b Employer's Identification number: 83-4618317

c Employer's name, address, and ZIP code

TANGENSIS INC

800 W AIRPORT FREEWAY SUITE 1100

IRVING TX 75062

e Employee's first name and initial | Last name

11919801

DHRUVA KRISHNA
4839 N BONADELLE AVE APT 137

FRESNO CA 93726

f Employee's address and ZIP code

a Employee's soc. sec. no: 063-83-1502

12a See instructions for Box 12: $

12b: $

12c: $

12d: $

This information is being furnished to the Internal Revenue Service

Copy B To Be Filed with Employee's FEDERAL Tax Return

1 Wages, tips, other compensation	2 Federal income tax withheld
40432.00	5613.00
3 Social security wages	4 Social security tax withheld
8512.00	527.74
5 Medicare wages and tips	6 Medicare tax withheld
8512.00	123.42
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐
	14 Other

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
CA	128-9624-7	15232.00	613.57			
MI	83-4618317	8512.00	361.76			

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 Employer's Identification number: 83-4618317

c Employer's name, address, and ZIP code

TANGENSIS INC

800 W AIRPORT FREEWAY SUITE 1100

IRVING TX 75062

e Employee's first name and initial | Last name

11919801

DHRUVA KRISHNA
4839 N BONADELLE AVE APT 137

FRESNO CA 93726

f Employee's address and ZIP code

a Employee's soc. sec. no: 063-83-1502

12a See instructions for Box 12: $

12b: $

12c: $

12d: $

Copy 2 for State, City, or Local Tax Departments

1 Wages, tips, other compensation	2 Federal income tax withheld
40432.00	5613.00
3 Social security wages	4 Social security tax withheld
8512.00	527.74
5 Medicare wages and tips	6 Medicare tax withheld
8512.00	123.42
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐
	14 Other

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
CA	128-9624-7	15232.00	613.57			
MI	83-4618317	8512.00	361.76			

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 01/03/23 OSP

b Employer's Identification number: 83-4618317

c Employer's name, address, and ZIP code

TANGENSIS INC

800 W AIRPORT FREEWAY SUITE 1100

IRVING TX 75062

e Employee's first name and initial | Last name

11919801

DHRUVA KRISHNA
4839 N BONADELLE AVE APT 137

FRESNO CA 93726

f Employee's address and ZIP code

a Employee's soc. sec. no: 063-83-1502

12a See instructions for Box 12: $

12b: $

12c: $

12d: $

Copy 2 for State, City, or Local Tax Departments

1 Wages, tips, other compensation	2 Federal income tax withheld
40432.00	5613.00
3 Social security wages	4 Social security tax withheld
8512.00	527.74
5 Medicare wages and tips	6 Medicare tax withheld
8512.00	123.42
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐
	14 Other

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
CA	128-9624-7	15232.00	613.57			
MI	83-4618317	8512.00	361.76			

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 Employer's Identification number: 83-4618317

c Employer's name, address, and ZIP code

TANGENSIS INC

800 W AIRPORT FREEWAY SUITE 1100

IRVING TX 75062

e Employee's first name and initial | Last name

11919801

DHRUVA KRISHNA
4839 N BONADELLE AVE APT 137

FRESNO CA 93726

f Employee's address and ZIP code

a Employee's soc. sec. no: 063-83-1502

12a See instructions for Box 12: $

12b: $

12c: $

12d: $

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.

Copy C for Employee's Records (see notice to Employee on back.)

1 Wages, tips, other compensation	2 Federal income tax withheld
40432.00	5613.00
3 Social security wages	4 Social security tax withheld
8512.00	527.74
5 Medicare wages and tips	6 Medicare tax withheld
8512.00	123.42
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐
	14 Other

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
CA	128-9624-7	15232.00	613.57			
MI	83-4618317	8512.00	361.76			

Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records