| Copy B-To Be File FEDERAL Tax Retur | | th Employee's | | OMB No. 1545-0008 |
|---|--------|----------------------------|----|---|
| a Employee's soc. sec. n | ю. | 1 Wages, tips, other comp. | 12 | 2 Federal income tax withheld |
| 030-41-0115 | | 64476.1 | 5 | 9456.13 |
| 030 41 0113 | | 3 Social security wages | 4 | 4 Social security tax withheld |
| b Employer ID number (E | IN) | 64476.1 | 5 | 3997.52 |
| 58-0401110 | | 5 Medicare wages and tips | (| Medicare tax withheld |
| 36-0401110 | | 64476.1 | 5 | 934.90 |
| c Employer's name, addr Equifax, Inc | ess, a | nd ZIP code | | |
| 1550 Peachtre | ee S | Street | | |
| Atlanta, GA | 3030 | 09 | | |
| d Control number 0020 Equif | | | | |
| e Employee's name, addı Mallikarjuna | | | | |
| 1901 Knights | bri | dge Rd, APT#9308 | 3 | |
| FARMERS BRNC | | | | |
| | | | | |
| 7 Social security tips | | 8 Allocated tips | 9 | |
| 10 Dependent care benefit | ts | 11 Nonqualified plans | | 2a Code See inst. for box 12 C 23.46 |
| 13 Statutory employee 14 | 4 Othe | er Fax Ins 1028.9 | 1 | Pb Code DD 3599.20 |
| Retirement plan | | | 12 | 2c Code |
| Third-party sick pay | | | 12 | 2d Code |

Form W-2 Wage and Tax Statement 5055 This information is being furnished to the Internal Revenue Service.

15 State Employer's state ID number 16 State wages, tips, etc.

19 Local income tax

Dept. of the Treasury - IRS

17 State income tax

20 Locality name

| Copy C-For EMPLOYE Notice to Employee on the | | OMB No. 1545-0008 |
|---|----------------------------|--------------------------------|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 030-41-0115 | 64476.15 | 9456.13 |
| 050-41-0115 | 3 Social security wages | 4 Social security tax withheld |
| b Employer ID number (EIN) | 64476.15 | 3997.52 |
| 58-0401110 | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 38-0401110 | 64476.15 | 934.90 |
| c Employer's name, address, a | and ZIP code | |
| Equifax, I | nc | |
| 1550 Peach | tree Street | |

Atlanta, GA 30309

d Control number 0020 Equif

18 Local wages, tips, etc.

e Employee's name, address, and ZIP code Mallikarjuna Bodepudi

1901 Knightsbridge Rd, APT#9308

| 7 Social security tips | | 8 Allocated tips | 9 | And the second s |
|---------------------------|---------|----------------------------------|----------------|--|
| 10 Dependent care bene | efits | 11 Nonqualified plans | 12a Code Se | e inst. for box 12 23.46 |
| 13 Statutory employee | 14 Ot | her PTax Ins 1028.96 | 12b Code DD | 3599.20 |
| Retirement plan | | | 12c Code | |
| Third-party sick pay | | | 12d Code | - |
| | ! | | | |
| 15 State Employer's stat | e ID ni | umber 16 State wages, tips, etc. | 17 State in | come tax |
| 18 Local wages, tips, etc | ٥. | 19 Local income tax | 20 Locality na | ame |

Form W-2 Wage and Tax Statement 5055 Dept. of the Treasury - IRS 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.

| Copy 2—To Be Filed W City, or Local Income 1 | | OMB No. 1545-0008 |
|---|---|---|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 030-41-0115 | 64476.15 | 9456.13 |
| 030 41 0113 | 3 Social security wages | 4 Social security tax withheld |
| b Employer ID number (EIN) | 64476.15 | 3997.52 |
| 58-0401110 | 5 Medicare wages and tips 64476.15 | 6 Medicare tax withheld 934.90 |
| c Employer's name, address, Equifax, Inc | and ZIP code | |
| 1550 Peachtree | Street | |
| Atlanta, GA 303 | 809 | |
| d Control number 0020 Equif | | |
| e Employee's name, address, Mallikarjuna Bo 1901 Knightsbr FARMERS BRNCH, | odepudi idge Rd, APT#9308 | |
| e Employee's name, address, Mallikarjuna Bo 1901 Knightsbri | odepudi idge Rd, APT#9308 | 9 |
| e Employee's name, address, Mallikarjuna Bo 1901 Knightsbr: FARMERS BRNCH, 7 Social security tips | odepudi idge Rd, APT#9308 TX 75234 | 9 12a Code C 23.46 |
| e Employee's name, address, Mallikarjuna Bo 1901 Knightsbr: FARMERS BRNCH, 7 Social security tips 0 Dependent care benefits 3 Statutory employee 14 Ott | edepudi idge Rd, APT#9308 TX 75234 8 Allocated tips 11 Nonqualified plans | 12a Code C 23.46 12b Code DD 3599.20 |
| e Employee's name, address, Mallikarjuna Bo 1901 Knightsbr: FARMERS BRNCH, 7 Social security tips 10 Dependent care benefits 13 Statutory employee 14 Other | adepudi idge Rd, APT#9308 TX 75234 8 Allocated tips 11 Nonqualified plans | 12a Code C 23.46 12b Code |
| e Employee's name, address, Mallikarjuna Bo 1901 Knightsbr: FARMERS BRNCH, 7 Social security tips 10 Dependent care benefits 13 Statutory employee 14 Other | adepudi idge Rd, APT#9308 TX 75234 8 Allocated tips 11 Nonqualified plans | 12a Code C 23.46 12b Code DD 3599.20 |

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

| Copy 2—To Be Filed Wi City, or Local Income To | | OMB No. 1545-0008 |
|---|----------------------------|--------------------------------|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 030-41-0115 | 64476.15 | 9456.13 |
| 030 11 0113 | 3 Social security wages | 4 Social security tax withheld |
| b Employer ID number (EIN) | 64476.15 | 3997.52 |
| 58-0401110 | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 36-0401110 | 64476.15 | 934.90 |

c Employer's name, address, and ZIP code Equifax, Inc 1550 Peachtree Street Atlanta, GA 30309

d Control number 0020 Equif

e Employee's name, address, and ZIP code Mallikarjuna Bodepudi 1901 Knightsbridge Rd, APT#9308

| 10 Dependent care benefits 11 Nonqualified plans 12a Code C 23.46 13 Statutory employee PTax Ins 1028.96 Retirement plan Third-party sick pay 14 Other PTax Ins 1028.96 12b Code DD 3599.20 12c Code 12d Code | 3.46 |
|---|------|
| PTax Ins 1028.96 DD 3599.20 Retirement plan 12c Code | |
| | 9.20 |
| Third-party sick pay | |
| | |
| | |

Form W-2 Wage and Tax Statement

BW24UP

5055 Dept. of the Treasury - IRS

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