| 0000000243 - 0STAFF   |                  | Void      | c Employer's name, address, and ZIP code  SOFTCORP INTERNATIONAL INC |                          |         |                            | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008             |                                |       |  |
|---|------------------|-----------|--|--------------------------|---------|----------------------------|---|--------------------------------|-------|--|
| b Employer identification number (EIN) a Employee's social security number  38-3483735 XXX-XX-9772  13 Statutory employee Plan Third-party sick pay |                  |           | 2838 E LONG LAKE RD STE 236<br>TROY MI 48085                         |                          |         |                            | Wages, lips, other compensation     39920.0i     Social security wages     41000.0i | 4 Social security tax withheld | 51.15 |  |
| 12 See instructions for box 12  |                  |           | e Employee's nam   | e, address, and ZIP code |         |                            | 5 Medicare wages and tips   | 6 Medicare tax withheld        | 2.00  |  |
|   |                  |           | MADHAVI DOMAKUNTLA<br>891 BLACKMORE DRIVE                            |                          |         |                            | 7 Social Security Tips  | 59<br>8 Allocated Tips         | 94.50 |  |
|   |                  |           | DELAWARE OH 43015  |                          |         |                            | 10 Dependent care benefits  | 11 Nonqualified plans          | -     |  |
|   |                  |           |  |                          |         |                            |   |                                |       |  |
| 15 State Employer's state ID n OH 53-022077 1   | umber 16 State v | vages, ti | 39920.00   | 17 State income tax      | 1023.23 | 18 Local wages, tips, etc. | 19 Local income tax   | 20 Locality name               |       |  |

# Form W-2 Wage and Tax Statement 2022

#### Copy B, to be filed with employee's FEDERAL tax return

| Control number 0050-0050N103 Void 0000000243 - 0STAFF   |   |  |  | ne, address, and ZIP code  |  | Department of the Treasury - Internal Revenue Service                            |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| b Employer identification number (EIN) a Employee's social security number  38-3483735 XXX-XX-9772  |   |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  | 2 Federal income tax withheld<br>2151.15   |  |  |
| 13 Statutory Refirement Third-party employee plan sick pay  |   |  |  |  |  | 3 Social security wages  | 4 Social security tax withheld 2542.00   |  |  |
| No. 1 to 1 to 1 to 1  |   |  |  |  |  |  |  |  |  |
| 12 See instructions for box 12 14 Other   |   |  | e Employee's na  | me, address, and ZIP code  |  | 5 Medicare wages and tips  | 6 Medicare tax withheld  |  |  |
| D 1080.00   |   |  |  |  |  | 41000.00   | 594.50   |  |  |
|   |   |  |  |  |  | 7 Social Security Tips   | 8 Allocated Tips   |  |  |
|   |   |  | DELAWAR  | E OH 43015   |  | 10 Dependent care benefits   | 11 Nonqualified plans  |  |  |
| 2 1/2 - 1   |   |  |  |  |  |  |  |  |  |
| 15 State         Employer's state ID number         16 State wages           OH         53-022077 1 |   | ages, tips, etc.   | ps, etc. 17 State income tax 18 Local wages, tips, etc.  |  | 19 Local income tax  | 20 Locality name   |  |  |  |
|   |   |  | 39920.00   | 1023.23  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | all the party second   | 0.000  |  |  |
| / ic  | 000000243 - 0 ntification number (EIN) 735 Refir ons for box 12 1080.00 Employer's state ID n | 000000243 - OSTAFF  ntification number (EIN) a Employee's soc  735 | 000000243 - OSTAFF  ntification number (Eliv) a Employee's social security number  XXX-XX-9772  Retirement plan Third-party sick pay  X ons for box 12 14 Other  1080.00  Employer's state ID number 16 State w. | 000000243 - OSTAFF  ntification number (EiN)   a Employee's social security number 2838 E LO 283 | 000000243 - OSTAFF  itification number (EIN) a Employee's social security number 2838 E LONG LAKE RD STE 236  XXX-XX-9772  Relirement plan Sick pay X  ons for box 12 14 Other e Employee's name, address, and ZIP code  MADHAVI DOMAKUNTLA 891 BLACKMORE DRIVE DELAWARE OH 43015  Employer's state ID number 16 State wages, tips, etc. 17 State income tax | 000000243 - OSTAFF  itification number (EIN) a Employee's social security number | O000000243 - OSTAFF  Titlication number (EIN) a Employee's sodal security number |  |  |

This information is being furnished to the Internal Revenue Service. 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.

