2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Dept. d Control number Employer use only 673203 DALL/RJM 109300

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

Batch #02941

Federal income tax withheld

32232.64

9932.40

2805.93

457

Employer use only

XXX-XX-1490

3120.00

7143.05

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

Wages, tips, other comp.

Social security wages 160200.00

Medicare wages and tips 193512.13

673203 DALL/RJM 109300

Employer's FED ID number 94-3250959

Social security tips

11 Nonqualified plans

14 Other

Control number

172912.13

Employer's name, address, and ZIP code

Dept.

PERFORCE SOFTWARE INC 400 1ST AVE N SUITE 400 MINNEAPOLIS MN 55401

Corp.

8 Allocated tips

W

12c DD

12d

10 Dependent care benefits

12a See instructions for box 12 D | 20600.00

13 Stat emp. Ret. plan 3rd party sick pay

b	Emplo	oyer's FED ID number 94-3250959	а		ee's SS		
1	Wage	s, tips, other comp.	2				withheld
		172912.13				322	232.64
3	Socia	I security wages	4	Social s	security	tax v	vithheld
		160200.00				99	32.40
5	Medic	are wages and tips	6	Medica	re tax wi	ithhe	ld
		193512.13				28	305.93
7	Social	security tips	8	Allocate	ed tips		
9			10 [epende	ent care	bene	efits
11	Nonqualified plans		12a	See instr	uctions fo	or box	12
				D	2		0.00
14	Other		12b	W			0.00
		1378.48 SDI	12c	DD		/14	3.05
	300.00 TFB			Stat emp.	Ret. plan	3rd p	arty sick pay
15	State	Employer's state ID no	0. 16	State wa	ages, tip	s, et	c.
		425-6189 4					32.13
17 State income tax		18	Local w	ages, tip	os, et	c.	
		13756.65					
19 Local income tax			20	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
Reported W-2 Wages	172,912.13	160,200.00	193,512.13	176,032.13
Note - Fringe benefits include :	Awards Prizes Gifts \$	300.00		

2. Employee Name and Address.

ANDREW BUSSIAN SHARP 212 THOMPSON SQ. MOUNTAIN VIEW CA 94043

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Fold and Detach Here

1	Wages, tips, other of 1729	2 Fede	ral income ta 3	x withheld 2232.64	
3 Social security wages 160200.00			4 Social security tax withheld 9932.40		
5 Medicare wages and tips 193512.13			6 Medi	care tax with	held 2805.93
d	Control number	Corp.	Employe	er 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

1	1 Wages, tips, other comp. 172912.13			Federal income tax withheld 32232.64		
3	3 Social security wages 160200.00			4 Social security tax withheld 9932.40		
5	Medicare wages and tips 193512.13			Medica	are tax wi	thheld 2805.93
d	Control number Dept.			Corp.	Empl	oyer use only
673203 DALL/RJM 109300					Α	457
c	Employer's name, a	ddress, a	nd	ZIP cod	е	

a Employee's SSA number XXX-XX-1490

10 Dependent care benefits

13 Stat emp. Ret. plan 3rd party sick pay

18 Local wages, tips, etc.

20 Locality name

20600.00

3120.00

7143.05

8 Allocated tips

12b W

12c DD

PERFORCE SOFTWARE INC 400 1ST AVE N SUITE 400 MINNEAPOLIS MN 55401

Employer's FED ID number

94-3250959

1378.48 CA SDI

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

ANDREW BUSSIAN SHARP

MOUNTAIN VIEW CA 94043

13756.65

212 THOMPSON SQ.

17 State income tax

19 Local income tax

300.00 TFB

Social security tips

11 Nonqualified plans

14 Other

b	Employer's FED ID number 94-3250959	a Employee's SSA number XXX-XX-1490		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a D 20600.00		
14	Other	^{12b} W 3120.00		
	1378.48 CA SDI 300.00 TFB	12c DD 7143.05		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		

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

ANDREW BUSSIAN SHARP 212 THOMPSON SQ. MOUNTAIN VIEW CA 94043

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

23	V	
5-0008	Copy 2	

CA.State Filing Copy Wage and Tax Statement to be filed with employee's State Income Tax Return.

15 State CA Employer's state ID no. 16 State wages, tips, etc. 176032.13

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

1378.48 SDI

300.00 TFB

15 State CA	Employer's state ID no. 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

Federal Filing Copy Wage and Tax Statement
Copy B to be filed with employee's Federal Income Tax Return.

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

CA.State Reference Copy Wage and Tax