| Conv D. To Do F | iled with Employee's | | 0000 | Conv 2 To Bo F | | mlavaa'a Stata | | | |
|---|---|-------------------|--|---|--|---------------------|------------------------------------|-----------------------------------|--|
| FEDERAL Tax R | | | 2022 OMB No. 1545-0008 | Copy 2 To Be F City, or Local Inc | come Tax R | eturn. | OM | 122 118 No. 1545-0008 | |
| a Employee's SSN | 1 Wages, tips, other comp. 165345 | | deral income tax withheld 32248.00 | a Employee's SSN | 165345.00 | | 2 Federa | al income tax withheld 32248.00 | |
| 795-58-8718 | 3 Social security wages | | cial security tax withheld | 795-58-8718 | 795-58-8718 3 Social security wages | | 4 Social security tax withheld | | |
| b Employer ID no. (EIN) | 147000 5 Medicare wages and tips | | 9114.00 dicare tax withheld | b Employer ID no. (EIN) | b Employer ID no. (EIN) 147000.00 5 Medicare wages and tips | | 9114.00 6 Medicare tax withheld | | |
| 46-5498896 | 165345 | | 2397.50 | 46-5498896 | 165345.00 | | o medica | 2397.50 | |
| c Employer's name, address, and ZIP code EMAESTRO TECHNOLOGIES INC | | | | c Employer's name, address, and ZIP code EMAESTRO TECHNOLOGIES INC | | | | | |
| 141 NEW R | D SUITE 208 | | | 141 NEW RD SUITE 208 | | | | | |
| PARSIPPAN | Y | N | J 07054 | PARSIPPANY NJ 07054 | | | | | |
| d Control number | | | | d Control number | | | | | |
| e Employee's name, a | ddress, and ZIP code | | Suff. | e Employee's name, address, and ZIP code Suff. | | | | | |
| | ESH GURRAM | | | RAHUL GANESH GURRAM | | | | | |
| 6203 PADD TAMPA | OCK GLEN DR UN | IT 204 FI | | 6203 PADDO TAMPA | OCK GLEN | I DR UNIT | 204 FL | 33634 | |
| 1111111 | | 1. | | IAMA | | | гп | 33034 | |
| 7 Social security tips | 7 Social security tips 8 Allocated tips | | | 7 Social security tips | 8 Alloc | Allocated tips | | 9 | |
| | | | | | | | | | |
| 10 Dependent care bene | efits 11 Nonqualified plans | 12 | a Code See inst. for box 12 | 10 Dependent care bene | nefits 11 Nonqualified plans | | 12a Code See inst. for box 12 | | |
| 13 | 14 Other | 12 | b Code | 13 14 Other | | | 12b Code | | |
| Statutory employee | utory employee | | c Code | Statutory employee | | | | 12c Code | |
| Retirement Plan | Retirement Plan | | Code | Retirement Plan | | | | | |
| Third ports cick post | | | d Code | Third control is not | | | 12d Code | | |
| Third-party sick pay | | | | Third-party sick pay | | | | 1 | |
| | | | | | | | | | |
| 15 State Employer's s | tate ID number 16 State wa | ges, tips, etc. | 17 State income tax | 15 State Employer's stat | e ID number | 16 State wages, tij | os, etc. | 17 State income tax | |
| 18 Local wages, tips, et | | | _ocality name | 18 Local wages, tips, et | | l income tax | 20 Locali | ty name | |
| | | | | | | | | | |
| | | | | | | | | | |
| Form W-2 Wage and Ta This information is being furn | ax Statement ished to the Internal Revenue Service | • | Dept. of the Treasury - IRS | Form W-2 Wage and Ta | x Statement | | | Dept. of the Treasury - IRS | |
| j. | | | | | | | | | |
| This information is being furn | ished to the Internal Revenue Service | If you are requir | rad to file a tay ratura a pogligance | | | | | | |
| penalty or other sanction may | y be imposed on you if this income is t | axable and you fa | ail to report it. | | | REV 12/09/22 QBDT | | | |
| Copy C For EMI (See Notice to E | PLOYEE'S RECORDS. mployees). | | 2022 OMB No. 1545-0008 | Copy 2 To Be Fi City, or Local Ind | | | |)22 1B No. 1545-0008 | |
| a Employee's SSN | 1 Wages, tips, other comp. | | deral income tax withheld | a Employee's SSN | 1 Wages, tips, | • | 2 Federa | al income tax withheld | |
| 795-58-8718 | 165345 3 Social security wages | | 32248.00 cial security tax withheld | 795-58-8718 | | 165345.00 | 4 Social | 32248.00 security tax withheld | |
| | 147000 | | 9114.00 | | | 147000.00 | | 9114.00 | |
| b Employer ID no. (EIN) | 5 Medicare wages and tips 6 Medicare tax withheld | | | b Employer ID no. (EIN) | 5 Medicare wages and tips | | 6 Medicare tax withheld | | |
| 46-5498896 165345.00 | | 2397.50 | 46-5498896 | | 165345.00 | | 2397.50 | | |
| C Employer's name, address, and ZIP code EMAESTRO TECHNOLOGIES INC | | | | c Employer's name, ac EMAESTRO | Idress, and ZIP of TECHNOL(| ode DGIES INC | | | |
| 141 NEW RD SUITE 208 141 NEW RD SUITE 208 | | | | | | | | | |
| PARSIPPANY NJ | | J 07054 | PARSIPPAN | PARSIPPANY NJ 07054 | | | 07054 | | |