## Form W-2 Wage and Tax Statement 2022

#### Copy 2, to be filed with employee's tax return for OH

| d Control number                                      |  |   |   | address, and ZIP code  |  | Department of the Treasury - Internal Revenue Service  |   |  |
|---|--|---|---|--|--|--|---|--|
|   |  |   | 2838 E LON  | G LAKE RD STE 236  |  | 1 Wages, tips, other compensation<br>39920.00<br>3 Social security wages   | 2 Federal income tax withheld 2151.15 4 Social security tax withheld  |  |
|   |  |   |   | e de les   |  | 41000.00   | 2542.00   |  |
| 12 See instructions for box 12 14 Other               |  |   | e Employee's nam  | e, address, and ZIP code   |  | 5 Medicare wages and tips  | 6 Medicare tax withheld   |  |
| D 1080.00   |  |   |   |  |  | 41000.00   | 594.50  |  |
|   |  |   |   |  |  | 7 Social Security Tips   | 8 Allocated Tips  |  |
|   |  |   |   |  |  | 10 Dependent care benefits   | 11 Nonqualified plans   |  |
|   |  |   |   |  |  |  |   |  |
| 5 State Employer's state ID number 16 State wages, to |  | s, tips, etc.                               | 17 State income tax   | 18 Local wages, tips, etc.   | 19 Local income tax  | 20 Locality name   |   |  |
| 53-022077 1   |  |   | 39920.00  | 1023.23  |  |  |   |  |
|   | antification number (EIN) 3735 ye Retir p te   Description   1080.00 | entification number (EIN) a Employee's soci | artification number (EIN) a Employee's social security number XXX-XX-9772  X Retirement plan Third-party plan sick pay X  Attorns for box 12 14 Other 1080.00  Employer's state ID number 16 State wage | entification number (EIN) a Employee's social security number 2838 E LON TROY MI 48  Ye Retirement plan X  stions for box 12 1080.00  Employee's state ID number  16 State wages, tips, etc. | softCorp International Inc 2838 E Long Lake RD STE 236 TROY MI 48085  TROY MI 48085 | entification number (EIN) a Employee's social security number  XXX-XX-9772  XXX-XX-9772  X Refirement plan Third-party plan Sick play  X Stoons for box 12 1080.00  1 | OMB No. 1545-0008  1 Wages, tips, other compensation 39920.00 3 Social security number 2838 E LONG LAKE RD STE 236 TROY MI 48085  SOFTCORP INTERNATIONAL INC 2838 E LONG LAKE RD STE 236 TROY MI 48085  1 Wages, tips, other compensation 39920.00 3 Social security wages 41000.00  5 Medicare wages and tips 41000.00  ADDHAVI DOMAKUNTLA 891 BLACKMORE DRIVE DELAWARE OH 43015  Employer's state ID number  16 State wages, tips, etc.  17 State income tax  18 Local wages, tips, etc.  19 Local income tax |  |

This information is being furnished to the Internal Revenue Service. 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.

### Form W-2 Wage and Tax Statement 2022

| d Control number                                       | Void<br>X               | c Employer's name, address, and ZIP code |                   | artment of the Treasury -     | Internal Revenue Service       |
|--|-------------------------|--|-------------------|-------------------------------|--------------------------------|
| Employer identification number (EIN) a Employee's soci | ial security number     |  |                   | ges, tips, other compensation | 2 Federal income tax withheld  |
| 3 Statutory Retirement employée plan                   | Third-party<br>sick pay |  | 3 Soc             | ial security wages            | 4 Social security tax withheld |
| 2 See instructions for box 12 14 Other                 |                         | e Employee's name, address, and ZIP code | 5 Med             | dicare wages and tips         | 6 Medicare tax withheld        |
|  |                         |  | 7 Soc             | ial Security Tips             | 8 Allocated Tips               |
|  |                         |  | 10 De             | pendent care benefits         | 11 Nonqualified plans          |
|  |                         |  |                   |                               |                                |
| 15 State Employer's state ID number                    | 16 State wages, tip     | s, etc. 17 State income tax 18 Local     | wages, tips, etc. | 19 Local income tax           | 20 Locality name               |

This information is being furnished to the Internal Revenue Service. 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.