

2024

## W2 &amp; EARNINGS SUMMARY

0954  
 SYSTECHCORP INC  
 50 CRAGWOOD ROAD  
 SUITE 216  
 SOUTH PLAINFIELD, NJ 07080  
 Control no. 0954-0570

**SATISH K BOKKASAM**  
 Social Security #:217-97-1248

Federal	State
M	S
Exemptions	00
	03

**WAGES**

Description	Amount	Box
Soc Sec Wages	146485.76	3
Medicare Wages	146485.76	5
Federal Wages	146485.76	1
CA	62702.40	16
NJ	87583.31	16

**WITHHOLDINGS**

Description	Amount	Box
Soc Sec Tax	9082.12	4
Medicare Tax	2124.08	6
Fed Income Tax	22951.46	2
CA	4061.61	17
NJ	4444.17	17

**BENEFITS**

Description	Amount	Box
SEC125	6514.20	

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

OMB No. 1545-0008

Department of the Treasury - IRS

Control number	<b>COPY B</b> —To Be Filed With Employee's State, City, or Local Income Tax Return.		Employer ID no. (EIN)	1 Wages, tips, other comp.	2 Federal inc. tax withheld
0954-0570			83-2945717	146485.76	22951.46
Employer's name, address, and ZIP code			Employee's SSN	3 Social security wages	4 Social security tax withheld
SYSTECHCORP INC 50 CRAGWOOD ROAD SUITE 216 SOUTH PLAINFIELD, NJ 07080			217-97-1248	146485.76	9082.12
	7 Social security tips		5 Medicare wages and tips	6 Medicare tax withheld	
			146485.76	2124.08	
	8 Allocated tips	9			10 Dependent care benefits
Employee's name, address, and ZIP code			11 Nonqualified plans	12a-12d	13 Statutory empl.
SATISH K BOKKASAM 3240 Maguire Way Unit 411 Dublin, CA 94568				Code See inst. for box 12	<input type="checkbox"/>
	14 Other		NJ FLI 78.86		Retirement plan <input type="checkbox"/>
			NJ SWF 17.98		Third-party sick pay <input type="checkbox"/>
			NJ UI 161.79		
15 State Employer's state ID number	CA 017-3357-5	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local inc. tax
		62702.40	4061.61		
					20 Locality

This information is being furnished to the Internal Revenue Service.

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

OMB No. 1545-0008

Department of the Treasury - IRS

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NTF 2586401 4 PPW24DN

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

OMB No. 1545-0008

Department of the Treasury - IRS

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2024

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SUMMARY

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 50 CRAGWOOD ROAD  
 SUITE 216  
 SOUTH PLAINFIELD, NJ 07080  
 Control no. 0954-0570

**SATISH K BOKKASAM**

Social Security #: 217-97-1248

Federal	State
M	S
Exemptions	00
03	

Form W-2 Wage and Tax Statement 2024 OMB No. 1545-0008				Department of the Treasury - IRS
Control number <b>COPY B</b> —To Be Filed With Employee's FEDERAL Tax Return.	Employer ID no. (EIN) 83-2945717	1 Wages, tips, other comp.	2 Federal inc. tax withheld	
Employer's name, address, and ZIP code  SYSTECHCORP INC 50 CRAGWOOD ROAD SUITE 216 SOUTH PLAINFIELD, NJ 07080	Employee's SSN 217-97-1248	3 Social security wages	4 Social security tax withheld	
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	14 Other CA SDI 689.75			Retirement plan <input type="checkbox"/>
15 State NJ Employer's state ID number 832-945-717/000	16 State wages, tips, etc. 87583.31	17 State income tax 4444.17	18 Local wages, tips, etc.	19 Local inc. tax
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NTF 2586401 4 PPW24DN

Form W-2 Wage and Tax Statement 2024 OMB No. 1545-0008				Department of the Treasury - IRS
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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.

