| a E | Employee's social security number | | | | |
|--|-----------------------------------|---|--|---|--------------------------|
| Void 85 | 56-55-2631 | OMB No. 1545-0008 | | | |
| b Employer identification number (EIN) | 1 Wag | 1 Wages, tips, other compensation 2 Federal income tax withheld | | ax withheld | |
| 87-4634369 | | | 10032.00 | | 764.00 |
| c Employer's name, address, and ZIP code | | 3 Soc | 3 Social security wages 4 Social security tax w | | x withheld |
| METIZ TECHNOLOGIES LLC | | | | | |
| 9501 TARTAN RIDGE CT | 5 Me | dicare wages and tips | 6 Medicare tax withheld | | |
| DUBLIN | 7 Soc | ial security tips | security tips 8 Allocated tips | | |
| d Control number | | 9 10 Dependent care benefits | | nenefits | |
| a control named | | | | 10 Bopondoni odro i | Jononio |
| e Employee's name, address, and ZIP c | 11 Nor | 11 Nonqualified plans 12a See instructions for box 12 | | for box 12 | |
| DHANUNJAY GOPU | | C C | | 3 | |
| 3745 CAPETIAN CT APT | 13 Statu | 13 Statutory Retirement Third-party employee plan sick pay | | 12b | |
| 3/45 CAPELLAN CL APL | | | C O o d e | | |
| FAIRBORN OH 45324 | | 14 Oth | er | 12c | |
| | | | | o d e | |
| | | | | 12d | |
| | | | | o d e | |
| | | | | | |
| 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 nam |
| ОН 54205814 | 10032.00 | 229.16 | | 0.00 | OH - Sc |
| | | | | | |
| Form W-2 Wage and Ta Statement Copy D – For Employer | _ | 055 | For | Privacy Act and Papers Act Notice, see separa | |
| Void a E b Employer identification number (EIN) | Employee's social security number | | | | |
| | | Copy D — For Emp OMB No. 1545-0008 | loyer les, tips, other compensation | 2 Federal income to | ax withheld |
| c Employer's name, address, and ZIP co | ode | OMB No. 1545-0008 | | Federal income to Social security ta | |
| c Employer's name, address, and ZIP co | ode | OMB No. 1545-0008 1 Wag 3 Soc | es, tips, other compensation | | x withheld |
| c Employer's name, address, and ZIP co | ode | OMB No. 1545-0008 1 Wag 3 Soc 5 Med | ies, tips, other compensation | 4 Social security ta | x withheld |
| | ode | OMB No. 1545-0008 1 Wag 3 Soc 5 Med | les, tips, other compensation cial security wages dicare wages and tips | 4 Social security ta 6 Medicare tax with | x withheld |
| c Employer's name, address, and ZIP co d Control number e Employee's name, address, and ZIP co | | OMB No. 1545-0008 1 Wag 3 Soc 5 Med 7 Soc 9 | les, tips, other compensation cial security wages dicare wages and tips | 4 Social security ta 6 Medicare tax with 8 Allocated tips | x withheld held penefits |
| d Control number | | OMB No. 1545-0008 1 Wag 3 Soc 5 Med 7 Soc 9 | dicare wages and tips dial security tips dicare wages and tips dic | 4 Social security ta 6 Medicare tax with 8 Allocated tips 10 Dependent care I | x withheld held penefits |

Wage and Tax Statement

Employer's state ID number



17 State income tax

16 State wages, tips, etc.

REV 01/17/23 QBDT

19 Local income tax

12d

18 Local wages, tips, etc.

20 Locality name

15 State