									Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5		
To the right is an explanation of your W-2 wages.								s	101244.	00 101244.0	00 101244.00		
Please r	note that t	he Gross amoui	nt may include	adjustn	nents.		Txbl Benefit	s					
This info	ormation is	s beina furnishe	d to the Inter	nal Reve	nue S	ervice. If you are	Group Term	Life					
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.													
imposed	d on you if	this income is	taxable and yo	ou fail to	repor	t it.	Deferred Co	mp					
		nd Tax Stateme					Section 125		(140.4	0) (140.4	0) (140.40)		
Copy C-	—For EMPL	OYEE'S RECOR	DS				Other Pretax/Wage Limit						
							W-2 Wages		101103.	60 101103.0	50 101103.60		
D. CONTROL	NUMBER				ONAL	NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD			
	01604796001				OIVIE	3 NO. 1545-0008	101103.60			17890.28			
		TION NUMBER (EIN)	A. EMPLOYEE'S		URITY	IUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
22-248138	_		093-15-1032					101103	3.60		6268.42		
	R'S NAME, AI	ODRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS 101103		6. MEDICARE TAX WIT	HHELD 1466.00		
Data Inc. 2400 Mead	owbrook Pl	kwv					7. SOCIAL SEC		5.00	8. ALLOCATED TIPS	1466.00		
Duluth GA		,					7. SOCIAL SEC	OKITT IIF3		8. ALLOCATED TIPS			
							9.			10. DEPENDENT CARE B	ENEFITS		
	E'S FIRST NAM	ME AND INITIAL	LAST NA			SUFF.	11. NONQUALIFIED PLANS 12.a-d See instructions for box 12				box 12 571.61		
Avinash			Nukala	3							571.01		
3605 Lynb Plano TX 7							14. OTHER						
USA	3073												
F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIR	EMENT THIRD-PARTY SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME					AX	18. LOCAL WAGES, T	IPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME				
D. CONTROL NUMBER 2023 OMB NO. 1545-0008								2. FEDERAL INCOME TAX WITHHELD					
001604796001 2022 OMB NO. 1545-0008					101103.60 17890.28								

D. CONTROL	NUMBER			0145 11		NO 4545 0000	1. WAGES, T	1. WAGES, TIPS, OTHER COMPENSATION 101103.60			2. FEDERAL INCOME TAX WITHHELD		
001604796	6001			2022	OMB	OMB NO. 1545-0008					17890.28		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES 4.				4. SOCIAL SECURITY TA	4. SOCIAL SECURITY TAX WITHHELD	
22-248138	31		093-15-1032				101103.60				6268.42		
C. EMPLOYE	R'S NAME, AD	DDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS				6. MEDICARE TAX WITHHELD		
Data Inc.							101103.60				1466.00		
2400 Meadowbrook Pkwy Duluth GA 30096						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS				
							9.				10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.  Avinash Nukala					11. NONQUAL	IFIED PLAN:	S		12.a-d DD	571.61			
3605 Lynbrook Dr Plano TX 75075 USA						14. OTHER							
F. EMPLOYEE'S ADDRESS AND ZIP CODE											13. STATUTORY RETIR	EMENT THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S	STATE ID NUMBER	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME 1	ΓAX	18. LOCAL	WAGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	

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2022

Department of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 001604796001	2022	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION 101103.60		2. FEDERAL INCOME TAX WITHHELD 17890.28		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	AX WITHHELD	
22-2481381	093-15-1032			101103.60		6268.42		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE		5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Data Inc.				101103.60		1466.00		
2400 Meadowbrook Pkwy Duluth GA 30096			7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
			9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUALIFIED PLANS			12.a-d		
Avinash	Nukala					DD	571.61	
3605 Lynbrook Dr Plano TX 75075 USA			14. OTHER					
F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY RETI	REMENT THIRD-PARTY SICK PAY	
15. STATE   EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS,	ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME	

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2022

Department of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER					1 WAGES T	IPS, OTHER COMPENSATION	1.	2. FEDERAL INCOME TAX	V WITHUELD	
001604796001		2022	OMB NO.	1545-0008	1. WAGES, 11	101103.60	'	2. I EDERAL INCOME TA	17890.28	
B. EMPLOYER IDENTIFICATION NUMBE	R (EIN) A. EMPLOYEE'S	SOCIAL SECUP	OCIAL SECURITY NUMBER			CURITY WAGES	4	4. SOCIAL SECURITY TAX WITHHELD		
22-2481381	093-15-1032					101103.60		6268.42		
C. EMPLOYER'S NAME, ADDRESS, AND	ZIP CODE				5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Data Inc.					101103.60			1466.00		
2400 Meadowbrook Pkwy Duluth GA 30096						CURITY TIPS	8	8. ALLOCATED TIPS		
		9.			10. DEPENDENT CARE BENEFITS					
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.  Avinash Nukala						IFIED PLANS	1	12.a-d See instructions for box 12 DD 571.61		
3605 Lynbrook Dr Plano TX 75075 USA							1	13. STATUTORY RETIREMENT THIRD-PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP COD					EMPLOYEE PLAN	☐ SICK PAY				
15. STATE EMPLOYER'S STATE ID N	IMBER 16. STATE WAG	ES, TIPS, ETC	17. S	TATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LC	OCAL INCOME TAX	20. LOCALITY NAME	