

<b>b Employer's Identification number</b>		81-3216038		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>			
<b>c Employer's name, address, and ZIP code</b>		KAPSULE INVESTMENTS LLC		\$		42559.74		4640.35			
2325 ULMERTON RD, STE 28		CLEARWATER FL 33762		<b>12b</b>		<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>			
				\$		42559.74		2638.70			
				<b>12c</b>		<b>5 Medicare wages and tips</b>		<b>6 Medicare tax withheld</b>			
				\$		42559.74		617.12			
				<b>12d</b>		<b>7 Social security tips</b>		<b>8 Allocated tips</b>			
				\$							
<b>e Employee's first name and initial</b>		<b>Last name</b>		This information is being furnished to the Internal Revenue Service  <b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b>		<b>9</b>		<b>10 Dependent care benefits</b>			
ANOOP VARGHESE		8372524				<b>11 Nonqualified plans</b>		<b>13 Statutory employee</b>		<b>Retirement plan</b>	
14711 55TH WAY NORTH		CLEARWATER FL 33760						<input type="checkbox"/>		<input type="checkbox"/>	
<b>f Employee's address and ZIP code</b>				<b>a Employee's soc. sec. no</b>		<b>14 Other</b>		<b>Third-party sick pay</b>			
				737-90-5478				<input type="checkbox"/>			
<b>15 State</b>		<b>Employer's state I.D. No.</b>		<b>16 State wages, tips, etc.</b>		<b>17 State income tax</b>		<b>18 Local wages, tips, etc.</b>			
-----		-----		-----		-----		<b>19 Local income tax</b>			
-----		-----		-----		-----		<b>20 Locality name</b>			
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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>b Employer's Identification number</b>		81-3216038		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>			
<b>c Employer's name, address, and ZIP code</b>		KAPSULE INVESTMENTS LLC		\$		42559.74		4640.35			
2325 ULMERTON RD, STE 28		CLEARWATER FL 33762		<b>12b</b>		<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>			
				\$		42559.74		2638.70			
				<b>12c</b>		<b>5 Medicare wages and tips</b>		<b>6 Medicare tax withheld</b>			
				\$		42559.74		617.12			
				<b>12d</b>		<b>7 Social security tips</b>		<b>8 Allocated tips</b>			
				\$							
<b>e Employee's first name and initial</b>		<b>Last name</b>		This information is being furnished to the Internal Revenue Service  <b>Copy 2 for State, City, or Local Tax Departments</b>		<b>9</b>		<b>10 Dependent care benefits</b>			
ANOOP VARGHESE		8372524				<b>11 Nonqualified plans</b>		<b>13 Statutory employee</b>		<b>Retirement plan</b>	
14711 55TH WAY NORTH		CLEARWATER FL 33760						<input type="checkbox"/>		<input type="checkbox"/>	
<b>f Employee's address and ZIP code</b>				<b>a Employee's soc. sec. no</b>		<b>14 Other</b>		<b>Third-party sick pay</b>			
				737-90-5478				<input type="checkbox"/>			
<b>15 State</b>		<b>Employer's state I.D. No.</b>		<b>16 State wages, tips, etc.</b>		<b>17 State income tax</b>		<b>18 Local wages, tips, etc.</b>			
-----		-----		-----		-----		<b>19 Local income tax</b>			
-----		-----		-----		-----		<b>20 Locality name</b>			
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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 STATE, CITY, or LOCAL Tax Departments

REV 01/17/23 OSP

<b>b Employer's Identification number</b>		81-3216038		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>			
<b>c Employer's name, address, and ZIP code</b>		KAPSULE INVESTMENTS LLC		\$		42559.74		4640.35			
2325 ULMERTON RD, STE 28		CLEARWATER FL 33762		<b>12b</b>		<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>			
				\$		42559.74		2638.70			
				<b>12c</b>		<b>5 Medicare wages and tips</b>		<b>6 Medicare tax withheld</b>			
				\$		42559.74		617.12			
				<b>12d</b>		<b>7 Social security tips</b>		<b>8 Allocated tips</b>			
				\$							
<b>e Employee's first name and initial</b>		<b>Last name</b>		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.  <b>Copy C for Employee's Records</b> (see notice to Employee on back.)		<b>9</b>		<b>10 Dependent care benefits</b>			
ANOOP VARGHESE		8372524				<b>11 Nonqualified plans</b>		<b>13 Statutory employee</b>		<b>Retirement plan</b>	
14711 55TH WAY NORTH		CLEARWATER FL 33760						<input type="checkbox"/>		<input type="checkbox"/>	
<b>f Employee's address and ZIP code</b>				<b>a Employee's soc. sec. no</b>		<b>14 Other</b>		<b>Third-party sick pay</b>			
				737-90-5478				<input type="checkbox"/>			
<b>15 State</b>		<b>Employer's state I.D. No.</b>		<b>16 State wages, tips, etc.</b>		<b>17 State income tax</b>		<b>18 Local wages, tips, etc.</b>			
-----		-----		-----		-----		<b>19 Local income tax</b>			
-----		-----		-----		-----		<b>20 Locality name</b>			
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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 STATE, CITY, or LOCAL Tax Departments

<b>b Employer's Identification number</b>		81-3216038		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>			
<b>c Employer's name, address, and ZIP code</b>		KAPSULE INVESTMENTS LLC		\$		42559.74		4640.35			
2325 ULMERTON RD, STE 28		CLEARWATER FL 33762		<b>12b</b>		<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>			
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<b>e Employee's first name and initial</b>		<b>Last name</b>		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.  <b>Copy C for Employee's Records</b> (see notice to Employee on back.)		<b>9</b>		<b>10 Dependent care benefits</b>			
ANOOP VARGHESE		8372524				<b>11 Nonqualified plans</b>		<b>13 Statutory employee</b>		<b>Retirement plan</b>	
14711 55TH WAY NORTH		CLEARWATER FL 33760						<input type="checkbox"/>		<input type="checkbox"/>	
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				737-90-5478				<input type="checkbox"/>			
<b>15 State</b>		<b>Employer's state I.D. No.</b>		<b>16 State wages, tips, etc.</b>		<b>17 State income tax</b>		<b>18 Local wages, tips, etc.</b>			
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Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records

