<u>b Employer's Identification number</u> 26-0452051	12a See instructions for Box 12	1 Wages, tips, other compensation		
c Employer's name, address, and ZIP code	\$	92178.75	13329.81	
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld	
SUFIWARE ENIERPRISE, LLC	IS	92178.75	5715.08	
360 BLOOMFIELD AVE #301	12c	5 Medicare wages and tips	6 Medicare tax withheld	
	\$	92178.75	1336.59	
	12d	7 Social security tips	8 Allocated tips	
WINDSOR CT 06095	\$			
e Employee's first name and initial Last name		9	10 Dependent care benefits	
13246370	This information is being furnished to the Internal Revenue Service			
		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay	
INDRA SHEKAR REDDY GUMMI			employee plan sick pay	
200530 ANZA AVENUE	Copy B To Be Filed with			
ZOOJJO ANZA AVENCE	Employee's FEDERAL	14 Other		
	Tax Return	CA SDI 1013.9		
TORRANCE CA 90503				
IORRANCE CA 90505	a Employee's soc. sec. no			
	383-47-3996			
f Employee's address and ZIP code				
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
CA 100-7518-2 92178.75 5786.71				
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed	With Employee's FEDERAL Tax Return	
2022				

b Employer's Identification number c Employer's name, address, and ZIP code 26-0452051	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
	\$	92178.75	13329.81
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld
SOFIWARE ENTERFRISE, DEC	ls	92178.75	5715.08
360 BLOOMFIELD AVE #301	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	92178.75	1336.59
	12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
13246370			
	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
INDRA SHEKAR REDDY GUMMI			pian sick pay
200530 ANZA AVENUE	Local Tax Departments	14 Other	
		CA SDI	1013.97
TOTTANGE ON ANEAS			
TORRANCE CA 90503	a Employee's soc. sec. no		
f Employee's address and ZIP code	383-47-3996		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA 100-7518-2 92178.75 5786.71		+	
Form W 2 Wago and Tax Statement Department of the Treasury Internal Peyenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	TE CITY of LOCAL Tax Deportmente
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 to be riled with Employee's STA	ATE, OTT, OF LOCAL Tax Departments

REV 01/03/23 OSP

b Employer's Identification number 26-0452051	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 20-0452051	s	92178.75	13329.81
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld
SOFIWARE ENTERFRISE, DEC	ls	92178.75	5715.08
360 BLOOMFIELD AVE #301	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	92178.75	1336.59
	12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
13246370			
INDRA SHEKAR REDDY GUMMI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
	Local Tax Departments		
200530 ANZA AVENUE	Looal Tax Dopartmento	14 Other	
		CA SDI	1013.97
TORRANCE CA 90503			
	a Employee's soc. sec. no	-	
f Employee's address and ZIP code	383-47-3996		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax CA 100-7518-2 92178.75 5786.71	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA + 100 - 7310 - 2 - 4 - 232170.75 - 5700.71		+	
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments
	0112 # 1345-0000		

b Employer's Identification number 26-0452051	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code		\$	92178.75	13329.81
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld	
	\$	92178.75	5715.08	
360 BLOOMFIELD AVE #301	12c	5 Medicare wages and tips	6 Medicare tax withheld	
	\$	92178.75	1336.59	
		12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095		\$		
e Employee's first name and initial Last name		This information is being furnished to the	9	10 Dependent care benefits
13246370		Internal Revenue Service. If you are required to file a tax return, a negligence		
		penalty or other sanction may be imposed	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
INDRA SHEKAR REDDY GUMMI		on you if this income is taxable and you fail to report it.		employee plan sick pay
200530 ANZA AVENUE				
			14 Other	1010 00
		Records (see notice to	CA SDI	1013.97
TORRANCE CA 90503		Employee on back.)		
		a Employee's soc. sec. no		
f Employee's address and ZIP code		383-47-3996		
	State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA 100-7518-2 92178.75	5786.71			

Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service