		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Endoral income tax withhold
b Employer's Identification number c Employer's name, address, and ZIP code	46-5383053	C	10340.67	1904.52
NET ORBIT INC		12b	3 Social security wages	4 Social security tax withheld
NEI ORBII INC		\$	10340.67	641.12
1232 E BROADWAY RD		12c	5 Medicare wages and tips	6 Medicare tax withheld
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TEMPE AZ 85282		le le	7 Social Security tips	6 Allocated tips
e Employee's first name and initial	Last name	19	9	10 Dependent care benefits
	15724025	This information is being furnished to the Internal Revenue Service		
SWAMY KANKALA			11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
501 MURPHY RANCH RD		Copy B To Be Filed with		
# 445	•	Employee's FEDERAL	14 Other CA SDI	124.09
		Tax Return	CA SDI	124.09
MILPITAS CA 95035		a Employee's soc. sec. no		
f Employee's address and ZIP code		107-61-5502		
15 State Employer's state I.D. No. 16 S		18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA 067-6480-7	10340.67 755.42		+	
Form W-2 Wage and Tax Statement 2021	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed \	With Employee's FEDERAL Tax Return
2023	-			
b Employer's Identification number c Employer's name, address, and ZIP code	46-5383053	12a See instructions for Box 12	1 Wages, tips, other compensation	
	1	\$ 12b	10340.67	1904.52
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		\$ 12c	5 Medicare wages and tips	6 Medicare tax withheld
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		12d	7 Social security tips	8 Allocated tips
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e Employee's first name and initial	Last name	-	9	10 Dependent care benefits
	15724025		11 Nonqualified plans	13 Contract Deliceron Third porty
SWAMY KANKALA		Copy 2 for State, City, or	Trongamioa piano	13 Statutory Retirement Third-party employee plan sick pay
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f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 S	State wares tins etc	107-61-5502	19 Local income tax	20 Locality name
CA 067-6480-7	10340.67 755.42	TO EGGAI HUGGG, HIPS, CIG.	TO EGGAI MOGINE (A)	20 20 anty name
Form W-2 Wage and Tax Statement 2021	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Department
REV 01/06/22 OSP				
b Employer's Identification number c Employer's name, address, and ZIP code	46-5383053	12a See instructions for Box 12	1 Wages, tips, other compensation	
	10 3303033		10040 67	
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NET ORBIT INC 1232 E BROADWAY RD TEMPE AZ 85282 e Employee's first name and initial SWAMY KANKALA	Last name 15724025	\$ \$ \$ \$ \$ \$ \$ \$ \$	3 Social security wages 10340.67 5 Medicare wages and tips 10340.67 7 Social security tips	4 Social security tax withheld
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NET ORBIT INC 1232 E BROADWAY RD TEMPE AZ 85282 e Employee's first name and initial SWAMY KANKALA	Last name 15724025	\$ \$ \$ \$ \$ \$ \$ \$ \$	3 Social security wages 10340.67 5 Medicare wages and tips 10340.67 7 Social security tips	4 Social security tax withheld 641.12 6 Medicare tax withheld 149.94 8 Allocated tips 10 Dependent care benefits
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NET ORBIT INC 1232 E BROADWAY RD TEMPE AZ 85282 [Employee's first name and initial] SWAMY KANKALA 501 MURPHY RANCH RD # 445 MILPITAS CA 95035 f Employee's address and ZIP code 15 State Employer's state I.D. No. 168 CA 067-6480-7 Form W-2 Wage and Tax Statement 2021	Last name 15724025 . State wages_tips_etc.	\$ 2c \$ 2d \$ 2d \$ Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no 107-61-5502 18 Local wages, tips, etc.	3 Social security wages 10340.67 5 Medicare wages and tips 10340.67 7 Social security tips 9 11 Nonqualified plans 14 Other CA SDI 19 Local income tax	4 Social security tax withheld 6 41.12 6 Medicare tax withheld 1 49.94 8 Allocated tips 10 Dependent care benefits 13 Statutory employee Plan Sick pay 124.09 124.09
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