 1656 Hope Drive, Apt 1429 Santa Clara, CA 95054	11 Nonqualified plans 0.00	13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
	12 See instructions for box 12 C 151.32 D 23000.00 DD 5244.27 W 1000.02	14 Other VPDI 1587.85				
15 State CA	Employer's state ID No. 397-6790-0	16 State wages, tips, etc. 135938.30	17 State income tax 11001.40	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2024 W-2 and EARNINGS SUMMARY



Employee	Reference	Copy
Wage and Tax Statement	2024	OMB No. 1545-0008
Copy C for employee's records.		
d Control number 210905	Dept. CHIC/XQA	Corp. Employer use only A
c Employer's name, address, and ZIP code ASSOCIATED MATERIALS LLC 3773 STATE ROAD CUYAHOGA FALLS OH 44223		
Batch #03107		
e/f Employee's name, address, and ZIP code TAMALIKA SENGUPTA 1704 FROST LANE NAPERVILLE IL 60564		
b Employer's FED ID number 75-1872487	a Employee's SSA number XXX-XX-8335	
1 Wages, tips, other comp. 39872.47	2 Federal income tax withheld 5764.24	
3 Social security wages 40008.63	4 Social security tax withheld 2480.54	
5 Medicare wages and tips 40008.63	6 Medicare tax withheld 580.13	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 70.16	
14 Other	12b D 136.16	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
15 State IL	Employer's state ID no. 75-1872487 000 2	16 State wages, tips, etc. 39872.47
17 State income tax 1970.18	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	39 , 938 . 47	39 , 938 . 47	39 , 938 . 47	39 , 938 . 47
Plus GTL (C-Box 12)	70 . 16	70 . 16	70 . 16	70 . 16
Less 401(k) (D-Box 12)	136 . 16	N/A	N/A	136 . 16
Reported W-2 Wages	39,872.47	40,008.63	40,008.63	39,872.47

2. Employee Name and Address.

TAMALIKA SENGUPTA
1704 FROST LANE
NAPERVILLE IL 60564

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1 Wages, tips, other comp. 39872.47	2 Federal income tax withheld 5764.24	
3 Social security wages 40008.63	4 Social security tax withheld 2480.54	
5 Medicare wages and tips 40008.63	6 Medicare tax withheld 580.13	
d Control number 210905	Dept. CHIC/XQA	Corp. Employer use only A
c Employer's name, address, and ZIP code ASSOCIATED MATERIALS LLC 3773 STATE ROAD CUYAHOGA FALLS OH 44223		
b Employer's FED ID number 75-1872487	a Employee's SSA number XXX-XX-8335	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 70.16	
14 Other	12b D 136.16	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code TAMALIKA SENGUPTA 1704 FROST LANE NAPERVILLE IL 60564		
15 State IL	Employer's state ID no. 75-1872487 000 2	16 State wages, tips, etc. 39872.47
17 State income tax 1970.18	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
Federal	Filing	Copy
W-2	Wage and Tax Statement	2024
Copy B to be filed with employee's Federal Income Tax Return.		

1 Wages, tips, other comp. 39872.47	2 Federal income tax withheld 5764.24	
3 Social security wages 40008.63	4 Social security tax withheld 2480.54	
5 Medicare wages and tips 40008.63	6 Medicare tax withheld 580.13	
d Control number 210905	Dept. CHIC/XQA	Corp. Employer use only A
c Employer's name, address, and ZIP code ASSOCIATED MATERIALS LLC 3773 STATE ROAD CUYAHOGA FALLS OH 44223		
b Employer's FED ID number 75-1872487	a Employee's SSA number XXX-XX-8335	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 70.16	
14 Other	12b D 136.16	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code TAMALIKA SENGUPTA 1704 FROST LANE NAPERVILLE IL 60564		
15 State IL	Employer's state ID no. 75-1872487 000 2	16 State wages, tips, etc. 39872.47
17 State income tax 1970.18	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
IL.State	Reference	Copy
W-2	Wage and Tax Statement	2024
Copy 2 to be filed with employee's State Income Tax Return.		

1 Wages, tips, other comp. 39872.47	2 Federal income tax withheld 5764.24	
3 Social security wages 40008.63	4 Social security tax withheld 2480.54	
5 Medicare wages and tips 40008.63	6 Medicare tax withheld 580.13	
d Control number 210905	Dept. CHIC/XQA	Corp. Employer use only A
c Employer's name, address, and ZIP code ASSOCIATED MATERIALS LLC 3773 STATE ROAD CUYAHOGA FALLS OH 44223		
b Employer's FED ID number 75-1872487	a Employee's SSA number XXX-XX-8335	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 70.16	
14 Other	12b D 136.16	
	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code TAMALIKA SENGUPTA 1704 FROST LANE NAPERVILLE IL 60564		
15 State IL	Employer's state ID no. 75-1872487 000 2	16 State wages, tips, etc. 39872.47
17 State income tax 1970.18	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	
IL.State	Filing	Copy
W-2	Wage and Tax Statement	2024
Copy 2 to be filed with employee's State Income Tax Return.		

