

VOID <input type="checkbox"/>		a Employee's social security number XXX-XX-8006		OMB No. 1545-0008			
b Employer identification number (EIN) 88-2589482			1 Wages, tips, other compensation \$34000.00		2 Federal income tax withheld \$5812.87		
c Employer's name, address, and ZIP code VIHASYA SOLUTIONS LLC 2056 PINEOLA BOG TRL APEX, NC 27502 (848) 466-7296			3 Social security wages \$34000.00		4 Social security tax withheld \$2108.00		
			5 Medicare wages and tips \$34000.00		6 Medicare tax withheld \$493.00		
			7 Social security tips \$0.00		8 Allocated tips \$0.00		
d Control number 001			9		10 Dependent care benefits \$0.00		
e Employee's first name and initial Last name Suff. PRAVEEN R TIMMAPURAM 2056 PINEOLA BOG TRL APEX, NC 27502 (848) 466-7296			11 Nonqualified plans \$0.00		12a See instructions for box 12 Code \$0.00		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b Code \$0.00		
			14 Other		12c Code \$0.00		
					12d Code \$0.00		
f Employee's address and ZIP code							
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	
NC	601459479	\$34000.00	\$1534.00				

Form **W-2** Wage and Tax Statement
Copy D—For Employer

2022

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.