|   | a Employee's social security number |          |             |                           |   |                |      |           |                                |                  |          |  |
|---|-------------------------------------|----------|-------------|---------------------------|---|----------------|------|-----------|--------------------------------|------------------|----------|--|
| Void  |                                     | •        |             |                           |   |                |      |           |                                |                  |          |  |
| 658-35-2342   |                                     |          |             | 4                         | Wasa  | a tina athau   |      |           | Fodous                         | l incomo to      | المططئين |  |
| <b>b</b> Employer identification number (EIN)                                 |                                     |          |             | 1                         | 1 Wages, tips, other compensation 2 Federal income tax withheld |                |      |           |                                |                  |          |  |
| 75-3117485  |                                     |          |             |                           |   |                |      |           |                                | 4568.33          |          |  |
| c Employer's name, address and ZIP code                                       |                                     |          |             | 3                         | 3 Social security wages   |                |      |           | 4 Social security tax withheld |                  |          |  |
| ORB Architecture LLC  |                                     |          |             | 1384.64                   |   |                |      | 4         | 85.85                          |                  |          |  |
| 2944 North 44th St. Ste 101   |                                     |          |             | 5 Medicare wages and tips |   |                |      | 6         | 6 Medicare tax withheld        |                  |          |  |
| Phoenix AZ 85018  |                                     |          |             |                           | 1384.64   |                |      |           | 20.08                          |                  |          |  |
|   |                                     |          |             |                           | 7 Social security tips  |                |      |           | 8 Allocated tips               |                  |          |  |
|   |                                     |          |             |                           |   |                |      |           |                                |                  |          |  |
| d Control number  |                                     |          |             |                           |   |                |      | 10        | 10 Dependent care benefits     |                  |          |  |
| WA-63549008   |                                     |          |             |                           |   |                |      |           |                                |                  |          |  |
| e Employee's first name and initial Last name Suff.                           |                                     |          |             | 11                        | 1 Nonqualified plans 12a  |                |      |           |                                |                  |          |  |
| Bhanu Prakash   | Gopay                               | varapu   |             |                           |   |                |      | g         |                                |                  |          |  |
| <u> </u>  |                                     |          |             | 13                        |   |                |      | <b>12</b> | b                              |                  |          |  |
|   |                                     |          |             |                           |   |                |      |           |                                |                  |          |  |
| 1500 E. Broadway Rd H Block   |                                     |          |             | 14                        |   |                |      |           | 12c                            |                  |          |  |
| Tempe, AZ 85282   |                                     |          |             |                           |   |                |      | 8         |                                |                  |          |  |
|   |                                     |          |             |                           |   |                |      | 12        | d                              | I                |          |  |
|   |                                     |          |             |                           |   |                |      | Code      |                                |                  |          |  |
| f Employee's address and ZIP code   |                                     |          |             |                           |   |                |      | e         |                                |                  |          |  |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State incom |                                     |          | ı—<br>ne ta | х                         | 18 Local wag  | es, tips, etc. | 19 - | ocal inco | ome tax                        | 20 Locality name |          |  |
| AZ   75-3117485   |                                     | 34096.76 | 122         | 7                         | 51  |                |      |           |                                |                  |          |  |
|   |                                     |          |             |                           |   |                |      |           |                                |                  |          |  |
|   |                                     |          |             |                           |   |                |      |           |                                |                  |          |  |
|   |                                     |          |             |                           |   |                |      |           |                                |                  |          |  |

Form **W-2** Wage and Tax Statement

2022

Department of the Treasury-Internal Revenue Service

Copy D -- For Employer.