**Copy B To Be Filed with Employee's FEDERAL Tax Return.**

**2022**

OMB No. 1545-0008

a Employee's SSN 721-75-8918	1 Wages, tips, other comp. 100302.50	2 Federal income tax withheld 8571.83
b Employer ID no. (EIN) 47-1989410	3 Social security wages 100302.50	4 Social security tax withheld 6218.76
c Employer's name, address, and ZIP code NAVKAR TECHNOLOGIES INC OPENEYES TECHNOLOGIES INC 1629 K ST NW, SUITE #300 WASHINGTON	5 Medicare wages and tips 100302.50	6 Medicare tax withheld 1454.39
DC 20006		
d Control number		
e Employee's name, address, and ZIP code HARIKA PARIMALA 22352 HERON NECK TERRACE CLARKSBURG MD 20871 Suff.		
7 Social security tips 8 Allocated tips 9		
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12		
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
MD 16153107	100302.50	6750.65
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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(See Notice to Employees).**

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

REV 12/21/22 QBDT

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

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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b. Employer's Identification Number (EIN) 31-1575142	d. Control number		1 Wages, Tips, and other compensation 105191.92	2 Federal Income Tax withheld 10135.87		
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR DHHS 1240 E 9TH ST RM 1907 (ZPH) CLEVELAND OH 44199				3 Social Security Wages 110693.12	4 Social Security Tax withheld 6862.97	
				5 Medicare Wages and Tips 110693.12	6 Medicare Tax withheld 1605.05	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code SURYATHEJA ANANTHULA 22352 HERON NECK TER CLARKSBURG MD 20871-5321				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 20424.02 D 5501.20	14 See instructions for box 14 K 582.48 V 5508.52	
				13 <input type="checkbox"/> Statutory Employee	<input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay	
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**Form W-2 Wage and Tax Statement 2022**

Department of the Treasury - Internal Revenue Service  
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**Form W-2 Wage and Tax Statement 2022**

Department of the Treasury - Internal Revenue Service

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

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**Form W-2 Wage and Tax Statement 2022**

Department of the Treasury - Internal Revenue Service

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

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**Form W-2 Wage and Tax Statement 2022**

Department of the Treasury - Internal Revenue Service

Copy 2 To Be Filed With Employee's State, 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 do not 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 cannot 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](http://www.irs.gov/eitc). Also see 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 only show the last four digits of your SSN. However, your employers have reported your complete SSN to the IRS and Social Security Administration (SSA).

**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 are not 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 1-800-772-1213. You also may visit the SSA 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 **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 also may be able to claim a refund on Form 843. See the instructions for Form 843.

(Also see *Instructions for Employee* on the back of Copy C.)

## **Instructions for Employee** (Also see *Notice to Employee* on the back of Copy B.)

**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 boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137, 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. 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 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). 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. 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. Your employer does not use codes G, H, K, V, Y, Z, FF, GG, HH.

**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 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.

**J** - Nontaxable sick pay (information only, not included in boxes 1, 3, or 5).

**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 member of Armed Forces (not included in boxes 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 compute any taxable and nontaxable amounts.

**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).

**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.

**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.** Any amount in box 14 should be coded. The following explains the codes.

**C** - Taxable reimb for Permanent Change of Station (Incl in Box 1)

**E** - Military TSP Contribution (Tax Exempt)

**F** - TIAA/CREF and Fidelity Retirement Contributions

**G** - Pre-Tax Transportation Equity Act Benefits

**H** - Home to Work Transportation Fringe Benefits. (Incl in Box 1)

**K** - Pretax Vision and Dental Deduction

**P** - Parking Fringe Benefits/Employer Provided Vehicle. (Incl in Box 1)

**R** - Retirement Deductions. (for Civilian Employees who have wages earned in Puerto Rico)

**S** - Federal Employee Health Benefit employee deduction for Civilian Employees who have wages earned in Puerto Rico.

**STT** - Oregon Transit Tax

**T** - Cost of Living Allowance not included in box 1 or 16 for Civilian Employees who have COLA included for wages in Alaska, Hawaii, Guam and the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands

**U** - Non-Cash Fringe Benefits (Incl in Box 1)

**V** - Pretax FEHB Incentive

**X** - Occupational Tax/Local Services Tax (CIVILIAN)

**Y** - Pretax Flexible Spending Accounts (CIVILIAN) Employee Contributions

**Z** - Retirement Deductions for Massachusetts Residents Only

**DX** - Sick Leave Wages \$511/day limit

**DY** - Sick Leave Wages \$200/day limit

**DZ** - Emergency Family Leave Wages

**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.