| Copy B To Be Filed with Employee's 2022 FEDERAL Tax Return. OMB No. 1545-0008 | | | | | Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2022 OMB No. 1545-0008 | | | | | | | | | |
|---|---|------------------------|---------------------|------------------------|---|--|--|---------------------|-------------|--------------------|-------------------------|------------------|------------|-----------------------|
| a Employee's SSN | 1 Wag | es, tips, ot | | 2 Federa | l income tax with | | a Emp | loyee's SSN | 1 Wag | ges, tips, ot | | 2 Federa | l income | tax withheld |
| 189-41-4881 | | | 75000.00 | | | 54.00 | · · | -41-4881 | | | 75000.00 | | | 9264.00 |
| 109-41-4001 | 3 Soci | al security | | 4 Social : | security tax withh ວັດ | ^{neld} 37.50 | 109 | -41-4001 | 3 Soci | ial security | | 4 Social | security t | ax withheld 387.50 |
| b Employer ID no. (EIN) | | | C Madiaa | c د re tax withheld | 57.50 | b Empl | oyer ID no. (EIN) | E Mad | licere were | 6250.00 | 6 Medicare tax withheld | | | |
| S Medicare wages and tips 6 26-0158392 6250.00 6 | | | | b iviedica | | 90.63 | 26- | 26-0158392 6250.00 | | | | b ivience | ire tax wi | 90.63 |
| c Employer's name, address, and ZIP code VIGNESH TECH SOLUTIONS INC | | | | | | c Employer's name, address, and ZIP code VIGNESH TECH SOLUTIONS INC | | | | | | | | |
| 9907 WADII | 9907 WADING CRANE AVE 9907 WADING CRANE AVE | | | | | | | | | | | | | |
| MCCORDSVI | LLE | | | IN | 46055 | | MCCORDSVILLE IN 46055 | | | | | 55 | | |
| d Control number | | | | | | | d Control number | | | | | | | |
| e Employee's name, ad | ddress, a | and ZIP co | de | | | Suff. | e Employee's name, address, and ZIP code Suff. | | | | | | | |
| SAI TARUN REDROUTHU | | | | | | SAI TARUN REDROUTHU | | | | | | | | |
| 501 N CAPITOL AVE LUX INDIANAPOLIS | | LUX ON C | I CA IN 46204 | | | 501 N CAPITOL AVE LUX ON C INDIANAPOLIS | | | | | A IN 46204 | | | |
| | цтр | | | | 46204 | | | DIANAPO. | LIS | | | ΤN | 462 | 04 |
| | | | | _ | | | | | | | | 1. | | |
| 7 Social security tips | | 8 Allocate | ed tips | 9 | | | 7 Socia | al security tips | | 8 Allocate | ed tips | 9 | | |
| 10 Dependent care bene | efits | 11 Nonqua | lified plans | 12a C | ode See inst. for | box 12 | 10 Depe | endent care bene | fits | 11 Nonqua | alified plans | 12a C | ode See i | nst. for box 12 |
| 13 | 14 Ot | ther | | 12b C | ode | | 13 | ~ ~ ~ | 14 0 | ther | | 12b C | ode | |
| Statutory employee 🗙 | | | | | | | Statutory | employee 🗙 | | | | | | |
| Retirement Plan | | | | 12c C | ode | | Retireme | nt Plan | | | | 12c C | ode | |
| Rearchent Fian | | | | 12d C | ode | | Retireme | | | | | 12d C | ode | |
| Third-party sick pay | | | | | | | Third-par | ty sick pay | | | | | | |
| IN 0127893 | 3547 | 001 | 7500 | 0.00 | 242 | 2.56 | IN | 0127893 | 3547 | 001 | 7500 | 0.00 | | 2422.56 |
| | | | | | | | | | | | | | | |
| 15 State Employer's st | tate ID r | number | 16 State wages, tip | os, etc. | 17 State income | e tax | 15 State | Employer's stat | e ID nui | mber | 16 State wages, tip | s, etc. | 17 State | income tax |
| 18 Local wages, tips, etc | | 19 Local ir | | | ality name | | | al wages, tips, etc | | 19 Local ir | | 20 Localit | / name | |
| 75000 | | 10 Loodin | 1515.12 | | MARI | | | 75000 | | | 1515.12 | 49-M | · | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | , 2 0 0 0 | | | | 1.2 1 | | |
| Form W-2 Wage and Ta This information is being furni | ax Stater | nent ne Internal Re | evenue Service. | 1 | Dept. of the Trea | asury - IRS | Form W | /-2 Wage and Ta | x Stater | ment | | | Dept. of t | the Treasury - IRS |

