

a Employee's SSN 785-34-1790		b Employer identification number (EIN) 27-3844563			OMB No. 1545-0008	
c Employer's name, address, and ZIP code IDOL SOFT INC 1300 W. WALNUT HILLS LANE SUITE # 155E IRVING TX 75038		1 Wgs, tips, other compn 38677.00	2 Fed inc tax withheld 6377.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. ADARSH MUNNANURU 2430 JEFFERSON POINT DRIVE APT 930 ARLINGTON TX 76006		13 Statutory employee <input type="checkbox"/>	14 Other	12b		
		Retirement plan <input type="checkbox"/>		12c		
		Third-party sick pay <input type="checkbox"/>		12d		
15 State	Employer's state ID number	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

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

REV 12/21/22 QBDT

Department of the Treasury — IRS

a Employee's SSN 785-34-1790		b Employer identification number (EIN) 27-3844563			OMB No. 1545-0008	
c Employer's name, address, and ZIP code IDOL SOFT INC 1300 W. WALNUT HILLS LANE SUITE # 155E IRVING TX 75038		1 Wgs, tips, other compn 38677.00	2 Fed inc tax withheld 6377.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. ADARSH MUNNANURU 2430 JEFFERSON POINT DRIVE APT 930 ARLINGTON TX 76006		13 Statutory employee <input type="checkbox"/>	14 Other	12b		
		Retirement plan <input type="checkbox"/>		12c		
		Third-party sick pay <input type="checkbox"/>		12d		
15 State	Employer's state ID 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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 12/21/22 QBDT

a Employee's SSN 785-34-1790		b Employer identification number (EIN) 27-3844563			OMB No. 1545-0008	
c Employer's name, address, and ZIP code IDOL SOFT INC 1300 W. WALNUT HILLS LANE SUITE # 155E IRVING TX 75038		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.				
		1 Wgs, tips, other compn 38677.00	2 Fed inc tax withheld 6377.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
d Control No.		7 Social security tips	8 Allocated tips	9		
e Employee's name, address, and ZIP code Suff. ADARSH MUNNANURU 2430 JEFFERSON POINT DRIVE APT 930 ARLINGTON TX 76006		10 Depdnt care benefits	11 Nonqualified plans	12a		
		13 Statutory employee <input type="checkbox"/>	14 Other	12b		
		Retirement plan <input type="checkbox"/>		12c		
Third-party sick pay <input type="checkbox"/>	12d					
15 State	Employer's state ID 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

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)

REV 12/21/22 QBDT