| d | Control | number |
|---|---------|--------|

| e Employee's name, address, and ZIP code RAHUL GANESH GURRAM | | | | | Suff. | | |
|---|-------------------------------|-----|------------------|-------------------------------|---------------------|--|--|
| 6203 PADD | 6203 PADDOCK GLEN DR UNIT 204 | | | | | | |
| TAMPA FL 33634 | | | | | 33634 | | |
| 7 Social security tips | 8 Allocated tips | | 9 | 9 | | | |
| 10 Dependent care bene | 11 Nonqualified plans | | | 12a Code See inst. for box 12 | | | |
| 13 14 Ot | | her | | 12b | 12b Code | | |
| Statutory employee | | | | 12c | 12c Code | | |
| Retirement Plan | | | | | | | |
| Third-party sick pay | | | | 12d | Code | | |
| | | | | • | | | |
| 15 State Employer's state ID number 16 State wages, tips | | | | os, etc. | 17 State income tax | | |
| 18 Local wages, tips, etc | 19 Local income tax | | 20 Locality name | | | | |
| | | | | | | | |
| | | | | | | | |

| City, or Local Income Tax Return. | | | | | OMB No. 1545-0008 | | | |
|--|----------------------------|-----------------------|--------------------------------|-------------------------------|-------------------|--|--|--|
| a Employee's SSN | 1 Wages, tips, other comp. | | | 2 Federal income tax withheld | | | | |
| | 165345.00 | | | 32248.00 | | | | |
| 795-58-8718 | al security | wages | 4 Social security tax withheld | | | | | |
| b Employer ID no. (EIN) | | 147000.00 | | | 9114.00 | | | |
| | icare wage | | 6 Medicare tax withheld | | | | | |
| 46-5498896 | | 1 | 65345.00 | 2397.50 | | | | |
| c Employer's name, ad EMAESTRO | dress, a TECH | ind ZIP coo INOLOO | e GIES INC | | | | | |
| 141 NEW RD SUITE 208 | | | | | | | | |
| PARSIPPAN | Y | | | NJ | 07054 | | | |
| d Control number | | | | | | | | |
| e Employee's name, address, and ZIP code Suff. RAHUL GANESH GURRAM | | | | | | | | |
| 6203 PADDOCK GLEN DR UNIT 204 | | | | | | | | |
| TAMPA | | | | FL | 33634 | | | |
| 7 Social security tips | 8 Allocate | ed tips | 9 | | | | | |
| 10 Dependent care bene | 11 Nonqua | alified plans | 12a Code See inst. for box 12 | | | | | |
| 13 | her | | | 12b Code | | | | |
| Statutory employee | | | 120 0 | 12c Code | | | | |
| Retirement Plan | | | 120 00 | Jue | | | | |
| | | | 12d Co | I Code | | | | |
| Third-party sick pay | | | | | | | | |
| | | | | | | | | |
| 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 | | | | | |
| | | | | | | | | |