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C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  INFOR (US), LLC 13560 Morris Road Suite 4100 Apharetta GA 30004  S. EMPLOYER'S FIRST NAME AND INITIAL Allammagari Mahaboob Johny Shaik  11. NONQUALIFIED PLANS 12.a-d See instructions for box 12 C C 12.04 DD 711.50  13. STATUTORY RETIREMENT STICK PLAN EMPLOYER'S STATE   EMPLOYER'S STATE   DNUMBER   16. STATE WAGES, TIPS, ETC.   17. STATE INCOME TAX   18. LOCAL WAGES, TIPS, ETC.   19. LOCAL INCOME TAX   20. LOCALITY NAME	IS. STATE GA Copy 2-To FORM W D. CONTRO 00045349 B. EMPLOYE INFOR (US) 13560 Mo Suite 410(Alpharetta E. EMPLOYE Allammag 13560 Mo Alpharetta USA Copy 2-To FORM W D. CONTRO	EMPLOYER'S 3073982-B Be Filed W 7-2 Wage 1-2 Wage	S STATE ID NUMBER OP ith Employee's and Tax S  TION NUMBER (EIN) DDRESS, AND ZIP C  ME AND INITIAL ob Johny 4100  AND ZIP CODE S STATE ID NUMBER OP ith Employee's	A. EMPLOYEE'S 311-47-1045 ODE  LAST N. Shalk  16. STATE WAG	30765 Local Inc  2022 SOCIAL SEC  AME  AME  Local Inc	OME CURITY N  State  St	Tax Return  B NO. 1545-0008  SUFF.  17. STATE INCOME T	1598.07 2022  1. WAGES, 1 3. SOCIAL SE 5. MEDICARI 7. SOCIAL SE 9. 11. NONQUA 14. OTHER AX 1598.07 2022	ECURITY WAGE E WAGES AND COURITY TIPS LIFIED PLANS	Department of  MPENSATION 30765.36 S30765.36 TIPS 30765.36  AGES, TIPS, ETC. 1  Department of	EMPLOYEE PL 9. LOCAL INCOME TAX  the Treasury - Inte  2. FEDERAL INCOME  4. SOCIAL SECURITY  6. MEDICARE TAX W  8. ALLOCATED TIPS  10. DEPENDENT CARE  12.a-d  C  DD  13. STATUTORY REMPLOYEE PL 9. LOCAL INCOME TAX  the Treasury - Interpretable of the property of the prop	ZO.LOCALITY NAME  20.LOCALITY NAME  20.LOCALITY NAME  20.LOCALITY NAME  20.LOCALITY NAME  23.22.89  TAX WITHHELD  1907.45  ITHHELD  446.10  BENEFITS  12.0  711.5  TIREMENT THIRD-PARTY SICK PAY  20.LOCALITY NAME  20.LOCALITY NAME  20.LOCALITY NAME
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