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|---|---|---|---|---|----------------------------|-------------------------|
| a Employee's SSN 899-11-1449 | | b Employer identification number (EIN) 46-2345066 | | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP code TNP SYSTEMS LLC 9901 E VALLEY RANCH PKWY STE 3005 IRVING TX 75063 | | 1 Wgs, tips, other compn 127784.00 | 2 Fed inc tax withheld 19832.00 | 3 Social security wages 127784.00 | | |
| | | 4 SS tax withheld 7922.61 | 5 Medicare wages & tips 127784.00 | 6 Medicare tax withheld 1852.87 | | |
| | | 7 Social security tips | 8 Allocated tips | 9 | | |
| d Control number | | 10 Depdnt care benefits | 11 Nonqualified plans | | 12a | |
| e Employee's name, address, and ZIP code Rajashekar KASULA 3010 W YORKSHIRE DR APT 2166 PHOENIX AZ 85027 | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 14 Other | | 12b | |
| | | | | | 12c | |
| | | | | | 12d | |
| 15 State AZ | Employer's state ID number 462345066 | 16 State wages, tips, etc 127784.00 | 17 State income tax 6516.96 | 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
This information is being furnished to the Internal Revenue Service.

REV 12/09/22 QBDT

Department of the Treasury — IRS

| | | | | | | |
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| e Employee's name, address, and ZIP code Rajashekar KASULA 3010 W YORKSHIRE DR APT 2166 PHOENIX AZ 85027 | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 14 Other | | 12b | |
| | | | | | 12c | |
| | | | | | 12d | |
| 15 State AZ | Employer's state ID No. 462345066 | 16 State wages, tips, etc 127784.00 | 17 State income tax 6516.96 | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name |

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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 12/09/22 QBDT

| | | | | | | |
|---|--------------------------------------|---|---|---|----------------------------|-------------------------|
| a Employee's SSN 899-11-1449 | | b Employer identification number (EIN) 46-2345066 | | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP code TNP SYSTEMS LLC 9901 E VALLEY RANCH PKWY STE 3005 IRVING TX 75063 | | This information is being furnished to the IRS. 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. | | | | |
| | | 1 Wgs, tips, other compn 127784.00 | 2 Fed inc tax withheld 19832.00 | 3 Social security wages 127784.00 | | |
| | | 4 SS tax withheld 7922.61 | 5 Medicare wages & tips 127784.00 | 6 Medicare tax withheld 1852.87 | | |
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| 12c | | | | | | |
| 12d | | | | | | |
| 15 State AZ | Employer's state ID No. 462345066 | 16 State wages, tips, etc 127784.00 | 17 State income tax 6516.96 | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name |

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

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)

REV 12/09/22 QBDT