

Void <input type="checkbox"/>		<b>a</b> Employee's social security number 760-57-5422		OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN) 87-4634369			<b>1</b> Wages, tips, other compensation 8100.00		<b>2</b> Federal income tax withheld 429.00		
<b>c</b> Employer's name, address, and ZIP code METIZ TECHNOLOGIES LLC  9501 TARTAN RIDGE CT  DUBLIN OH 43017-8929			<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
			<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits		
<b>e</b> Employee's name, address, and ZIP code AVINASH REDDY PALLI 3745 CAPETIAN CT, APT 204, BU  FAIRBORN OH 45324			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12		
			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>		
			<b>14</b> Other		<b>12c</b>		
					<b>12d</b>		
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	
OH	54205814	8100.00	149.24		0.00	OH - Sc	

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

REV 01/17/23 QBDT

2022

Department of the Treasury—Internal Revenue Service  
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<b>b</b> Employer identification number (EIN)			<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		
<b>c</b> Employer's name, address, and ZIP code			<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
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