b Employer's Identification number 81 - 0930594	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	Is	95499.96	13904.66
ITSYNTAX INC	12b	3 Social security wages	4 Social security tax withheld
	 	95499.96	5921.00
207 EAST HOLLY AVENUE SUITE #203	12c	5 Medicare wages and tips	6 Medicare tax withheld
207 HASI NOBBI AVENOE SOTTE #205	\$	95499.96	1384.75
STERLING VA 20164	12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name	\$ 	9	10 Dependent care benefits
6856902	This information is being furnished to the Internal Revenue Service		
	Internal Revenue Service	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
SAIKIRAN GUNDU JAYENDER	Copy B To Be Filed with		employee plan sick pay
512 OLD HICKORY BLVD APT 2506	Employee's FEDERAL	14 Other	
	Tax Return		
NASHVILLE TN 37209			
	a Employee's soc. sec. no		
f Employee's address and ZIP code 15 State Employee's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
13 State Limployer's state i.b. No. 110 State wages, tips, etc. 17 State income tax	To Local wages, tips, etc.	19 Local mcome tax	20 Locality Hame
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed \	Nith Employee's FEDERAL Tax Return
b Employer's Identification number c Employer's name, address, and ZIP code 81-0930594	12a See instructions for Box 12	1 Wages, tips, other compensation	
o Employer 3 hume, address, and Em code	\$ 12b	95499.96	13904.66
ITSYNTAX INC	120	3 Social security wages 95499.96	4 Social security tax withheld 5921.00
	12c	5 Medicare wages and tips	6 Medicare tax withheld
207 EAST HOLLY AVENUE SUITE #203		95499.96	1384.75
	12d	7 Social security tips	8 Allocated tips
STERLING VA 20164	1\$	·	
e Employee's first name and initial Last name		9	10 Dependent care benefits
6856902			
CATETDAM CHADII TAVENDED	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
SAIKIRAN GUNDU JAYENDER	Local Tax Departments		
512 OLD HICKORY BLVD APT 2506		14 Other	
NASHVILLE TN 37209	a Employee's soc. sec. no		
f Employee's address and ZIP code	692-83-0656		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		L	
Farm W.2 Ware and Tay Statement and a second property of the Transport Internal Devenue Service	OMD # 4545 0000	Come 2 To Be Filed With Employee's ST	ATE CITY of LOCAL Toy Demonstration
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITT, OF LOCAL Tax Departments
REV 01/03/23 OSP			
b Employer's Identification number c Employer's name, address, and ZIP code 81-0930594	12a See instructions for Box 12	1 Wages, tips, other compensation	
C Employer 3 hame, address, and Em code	\$	95499.96	13904.66
ITSYNTAX INC	12b	3 Social security wages	4 Social security tax withheld
	\$ 12c	95499.96 5 Medicare wages and tips	5921.00
207 EAST HOLLY AVENUE SUITE #203	\$	95499.96	1384.75
	12d	7 Social security tips	8 Allocated tips
STERLING VA 20164	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
6856902			
SAIKIRAN GUNDU JAYENDER	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
512 OLD HICKORY BLVD APT 2506	Local Tax Departments		
JIZ OLD MICKOKI DLVD MII 2300		14 Other	
NA CONTEST TO THE 20000			
NASHVILLE TN 37209	a Employee's soc. sec. no		
f Employee's address and ZIP code	692-83-0656		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		L	
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	TF CITY or LOCAL Tax Departments
2022 Department of the Headary-Internal Nevertice Service	OMB # 1343-0000	copy 2 to be thed with Employee 3 of	ATE, OTT, OF EGGAL TAX Departments
b Employer's Identification number 81 – 0930594	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	95499.96	13904.66
ITSYNTAX INC	12b	3 Social security wages	4 Social security tax withheld
	\$	95499.96	5921.00
207 EAST HOLLY AVENUE SUITE #203	12c	5 Medicare wages and tips 95499.96	6 Medicare tax withheld
	\$ 12d	7 Social security tips	1384.75
STERLING VA 20164		r oocial security tips	o Anocated tips
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
6856902	Internal Revenue Service. If you are required to file a tax return, a negligence		
SAIKIRAN GUNDU JAYENDER	penalty or other sanction may be imposed on you if this income is taxable and you	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
	on you if this income is taxable and you fail to report it.		employee plan sick pay
512 OLD HICKORY BLVD APT 2506		14 Other	
	Records (see notice to Employee on back.)		
NASHVILLE TN 37209	a Employee's soc. sec. no		
6 Femalescale address and 7ID and	692-83-0656		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OND # 4545 ****		
Form W-2 Wage and Tax Statement 🔾 🗋 🥎 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008		Copy C For Employee's Records