a Employee's SSN 307-49-3306	b Employer identification n	umber (EIN) $20-461$	L1339	OMB No. 1545-0008
c Employer's name, address, and ZIP code DELTA SYSTEM & SOFTWARE, INC	1 Wgs, tips, other compn 24492.00	2 Fed inc tax withheld 3951.00	3 Social security wages 24492.00	Form W-2
3721 S STONEBRIDGE DRIVE, SUITE	4 SS tax withheld 1518.50	5 Medicare wages & tips 24492.00	6 Medicare tax withheld 355.13	Wage and Tax
MCKINNEY TX 75070	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2022
e Employee's name, address, and ZIP code Suff.	13 Statutory employee	14 Other	12b	
SHYLAJA MANICKAM 4954 STORNOWAY DRIVE,	Retirement plan		12c	Copy B To Be Filed with Employee's FEDERAL Tax Return
FLOWER MOUND, TX 75028	Third-party sick pay		12d	This information is being furnished to the Internal Revenue Service.
15 State Employer's state ID number 16 State wages, tips, etc 1	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name

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Department of the Treasury — IRS

a Employee's SSN 307-49-3306	b Employer identification n	umber (EIN) 20-461	L1339	OMB No. 1545-0008
C Employer's name, address, and ZIP code DELTA SYSTEM & SOFTWARE, INC	1 Wgs, tips, other compn 24492.00	2 Fed inc tax withheld 3951.00	3 Social security wages 24492.00	Form W-2
3721 S STONEBRIDGE DRIVE, SUITE	4 SS tax withheld 1518.50	5 Medicare wages & tips 24492.00	6 Medicare tax withheld 355.13	Wage and Tax
MCKINNEY TX 75070	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2022
e Employee's name, address, and ZIP code Suff.	13 Statutory employee.	14 Other	12b	Copy 2 To Be
SHYLAJA MANICKAM 4954 STORNOWAY DRIVE,	Retirement plan		12c	Filed With Employee's State, City, or Local
FLOWER MOUND, TX 75028	Third-party sick pay		12d	Income Tax Return.
15 State Employer's state ID No. 16 State wages, tips, etc 1	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name

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	7			
a Employee's SSN 307-49-3306	b Employer identification number (EIN) 20-4611339			OMB No. 1545-0008
C Employer's name, address, and ZIP code	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.			
DELTA SYSTEM & SOFTWARE, INC	1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	
	24492.00	3951.00	24492.00	Form W-2
3721 S STONEBRIDGE DRIVE, SUITE	4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	
	1518.50	24492.00	355.13	Wage and
MCKINNEY TX 75070	7 Social security tips	8 Allocated tips	9	Тах
d Control No.			·	Statement
u Control No.	10	44	10-	Otatement
	10 Depdnt care benefits	11 Nonqualified plans	12a	~~~~
				2022
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	
	Statutory employee -			
SHYLAJA MANICKAM			12c	Copy C For
4954 STORNOWAY DRIVE,	Retirement plan			EMPLOYEE'S
	Retrement plan .		10.1	RECORDS.
FLOWER MOUND, TX 75028			12d	(See Notice to Employee.)
	Third-party sick pay			Employee.)
15 State Employer's state ID No. 16 State wages, tips, etc 1	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
F1F				1

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