2024 W-2 and EARNINGS SUMMARY

Employee	Reference	Copy
W-2		
Wage and Tax Statement		
2024		
OMB No. 1545-0008		
Copy C for employee's records.		
d Control number 761968 W11	Dept. IND_00	Corp. DVGB
79562		
c Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 2455 SOUTH ROAD POUGHKEEPSIE, NY 12601-5400		
e/f Employee's name, address, and ZIP code ASIF A MOHAMMED 516 SANTA FE TRAIL APT 221 IRVING, TX 75063		
b Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-2394	
1 Wages, tips, other comp. 80211.35	2 Federal income tax withheld 4850.12	
3 Social security wages 84643.84	4 Social security tax withheld 5247.92	
5 Medicare wages and tips 84643.84	6 Medicare tax withheld 1227.34	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 50.92	
14 Other	12b D 4432.49 12c W 1600.00 12d DD 24937.44 13 Stat emp Ret. plan 3rd party sick pay X	
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

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement for 2024 plus any additional 2024 compensation or adjustment received after the 12/27/24 payroll close.

For other tax and payroll information, visit the Payroll Services Web Site at <https://w3.ibm.com/hr/web/us/payroll> on the IBM Intranet.

ASIF A MOHAMMED
516 SANTA FE TRAIL
APT 221
IRVING, TX 75063

Social Security Number: XXX-XX-2394

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PAGE 01 OF 01

1 Wages, tips, other comp. 80211.35	2 Federal income tax withheld 4850.12		
3 Social security wages 84643.84	4 Social security tax withheld 5247.92		
5 Medicare wages and tips 84643.84	6 Medicare tax withheld 1227.34		
d Control number 761968 W11	Dept. IND_00	Corp. DVGB	Employer use only
79562			
c Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 2455 SOUTH ROAD POUGHKEEPSIE, NY 12601-5400			
b Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-2394		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 50.92		
14 Other	12b D 4432.49 12c W 1600.00 12d DD 24937.44 13 Stat emp Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code ASIF A MOHAMMED 516 SANTA FE TRAIL APT 221 IRVING, TX 75063			
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	
Federal Filing Copy			
W-2			
Wage and Tax Statement			
2024			
OMB No. 1545-0008			
Copy B to be filed with employee's Federal Income Tax Return.			

1 Wages, tips, other comp. 80211.35	2 Federal income tax withheld 4850.12		
3 Social security wages 84643.84	4 Social security tax withheld 5247.92		
5 Medicare wages and tips 84643.84	6 Medicare tax withheld 1227.34		
d Control number 761968 W11	Dept. IND_00	Corp. DVGB	Employer use only
79562			
c Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 2455 SOUTH ROAD POUGHKEEPSIE, NY 12601-5400			
b Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-2394		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a C 50.92		
14 Other	12b D 4432.49 12c W 1600.00 12d DD 24937.44 13 Stat emp Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code ASIF A MOHAMMED 516 SANTA FE TRAIL APT 221 IRVING, TX 75063			
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	
. State Filing Copy			
W-2			
Wage and Tax Statement			
2024			
OMB No. 1545-0008			
Copy 2 to be filed with employee's State Income Tax Return.			

1 Wages, tips, other comp. 80211.35	2 Federal income tax withheld 4850.12		
3 Social security wages 84643.84	4 Social security tax withheld 5247.92		
5 Medicare wages and tips 84643.84	6 Medicare tax withheld 1227.34		
d Control number 761968 W11	Dept. IND_00	Corp. DVGB	Employer use only
79562			
c Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 2455 SOUTH ROAD POUGHKEEPSIE, NY 12601-5400			
b Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-2394		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a C 50.92		
14 Other	12b D 4432.49 12c W 1600.00 12d DD 24937.44 13 Stat emp Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code ASIF A MOHAMMED 516 SANTA FE TRAIL APT 221 IRVING, TX 75063			
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	
City or Local Filing Copy			
W-2			
Wage and Tax Statement			
2024			
OMB No. 1545-0008			
Copy 2 to be filed with employee's City or Local Income Tax Return.			

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 2022 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 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC 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, Social Security and Other Information for Members of the Clergy and Religious Workers.

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, Additional Medicare Tax. 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, Social Security and Medicare Tax on Unreported Tip Income, 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, 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 \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 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

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 2022 and more than \$9,114 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 \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See 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, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to 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, Taxable and Nontaxable Income, 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, Health Savings Accounts (HSAs).

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, Contributions to Individual Retirement Arrangements (IRAs).

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.

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.

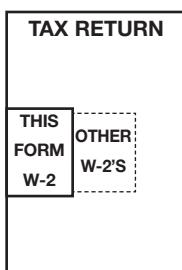
Department of the Treasury - Internal Revenue Service

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. 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**.

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 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.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement.

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	159052.30	159052.30	159052.30
Less Exempt Wages	- 1000.02	- 97673.34	- 97673.34
Less Deferred Comp	- 23000.00		
Less Housing/Transportation	- 0.00	- 0.00	- 0.00
Less Dependent Care	- 0.00	- 0.00	- 0.00
Less Sec 125	- 114.00	- 114.00	- 114.00
Less Excess Wages		- 0.00	
Taxable Wages (Reported on Form W2)	134938.28	61321.96	61321.96
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2

2. Employee W-4 profile to change your Employee W-4 profile information, file a new W-4 with the payroll department

FIT: T 0

SIT Res: CASIT S 0

SIT Work: CASIT S 0

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. 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.

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.

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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 (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.**

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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.

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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.

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).

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DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

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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.

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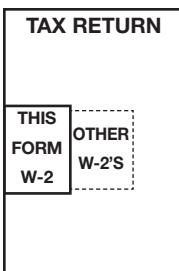
Department of the Treasury – Internal Revenue Service

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):



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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. 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.

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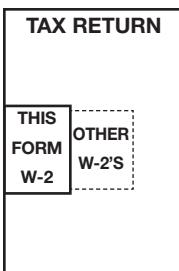
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