<u>b Employer's Identification number</u> 86–2735319	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	15000.00	2094.66
TUBMAN TECHNOLOGIES INC	12b	3 Social security wages	4 Social security tax withheld
IOBMAN IECHNOLOGIES INC	\$	15000.00	930.00
12010 WORDIG DD GTT (00	12c	5 Medicare wages and tips	6 Medicare tax withheld
13010 MORRIS RD STE 600	\$	15000.00	217.50
	12d	7 Social security tips	8 Allocated tips
ALPHARETTA GA 30004	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
17337664	This information is being furnished to the Internal Revenue Service		
		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
KANAKA PAVAN KUMAR KOLAPALLI	Copy B To Be Filed with		employee plan sick pay
4400 HORIZON HILL BLVD APT#3214	Employee's FEDERAL	14 Other	
		14 Other	
	Tax Return		
SAN ANTONIO TX 78229	a Employee's soc. sec. no		
	661-06-5977		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax		19 Local income tax	20 Locality name
To state Employer's state i.b. No. To state wayes, ups, etc. The state income tax	To Local wages, tips, etc.		
+		+	
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Vith Employee's FEDERAL Tax Return

<u>b Employer's Identification number</u> <u>c Employer's news</u> address and <u>7</u> code	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	15000.00	2094.66
TUBMAN TECHNOLOGIES INC	12b	3 Social security wages	4 Social security tax withheld
IODMAN IECHNOLOGIED INC	\$	15000.00	930.00
13010 MORRIS RD STE 600	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	15000.00	217.50
	12d	7 Social security tips	8 Allocated tips
ALPHARETTA GA 30004	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
17337664			
	Come O for Otato Otto on	11 Nonqualified plans	13 Statutory Retirement Third-party
KANAKA PAVAN KUMAR KOLAPALLI	Copy 2 for State, City, or		employee plan sick pay
4400 HORIZON HILL BLVD APT#3214	Local Tax Departments		
4400 HORIZON HILL BLVD API#3214		14 Other	
SAN ANTONIO TX 78229	a Employee's soc. sec. no		
f Employee's address and ZIP code	661-06-5977		
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 ST	ATE, CITY, or LOCAL Tax Departments

REV 12/20/22 OSP

b Employer's Identification number c Employer's name, address, and ZIP code 86-2735319	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
	s	15000.00	2094.66
TUBMAN TECHNOLOGIES INC	12b	3 Social security wages	4 Social security tax withheld
	ls	15000.00	930.00
13010 MORRIS RD STE 600	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	15000.00	217.50
	12d	7 Social security tips	8 Allocated tips
ALPHARETTA GA 30004	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
17337664			
KANAKA PAVAN KUMAR KOLAPALLI	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
	Local Tax Departments		
4400 HORIZON HILL BLVD APT#3214	Local Tax Departments	14 Other	
SAN ANTONIO TX 78229			
	a Employee's soc. sec. no	-	
f Employee's address and ZIP code	661-06-5977		
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 Ware and Tay Statement Denotiment of the Treasury Internal Devenue Convice	OND # 4545 0000	Come 2 To Do Filed With Employeds ST	
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, CITT, or LOCAL Tax Departments

b Employer's Identification number 86-2735319	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	15000.00	2094.66
TUBMAN TECHNOLOGIES INC	12b	3 Social security wages	4 Social security tax withheld
IODMAN IECHNOLOGIES INC	\$	15000.00	930.00
12010 MODDIG DD GMD 600	12c	5 Medicare wages and tips	6 Medicare tax withheld
13010 MORRIS RD STE 600	\$	15000.00	217.50
	12d	7 Social security tips	8 Allocated tips
ALPHARETTA GA 30004	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
17337664	Internal Revenue Service. If you are required to file a tax return, a negligence		
KANAKA PAVAN KUMAR KOLAPALLI		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
4400 HORIZON HILL BLVD APT#3214	Copy C for Employee's	14 Other	
SAN ANTONIO TX 78229	Records (see notice to Employee on back.) a Employee's soc. sec. no		
f Employee's address and ZIP code	661-06-5977		
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

Copy C For Employee's Records