| Copy C (See No | For EMI tice to E | PLOY mploy | EE'S RE /ees). | CORDS. | | 20 2 | 22 B No. 1545-0008 | | | | |
|-------------------------|-------------------------------|-------------------------------------|-------------------|--------------------|--------------------------------|-------------------------------|------------------------------|--|--|--|--|
| a Employe | e's SSN | 1 Wages, tips, other comp. | | | | 2 Federal income tax withheld | | | | | |
| | | 75000.00 | | | | 9264.00 | | | | | |
| 189-41 | L-4881 | 3 Soci | al security | 0 | 4 Social security tax withheld | | | | | | |
| b Employer ID no. (EIN) | | | | 6250.00 | 387.50 | | | | | | |
| | | 5 Med | icare wage | • | 6 Medicare tax withheld | | | | | | |
| 26-01 | 58392 | | 6250.00 90. | | | | | | | | |
| VÍĞN | r's name, ac ESH T WADI | ECH | SOLUI | FIONS INC | | | | | | | |
| MCCC | RDSVI | LLE | | | I | Ν | 46055 | | | | |
| d Control n | umber | | | | | | | | | | |
| 501 | TARUN N CAP ANAPO | ITOI | | LUX ON C | | N | 46204 | | | | |
| 7 Social se | curity tips | | 8 Allocate | ed tips | 9 | 9 | | | | | |
| 0 Depende | nt care bene | efits | 11 Nonqua | alified plans | 12 | 12a Code See inst. for box 12 | | | | | |
| 13 | | 14 Ot | ther | | 1: | 2 b C | ode | | | | |
| Statutory empl | _{oyee} X | | | | | | | | | | |
| Retirement Pla | an | | | 12c Code | | | | | | | |
| | | | | | 12 | 2 d C | ode | | | | |
| Third-party sic | k pay | | | | | | | | | | |
| IN 0 | 127893 | 001 | 7500 | 2422. | | | | | | | |
| | | 15 State Employer's state ID number | | | | | . 17 State income tax | | | | |
| 15 State Em | ployer's sta | te ID nur | mber | 16 State wages, ti | ps, etc | | 17 State income tax | | | | |

| d to file a tax return, a negligence to report it. | | | RE | V 01/17/23 QBDT | | | | | | |
|--|--|----------------------------|--------------------|---------------------|--------------------------------|-------------------------------|--|--|--|--|
| 022 MB No. 1545-0008 | Copy 2 To Be Filed With Employee's State, 2022 City, or Local Income Tax Return. OMB No. 1545-0008 | | | | | | | | | |
| ral income tax withheld | a Employee's SSN | 1 Wages, tips, other comp. | | | 2 Federal income tax withheld | | | | | |
| 9264.00 | a Employee 3 0014 | 75000.00 | | | 9264.00 | | | | | |
| al security tax withheld | 189-41-4881 | 3 Soci | al security | wages | 4 Social security tax withheld | | | | | |
| 387.50 | b Employer ID no. (EIN) | | | 6250.00 | | 387.50 | | | | |
| care tax withheld | Employer ib no. (Env) | 5 Med | icare wage | s and tips | 6 Medicare tax withheld | | | | | |
| 90.63 | 26-0158392 | | | 6250.00 | 90.63 | | | | | |
| | c Employer's name, ad VIGNESH T 9907 WADI | ECH | SOLUI | TIONS INC | | | | | | |
| 46055 | MCCORDSVI | IN | IN 46055 | | | | | | | |
| | d Control number | | | | | | | | | |
| Suff. | e Employee's name, ad SAI TARUN 501 N CAP INDIANAPO | REI ITOI | ROUTH | łU | A IN | Suff. | | | | |
| | 7 Social security tips | | 8 Allocated tips | | | 9 | | | | |
| Code See inst. for box 12 | 10 Dependent care bene | fits | 11 Nonqua | alified plans | 12a C | 12a Code See inst. for box 12 | | | | |
| Code | 13 | 14 01 | her | | 12b C | ode | | | | |
| Code | Statutory employee X Retirement Plan | | | | 12c C | ode | | | | |
| Code | Third-party sick pay | 12d C | 12d Code | | | | | | | |
| 2422.56 | IN 0127893 | 3547 | 001 | 7500 | 0.00 | 2422.56 | | | | |
| 17 State income tax | 15 State Employer's stat | e ID nur | nber | 16 State wages, tip | os, etc. | 17 State income tax | | | | |
| lity name MARI | 18 Local wages, tips, etc 75000 | | 19 Local ir | | 20 Locali | ty name MARI | | | | |
| Dept. of the Treasury - IRS | Form W-2 Wage and Ta | x Stater | nent | | I | Dept. of the Treasury - IRS | | | | |

Form W-2 Wage and Tax Statement