h Employer's Identification number	16 0001000	12a Soo instructions for Boy 12	1 Wages, tips, other compensation	2 Federal income toy withhold
b Employer's Identification number c Employer's name, address, and ZIP code	46-2284399	¢	60492.80	8866.20
TECH MYNDS INC		12b	3 Social security wages	4 Social security tax withheld
THEIR MINDS TIVE		\$	60492.80	3750.55
39355 CALIFORNIA ST	' STE 303	12c	5 Medicare wages and tips 60492.80	6 Medicare tax withheld 877.15
		\$ 12d	7 Social security tips	8 Allocated tips
FREMONT CA 94538		1\$		·
e Employee's first name and initial	Last name	This information is being furnished to the	9	10 Dependent care benefits
	15789571	Internal Revenue Service	11 Nonqualified plans	19
FNU PAUL RAMONA		Copy B To Be Filed with	Tr Noriqualified plans	13 Statutory Retirement Third-party employee plan sick pay
9800 FREDERICKSBURG	ROAD	Employee's FEDERAL	14 Other	
		Tax Return		
SAN ANTONIO TX 7828	8	a Employee's soc. sec. no	-	
f Employee's address and 7ID ands		681-32-3500	1	
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
				
Form W-2 Wage and Tax Statement	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	 With Employee's FEDERAL Tax Retur
202	2			
b Employer's Identification number c Employer's name, address, and ZIP code	46-2284399	12a See instructions for Box 12	1 Wages, tips, other compensation	
		12b	60492.80 3 Social security wages	8866.20 4 Social security tax withheld
TECH MYNDS INC		le le	60492.80	3750.55
20255		12c	5 Medicare wages and tips	6 Medicare tax withheld
39355 CALIFORNIA ST	STE 303	\$	60492.80	877.15
EDEMONT CA 0/E20		12d	7 Social security tips	8 Allocated tips
FREMONT CA 94538 Employee's first name and initial	Last name	I\$	19	10 Dependent care benefits
	15789571			
	13/093/1	Conv. 2 for State City or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
FNU PAUL RAMONA		Copy 2 for State, City, or Local Tax Departments		employee plan sick pay
9800 FREDERICKSBURG	ROAD	Local Tax Departments	14 Other	
SAN ANTONIO TX 7828	8	a Employee's soc. sec. no		
f Employee's address and ZIP code		681-32-3500		
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
			 	
Form W-2 Wage and Tax Statement	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Conv. 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Department
202	2 Department of the Treasury-Internal Revenue Service	ONB # 1343-0008	Copy 2 to be the With Employee's Cit	
202	2 Department of the Treasury International Service	ONIB # 1343-0006	Copy 2 to Be tiled Will Employee 3 cm	, , , , , , , , , , , , , , , , , , , ,
REV 01/03/23 OSP	2 Separation of the reason, mental nevertice service	OMB # 1343-0008	Copy 2 to be the Will Employee 3 of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
REV 01/03/23 OSP			1 Wages, tips, other compensation	2 Federal income tax withheld
		12a See instructions for Box 12	1 Wages, tips, other compensation 60492.80	2 Federal income tax withheld 8866.20
REV 01/03/23 OSP		12a See instructions for Box 12	1 Wages, tips, other compensation 60492.80	2 Federal income tax withheld 8866.20 4 Social security tax withheld
REV 01/03/23 OSP b Employer's Identification number c Employer's name, address, and ZIP code TECH MYNDS INC	46-2284399	12a See instructions for Box 12	1 Wages, tips, other compensation 60492.80	2 Federal income tax withheld 8866.20 4 Social security tax withheld
REV 01/03/23 OSP b Employer's Identification number c Employer's name, address, and ZIP code	46-2284399	12a See instructions for Box 12	1 Wages, tips, other compensation 60492.80 3 Social security wages 60492.80 5 Medicare wages and tips 60492.80	2 Federal income tax withheld
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