

b Employer's Identification number		46-2284399		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		TECH MYNDS INC 39355 CALIFORNIA ST STE 303 FREMONT CA 94538		\$	60492.80	8866.20
e Employee's first name and initial		Last name 15789571		12b	3 Social security wages	4 Social security tax withheld
				\$	60492.80	3750.55
f Employee's address and ZIP code		FNU PAUL RAMONA 9800 FREDERICKSBURG ROAD SAN ANTONIO TX 78288		12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	60492.80	877.15
				12d	7 Social security tips	8 Allocated tips
				\$		
				This information is being furnished to the Internal Revenue Service		9
				Copy B To Be Filed with Employee's FEDERAL Tax Return		10 Dependent care benefits
				a Employee's soc. sec. no		11 Nonqualified plans
				681-32-3500		13 Statutory employee Retirement plan Third-party sick pay
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						14 Other
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 2022 Department of the Treasury-Internal Revenue Service				OMB # 1545-0008		Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer's Identification number		46-2284399		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		TECH MYNDS INC 39355 CALIFORNIA ST STE 303 FREMONT CA 94538		\$	60492.80	8866.20
e Employee's first name and initial		Last name 15789571		12b	3 Social security wages	4 Social security tax withheld
				\$	60492.80	3750.55
f Employee's address and ZIP code		FNU PAUL RAMONA 9800 FREDERICKSBURG ROAD SAN ANTONIO TX 78288		12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	60492.80	877.15
				12d	7 Social security tips	8 Allocated tips
				\$		
				This information is being furnished to the Internal Revenue Service		9
				Copy 2 for State, City, or Local Tax Departments		10 Dependent care benefits
				a Employee's soc. sec. no		11 Nonqualified plans
				681-32-3500		13 Statutory employee Retirement plan Third-party sick pay
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						14 Other
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 2022 Department of the Treasury-Internal Revenue Service				OMB # 1545-0008		Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 01/03/23 OSP

b Employer's Identification number		46-2284399		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		TECH MYNDS INC 39355 CALIFORNIA ST STE 303 FREMONT CA 94538		\$	60492.80	8866.20
e Employee's first name and initial		Last name 15789571		12b	3 Social security wages	4 Social security tax withheld
				\$	60492.80	3750.55
f Employee's address and ZIP code		FNU PAUL RAMONA 9800 FREDERICKSBURG ROAD SAN ANTONIO TX 78288		12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	60492.80	877.15
				12d	7 Social security tips	8 Allocated tips
				\$		
				This information is being furnished to the Internal Revenue Service. 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.		9
				Copy 2 for State, City, or Local Tax Departments		10 Dependent care benefits
				a Employee's soc. sec. no		11 Nonqualified plans
				681-32-3500		13 Statutory employee Retirement plan Third-party sick pay
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						14 Other
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 2022 Department of the Treasury-Internal Revenue Service				OMB # 1545-0008		Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

b Employer's Identification number		46-2284399		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		TECH MYNDS INC 39355 CALIFORNIA ST STE 303 FREMONT CA 94538		\$	60492.80	8866.20
e Employee's first name and initial		Last name 15789571		12b	3 Social security wages	4 Social security tax withheld
				\$	60492.80	3750.55
f Employee's address and ZIP code		FNU PAUL RAMONA 9800 FREDERICKSBURG ROAD SAN ANTONIO TX 78288		12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	60492.80	877.15
				12d	7 Social security tips	8 Allocated tips
				\$		
				This information is being furnished to the Internal Revenue Service. 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.		9
				Copy C for Employee's Records (see notice to Employee on back.)		10 Dependent care benefits
				a Employee's soc. sec. no		11 Nonqualified plans
				681-32-3500		13 Statutory employee Retirement plan Third-party sick pay
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						14 Other
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 2022 Department of the Treasury-Internal Revenue Service				OMB # 1545-0008		Copy C For Employee's Records