

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2023**  
OMB No. 1545-0008

Copy C for employee's records.  
d Control number Dept. Corp. Employer use only  
673203 DALL/RJM 109300 A 457

c Employer's name, address, and ZIP code  
**PERFORCE SOFTWARE INC**  
400 1ST AVE N SUITE 400  
MINNEAPOLIS MN 55401  
  
Batch #02941

e/f Employee's name, address, and ZIP code  
**ANDREW BUSSIAN SHARP**  
212 THOMPSON SQ.  
MOUNTAIN VIEW CA 94043

b Employer's FED ID number 94-3250959	a Employee's SSA number XXX-XX-1490
1 Wages, tips, other comp. 172912.13	2 Federal income tax withheld 32232.64
3 Social security wages 160200.00	4 Social security tax withheld 9932.40
5 Medicare wages and tips 193512.13	6 Medicare tax withheld 2805.93
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D   20600.00
14 Other 1378.48 SDI 300.00 TFB	12b W   3120.00
	12c DD   7143.05
	12d
	13 Stat emp. Ret. plan 3rd party sick pay X
15 State Employer's state ID no. CA 425-6189 4	16 State wages, tips, etc. 176032.13
17 State income tax 13756.65	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	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	197,424.13	197,424.13	197,424.13	197,424.13
Less 401(k) (D-Box 12)	20,600.00	N/A	N/A	20,600.00
Less Medical FSA	600.00	600.00	600.00	600.00
Less Other Cafe 125	912.00	912.00	912.00	912.00
Less Cafe 125 HSA (W-Box 12)	2,400.00	2,400.00	2,400.00	N/A
Plus ER PAID HSA (W-Box 12)	N/A	N/A	N/A	720.00
Wages Over Limit	N/A	33,312.13	N/A	N/A
<b>Reported W-2 Wages</b>	<b>172,912.13</b>	<b>160,200.00</b>	<b>193,512.13</b>	<b>176,032.13</b>

Note - Fringe benefits include : Awards, Prizes, Gifts \$300.00

2. Employee Name and Address.

**ANDREW BUSSIAN SHARP**  
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OMB No. 1545-0008  
Copy B to be filed with employee's Federal Income Tax Return.

**CA. State Reference Copy**  
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