<b>a</b> Employee's SSN 899-90-8485	<b>b</b> Employer identification n	umber (EIN) 83-218	35245	OMB No. 1545-0008
<b>c</b> Employer's name, address, and ZIP code ANALYTICS9 SOLUTIONS INC	1 Wgs, tips, other compn 41912.00	2 Fed inc tax withheld 5367.00	3 Social security wages	Form <b>W-2</b>
AI9 SOLUTIONS INC 3810 WINDERMERE PKWY	4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
STE 503 CUMMING GA 30041	7 Social security tips	8 Allocated tips	9	Tax Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2022
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	
MONIKA INAPAKOLLA 3219 S ORANGE AVE APT 333	Statutory employee .	Reimbur 2000.00	12c	Copy B To Be Filed with Employee's FEDERAL Tax Return
ORLANDO FL 32806	Third-party sick pay		12d	This information is being furnished to the Internal Revenue Service.
15 State Employer's state ID number 16 State wages, tips, etc 1	7 State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

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Department of the Treasury — IRS

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<b>a</b> Employee's SSN 899-90-8485	<b>b</b> Employer identification n	OMB No. 1545-0008		
<b>c</b> Employer's name, address, and ZIP code ANALYTICS9 SOLUTIONS INC	1 Wgs, tips, other compn 41912.00	2 Fed inc tax withheld 5367.00	3 Social security wages	Form <b>W-2</b>
AI9 SOLUTIONS INC 3810 WINDERMERE PKWY	4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
STE 503 CUMMING GA 30041	7 Social security tips	8 Allocated tips	9	Tax Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2022
<b>e</b> Employee's name, address, and ZIP code Suff.	13	14 Other	12b	
MONIKA INAPAKOLLA 3219 S ORANGE AVE APT 333	Statutory employee .	Reimbur 2000.00	12c	Copy 2 To Be Filed With Employee's State, City, or Local
ORLANDO FL 32806	Third-party sick pay		12d	Income Tax Return.
15 State Employer's state ID No. 16 State wages, tips, etc 1	7 State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

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<b>a</b> Employee's SSN 899-90-8485	<b>b</b> Employer identification number (EIN) 83-2185245			OMB No. 1545-0008
C Employer's name, address, and ZIP code	This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
ANALYTICS9 SOLUTIONS INC		2 Fed inc tax withheld		
AI9 SOLUTIONS INC	1 Wgs, tips, other compn		3 Social security wages	Form W-2
3810 WINDERMERE PKWY	41912.00	5367.00		Form VV <sup>-</sup>
	4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
STE 503				<u> </u>
CUMMING GA 30041	7 Social security tips	8 Allocated tips	9	Тах
d Occuratible			-	Statement
d Control No.	10 0 1 1 1 1	11	12a	otatement
	<b>10</b> Depdnt care benefits	11 Nonqualified plans	12a	0000
				2022
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	
	Statutory employee -	Reimbur 2000.00		
MONIKA INAPAKOLLA		RC111001 2000.00	12c	Copy C For
			120	EMPLOYEE'S
3219 S ORANGE AVE APT 333	Retirement plan			RECORDS.
ORLANDO FL 32806			12d	(See Notice to
	Third-party sick pay			Employee.)
15 State Employer's state ID No. 16 State wages, tips, etc 1	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
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