Copy B To Be F FEDERAL Tax R	iled w	ith Emp	loyee's	2022 OMB No. 1545-0008		Copy 2 To Be Fi	iled W	ith Em	ployee's State, turn.)22 MB No. 1545-0008
a Employee's SSN	Ŭ		95237.25	2 Federal income tax withheld 11590		a Employee's SSN			ther comp. 95237.25	2 Fede	ral income tax withheld 11590.00
235-87-5175	3 Soci	al security v	wages 95237.25	4 Social security tax withheld 5 9 0 4		235-87-5175	3 Socia	al security	wages 95237.25	4 Socia	security tax withheld 5904.71
b Employer ID no. (EIN)	5 Med	icare wages		6 Medicare tax withheld	. / _	b Employer ID no. (EIN)	5 Medi	care wage	es and tips	6 Medi	care tax withheld
27-0359636			95237.25	1380	.94	27-0359636			95237.25		1380.94
c Employer's name, ac MAANTIC II	idress, a NC	nd ZIP cod	e			c Employer's name, ad MAANTIC II	Idress, a NC	nd ZIP co	de		
1202 KIF	ER R	.D				1202 KIF	ER R	D			
SUNNYVALE				CA 94086		SUNNYVALE				CA	94086
d Control number						d Control number					
e Employee's name, a	ddress, a	and ZIP cod	le	5	Suff.	e Employee's name, ac	ddress, a	nd ZIP co	ode		Suff.
SRAVANTHI 14150 SAN ORLANDO			VE LANE,	APT#205, FL 32832		SRAVANTHI 14150 SANO ORLANDO			OVE LANE,	APT FL	
7 Social security tips		8 Allocate	d tips	9		7 Social security tips		8 Allocat	ted tips	9	
10 Dependent care bene	efits	11 Nonqual	ified plans	12a Code See inst. for box	12	10 Dependent care bene	efits	11 Nonqu	alified plans	12a	Code See inst. for box 12
13	14 Ot	her		12b Code		13	14 Ot	ner		12b	Code
Statutory employee				12c Code		Statutory employee				12c	2-4-
Retirement Plan				12C Code		Retirement Plan				120	Jode
Third party siek pay				12d Code		Third north cial, no.				12d	Code
Third-party sick pay						Third-party sick pay	<u> </u>			ļ	
15 State Employer's s		·	16 State wages, tip	<u> </u>	(15 State Employer's stat			16 State wages, tip		17 State income tax
18 Local wages, tips, et	c.	19 Local in	come tax	20 Locality name		18 Local wages, tips, etc	C.	19 Local i	ncome tax	20 Local	ity name
Form W-2 Wage and Ta	ax Stater	nent		Dept. of the Treasur	v - IRS	Form W-2 Wage and Ta	x Staten	nent			Dept. of the Treasury - IRS
Form W-2 Wage and Ta This information is being furn	ished to th	ne Internal Rev	venue Service.	· · · · · · · · · · · · · · · ·	,						,
This information is being furn penalty or other sanction may	ished to th	ne Internal Rev sed on you if the	venue Service. If you arnis income is taxable an	e required to file a tax return, a negliç nd you fail to report it.	gence			RE	EV 12/21/22 QBDT		
Copy C For EMI	PLOYI	EE'S RE	CORDS.	2022		Copy 2 To Be Fi	iled W	ith Em	ployee's State,	20)22

Copy C For EMI			CORDS.		2022			
(See Notice to E					OMB No. 1545-000			
a Employee's SSN	1 Wages, tips, other comp.			2 Fe	2 Federal income tax withheld			
. ,	95237.25				11590.00			
235-87-5175	3 Social security wages			4 Sc	4 Social security tax withheld			
b Employer ID no. (EIN)	95237.25				5904.71			
	5 Medicare wages and tips				6 Medicare tax withheld			
27-0359636			95237.25		138	80.94		
c Employer's name, ac MAANTIC I	ldress, a NC	and ZIP cod	de					
1202 KIF	ER R	2D						
SUNNYVALE					CA 94086			
d Control number								
e Employee's name, a SRAVANTHI 14150 SAN ORLANDO	GOG	ULA			PT#205, FL 32832	Suff.		
7 Social security tips		8 Allocated tips			9			
10 Dependent care bene	efits	11 Nonqualified plans			12a Code See inst. for box 12			
13	14 01	ther		1:	12b Code			
Statutory employee								
Retirement Plan					12c Code			
Ketilentent Plan					12d Code			
Third-party sick pay								
15 State Employer's star		1	16 State wages, t	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 		e tax		
18 Local wages, tips, et	D.	19 Local in	ncome tax	20 Lo	ocality name			
Form W-2 Wage and Ta	x Stater	nent		1	Dept. of the Tre	asurv - IRS		

City, or Local Inc				B No. 1545-0008			
a Employee's SSN	1 Wages, tips, o	ther comp.	2 Federal income tax withheld				
, ,		95237.25	11590.00				
235-87-5175	3 Social security	/ wages	4 Social security tax withheld				
b Employer ID no. (EIN)		95237.25	5904.71				
	5 Medicare wag	es and tips	6 Medicare tax withheld				
27-0359636		95237.25	1380.94				
c Employer's name, ad MAANTIC II		ode					
1202 KIF	ER RD						
SUNNYVALE			CA	94086			
d Control number							
e Employee's name, ad SRAVANTHI		ode		Suff.			
14150 SAN	CTUARY C	OVE LANE,	APT#	205,			
ORLANDO	FL	32832					
7 Social security tips	8 Alloca	ted tips	9				
10 Dependent care bene	efits 11 Nonqu	ualified plans	12a Code See inst. for box 12				
			12a C	ode See inst. for box 12			
13	14 Other		12a Co				
	14 Other	<u> </u>	12b Co	ode			
Statutory employee	14 Other	<u> </u>		ode			
Statutory employee Retirement Plan	14 Other	<u> </u>	12b Co	ode			
Statutory employee Retirement Plan	14 Other	<u> </u>	12b Co	ode			
Statutory employee Retirement Plan	14 Other	· · · · · · · · · · · · · · · · · · ·	12b Co	ode			
Statutory employee Retirement Plan Third-party sick pay		16 State wages, tip	12b Co 12c Co 12d Co	ode			
Statutory employee Retirement Plan Third-party sick pay 15 State Employer's stat	te ID number	16 State wages, tip	12b Co 12c Co 12d Co	ode ode ode 17 State income tax			
Statutory employee	te ID number	16 State wages, tip	12b Cc 12c Cc 12d Cc	ode ode ode 17 State income tax			