

Exhibit D

Form W-2 (Copy A) (Substitute Black-and-White)

22222	VOID <input type="checkbox"/>	a Employee's social security number	For Official Use Only OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld			
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld			
			5 Medicare wages and tips	6 Medicare tax withheld			
			7 Social security tips	8 Allocated tips			
d Control number			9	4.17 in	10 Dependent care benefits		
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12		
f Employee's address and ZIP code			13 Statutory employee Retirement plan Third-party sick pay	12b			
			14 Other	12c			
				12d			
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	
.40 in	1.80 in		1.20 in	1.10 in	1.20 in	1.10 in	.70 in

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

2023

Copy A—For Social Security Administration. Send this entire page with 0000/
Form W-3 to the Social Security Administration; photocopies are not acceptable.

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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