Copy B To Be F FEDERAL Tax R	iled w	ith Employee's	2022 OMB No. 1545-0008	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008						
a Employee's SSN	1 Wag	es, tips, other comp. 11200.00	2 Federal income tax withheld 1574.00	a Employee's SSN	1 Wages, tips, other comp. 11200.00	2 Federal income tax withheld 1574.00				
332-19-0973	3 Socia	al security wages	4 Social security tax withheld	332-19-0973	3 Social security wages	4 Social security tax withheld				
b Employer ID no. (EIN)	5 Med	icare wages and tips	6 Medicare tax withheld	b Employer ID no. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld				
46-4853767	853767			46-4853767						
c Employer's name, ac VTECH LLC				c Employer's name, address, and ZIP code VTECH LLC						
201 INTER	NATI	ONAL CIRCLE S	UITE 2	201 INTERNATIONAL CIRCLE SUITE 2						
HUNT VALL	EY		MD 21030	HUNT VALL	MD 21030					
d Control number				d Control number						
e Employee's name, ar ROHAN R N 1890 MERC FARMERS B	YALA ER P	PATLA ARKWAY	Suff. TX 75234	e Employee's name, ad ROHAN R N 1890 MERCI FARMERS BI	Suff. TX 75234					
7 Social security tips		8 Allocated tips	9	7 Social security tips	8 Allocated tips	9				
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care bene	efits 11 Nonqualified plans	12a Code See inst. for box 12				
13 Statutary amplayee			12b Code	13 Statutory employee	14 Other	12b Code				
Statutory employee		12c Code	Statutory employee		12c Code					
Retirement Plan		12d Code	Retirement Plan		12d Code					
Third-party sick pay				Third-party sick pay		120 0000				
15 State Employer's s	state ID n	umber 16 State wages, ti	ps, etc. 17 State income tax	15 State Employer's stat	te ID number 16 State wages, tij	ips, etc. 17 State income tax				
18 Local wages, tips, etc. 19 Local income tax		19 Local income tax	20 Locality name	18 Local wages, tips, etc	c. 19 Local income tax	20 Locality name				
Form W-2 Wage and Ta This information is being furn	ax Stater ished to th	nent e Internal Revenue Service.	Dept. of the Treasury - IRS	Form W-2 Wage and Ta	ax Statement	Dept. of the Treasury - IRS				

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.

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.						REV 12/21/22 QBDT							
Copy C For EM (See Notice to E		CORDS.	20 OM	22 B No. 1545-0008	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-						22 B No. 1545-0008		
a Employee's SSN	1 Wages, tips, other comp. 11200.00		2 Federal income tax withheld 1574.00		a Employee's SSN		1 Wages, tips, other comp.			2 Federa	2 Federal income tax withheld		
							11200.00		1574.00				
332-19-0973	3 Social security	wages	4 Social	security tax withheld	332	-19-0973	3 Social security wages			4 Social	4 Social security tax withheld		
b Employer ID no. (EIN)	C. Madiana		C. Maallaa		b Empl	oyer ID no. (EIN)	5 Mar. 1		a and the a	C Madia			
46-4853767	5 Medicare wage	s and tips	6 Medica	are tax withheld	46-	5 Medicare wages and tips				6 Medicare tax withheld			
c Employer's name, ac VTECH LLC	c Employer's name, address, and ZIP code VTECH LLC												
201 INTERNATIONAL CIRCLE SUITE 2						201 INTERNATIONAL CIRCLE SUITE 2							
HUNT VALLEY MD 21030						HUNT VALLEY MD 21030							
d Control number						d Control number							
e Employee's name, a ROHAN R N 1890 MERC	YALAPATLA	ł		Suff.	RĊ	oloyee's name, ao DHAN R N 90 MERC	YALA	PATLA	Ð		Suff.		
FARMERS BRANCH TX 75234						FARMERS BRANCH					75234		
7 Social security tips	7 Social security tips 8 Allocated tips		9	9		7 Social security tips		8 Allocated tips		9			
10 Dependent care bene	efits 11 Nonqua	11 Nonqualified plans		12a Code See inst. for box 12		10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12			
			12b C	12b Code		13 14				12b Code			
Statutory employee		120 0	12c Code		Statutory employee			12c Cod		ada			
Retirement Plan			120 0	ode	Retireme	ent Plan				120 0	ode		
			12d C	12d Code		Rearchearthan					12d Code		
Third-party sick pay					Third-par	ty sick pay							
		10 00 0			45.01.1	_							
15 State Employer's state ID number 16 State wages, tips, e		1	17 State income tax			3 ;							
18 Local wages, tips, etc. 19 Local income tax		20 Locality name		18 Local wages, tips, etc.		c. 19 Local income tax 2		20 Locality name					
Form W-2 Wage and Tax Statement Dept. of the Treasury - IR:					S Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								