Copy B - For Emp	loyee's Fed	deral Incom	e Tax Return		2022	OMB No. 1545-0008	
Employee's social	1 Wag	1 Wages, tips, other comp. 2 Federal income tax withheld 85450.32 12245					
security number				12245.41			
898-11-8524 Employer ID number	3 Soci	al security wag	es .04.72	4 Social security tax withheld 5462.49			
' '				6 Medicare tax withheld			
81-0574547	5 Med	icare wages an 881	d tips . 04 . 72	6 Medic		77.52	
Employer's name, addr	ess, and ZIP or	ode					
INTRAEDGE I	INC						
5660 W Char	ndler Bl	Lvd					
Ste 1							
Chandler, A	AZ 85226	5					
Control number							
B5198 1033	16						
Employee's name, add	ress, and ZIP of	ode					
Akhila Gand							
3010 W York		Or					
2165							
Phoenix, AZ	85027						
Social security tips	ocial security tips 8 Allocated tips 9 Advance EIC payment						
0 Dependent care bene	fits 1	1 Nonqualified	plans				
2a - I			12 Ctatutany amo	lovos I	Potiroment plan 2	rd party siek pay	
^{2a} D	26	54.40	13 Statutory emp	noyee i	Retirement plan 3rd-party sick p		
^{2b} DD	44	97.60	14 Other				
2c			14 Other				
2d							
N/	A	N	I/A		N/A		
5 State Employer's Stat	e ID#	16 State wag	jes, tips, etc.	17 5	state income tax		
8 Local wages, tips, etc		19 Local inco	19 Local income tax		20 Locality name		
N/A		N/A			N/A		
		I					

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Copy 2 - For Employe	e's State	e Income	Tax Return	[AZ]	2022	OMB No. 1545-0008		
a Employee's social security number	1 Wage	s, tips, other 6	comp. 150.32	2 Federal income tax wit				
898-11-8524 b Employer ID number	1	3 Social security wages 88104.72		4 Social security tax withheld 5462.49				
81-0574547	5 Medic	are wages ar 881	nd tips L04.72	6 Medicare tax withheld 1277.52				
INTRAEDGE INC 5660 W Chandl Ste 1 Chandler, AZ	er Bl	vd						
e Employee's name, address, Akhila Gandra 3010 W Yorksh 2165 Phoenix, AZ 8	ire D							
7 Social security tips 8		Allocated tips		9 Adva	9 Advance EIC payment			
10 Dependent care benefits	11	Nonqualified	plans					
12a D 12b DD		4.40 7.60	.40		oloyee Retirement plan 3rd-party sick pa			
12c		7.00	14 Other					
12d								
AZ 810574547		85450.32						
15 State Employer's State ID#		16 State wages, tips, etc.			17 State income tax			
18 Local wages, tips, etc. $N/A \\$		19 Local income tax N / A		20 Lo	20 Locality name N/A			

Form W-2 Wage and Tax Statement

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Copy C	FOR EMP	LOYE	EE'S REC	CORDS ON	LY	2022	OMB No. 1545-0008		
a Employee's social security number		1 Wages, tips, other comp. 2 85450.32				Federal income tax withheld 12245.41			
		3 Socia	, ,		4 Social security tax withheld				
b Employer ID number $81-0574547$		88104.72			5462.49				
		5 Medicare wages and tips 88104.72			6 Medicare tax withheld 1277.52				
INTRAE 5660 W Ste 1	name, address, and DGE INC I Chandle: .er, AZ 8	r Bl	vd						
d Control num B5198	ber 103316								
Akhila 3010 W 2165	name, address, an Gandra Yorkshi: .x, AZ 85	re D							
7 Social security tips		8 /	8 Allocated tips			9 Advance EIC payment			
10 Dependent	care benefits	11	Nonqualified	plans					
12a D		2654.40		13 Statutory empl	oyee F	Retirement plan 3rd-party sick pay			
DD DD		4497.60		14 Other					
12c									
12d									
I	0574547			85450.32					
15 State Employer's State ID#			16 State wages, tips, etc. 19 Local income tax			17 State income tax			
18 Local wages, tips, etc.					20 L	20 Locality name			
N/A			l N/A		1	l N/A			

Form W-2 Wage and Tax Statement

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