| b Employer's Identification number 90-0525453 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
|--|--|-----------------------------------|---|
| c Employer's name, address, and ZIP code | \$ | 11760.00 | |
| OO POINT LLC | 12b | 3 Social security wages | 4 Social security tax withheld |
| OQ POINI LLC | ls | 11760.00 | 729.12 |
| | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 2473 152ND AVE NE | \$ | 11760.00 | 170.52 |
| | 12d | 7 Social security tips | 8 Allocated tips |
| REDMOND WA 98052 | \$ | | |
| e Employee's first name and initial Last name | _ | 9 | 10 Dependent care benefits |
| 8502674 | This information is being furnished to the Internal Revenue Service | | |
| RAMA KRISHNA MANI KANTA YALLA | | 11 Nongualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| | Copy B To Be Filed with | | employee plan sick pay |
| 732 SUFFIELD WAY | Employee's FEDERAL | 14 Other | |
| | | | |
| CARY NO OFFIC | Tax Return | | |
| CARY NC 27519 | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code | 161-43-4139 | | |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| NC Applied For 11760.00 537.00 | | | |
| +++ | | F | |
| Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy B To Be Filed V | With Employee's FEDERAL Tax Return |
| 2022 | | | |
| | | | |
| b Employer's Identification number | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |

| c Employer's name, address, and ZIP code 90-0323433 | \$ | 11760.00 | 2073.15 |
|--|----------------------------|---------------------------------------|---|
| OO POINT LLC | 12b | 3 Social security wages | 4 Social security tax withheld |
| | \$ | 11760.00 | 729.12 |
| 2473 152ND AVE NE | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | \$ | 11760.00 | 170.52 |
| | 12d | 7 Social security tips | 8 Allocated tips |
| REDMOND WA 98052 | \$ | | |
| e Employee's first name and initial Last name | | 9 | 10 Dependent care benefits |
| 8502674 | | | |
| RAMA KRISHNA MANI KANTA YALLA | Copy 2 for State, City, or | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| 732 SUFFIELD WAY | Local Tax Departments | | |
| 752 SOFFIELD WAT | | 14 Other | |
| CARY NC 27519 | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code | 161-43-4139 | | |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| NC Applied For11760.00537.00 | | | |
| Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy 2 To Be Filed With Employee's ST | ATE, CITY, or LOCAL Tax Departments |
| | | | |

| REV | 12/20/22 | OSP |
|-----|----------|-----|
| | | |

| b Employer's Identification number a Employer's name address and ZIP code 90-0525453 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
|--|---------------------------------|---------------------------------------|--|
| c Employer's name, address, and ZIP code 90-0525455 | \$ | 11760.00 | |
| OO POINT LLC | 12b | 3 Social security wages | 4 Social security tax withheld |
| OQ TOTAT DDC | \$ | 11760.00 | |
| 2473 152ND AVE NE | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | \$ | 11760.00 | 170.52 |
| | 12d | 7 Social security tips | 8 Allocated tips |
| REDMOND WA 98052 | \$ | | |
| e Employee's first name and initial Last name | | 9 | 10 Dependent care benefits |
| 8502674 | | | |
| RAMA KRISHNA MANI KANTA YALLA | Copy 2 for State, City, or | 11 Nongualified plans | 13 Statutory Retirement Third-party plan sick pay |
| 732 SUFFIELD WAY | Local Tax Departments | | |
| | | 14 Other | • |
| | | | |
| CARY NC 27519 | a Employee's soc. sec. no | - | |
| | | + | |
| f Employee's address and ZIP code | 161-43-4139 | | - |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| NC Applied For 11760.00 537.00 | | | |
| | | | |
| Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy 2 To Be Filed With Employee's ST | ATE, CITY, or LOCAL Tax Departments |

| b Employer's Identification number c Employer's name, address, and ZIP code 90-0525453 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld | | |
|--|---------------------------------|-----------------------------------|---|-------------------------|--|
| | | \$ | 11760.00 | 2073.15 | |
| OO POINT LLC | | | 12b | 3 Social security wages | 4 Social security tax withheld |
| OQ FOINI LLC | | | \$ | 11760.00 | |
| 2473 152ND AVE NE | | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| | \$ | 11760.00 | 10101 | | |
| | | | 12d | 7 Social security tips | 8 Allocated tips |
| REDMOND WA 98052 | | | \$ | | |
| e Employee's first name and initial | Last name | | This information is being furnished to the | 9 | 10 Dependent care benefits |
| | 8502674 | | Internal Revenue Service. If you are required to file a tax return, a negligence | | |
| - | | | | 11 Nongualified plans | 13 Statutory Retirement Third-party |
| RAMA KRISHNA MANI I | KANTA YALLA | | on you if this income is taxable and you | | 13 Statutory Retirement Third-party plan sick pay |
| 732 SUFFIELD WAY | | | fail to report it. | | |
| 752 SUFFIELD WAI | | | Copy C for Employee's | 14 Other | |
| | | | Records (see notice to | | |
| ANDY NO 17510 | | | Employee on back.) | | |
| CARY NC 27519 | | | a Employee's soc. sec. no | | |
| | | | | - | |
| f Employee's address and ZIP code | | | 161-43-4139 | | |
| 15 State Employer's state I.D. No. 10 | 6 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| NC_Applied For_ | 11760.00 | 537.00 | | L | |
| | | |] | Г |] |
| | | | | | |