b Employer's Identification number 87-3564499	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	5000.00	380.07
RR INFO TECH LLC	12b	3 Social security wages	4 Social security tax withheld
	\$ 12c	5 Medicare wages and tips	6 Medicare tax withheld
12980 METCALF AVE, SUITE 320	1\$	5 Medicare wages and tips	o Medicare tax witimeid
	12d	7 Social security tips	8 Allocated tips
OVERLAND PARK KS 66213	\$		
Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
16155005	Internal Revenue Service	11 Nonqualified plans	13 Statutory Retirement Third-party
ESHASREE MADIREDDY	Copy B To Be Filed with		13 Statutory Retirement Third-party employee plan sick pay
3400 CUSTER RD APT 1108	Employee's FEDERAL	14 Other	
	Tax Return		
PLANO TX 75023	a Employee's soc. sec. no		
f Employee's address and ZIP code	841-75-6163		
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 V	l Nith Employee's FEDERAL Tax Retur
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OVERLAND PARK KS 66213	12d	7 Social security tips	8 Allocated tips
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ESHASREE MADIREDDY	Copy 2 for State, City, or Local Tax Departments		employee plan sick pay
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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
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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 ST	ATE, CITY, or LOCAL Tax Department
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 STA	ATE, CITY, or LOCAL Tax Department
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service REV 01/03/23 OSP	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Department
REV 01/03/23 OSP		1 Wages, tips, other compensation	2 Federal income tax withheld
REV 01/03/23 OSP b Employer's Identification number c Employer's name, address, and ZIP code 87-3564499	12a See instructions for Box 12	1 Wages, tips, other compensation 5000.00	2 Federal income tax withheld 380.07
REV 01/03/23 OSP b Employer's Identification number c Employer's name, address, and ZIP code 87-3564499	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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