b Employer's Identification number 88-3972159	12a See instructions for	Box 12 1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		36000.00	
ELITEPRO IT INC	12b	3 Social security wages	4 Social security tax withheld
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5335 FAR HILLS AVE STE 224	12c	5 Medicare wages and tips	6 Medicare tax withheld
	<b>\$</b>   12d	7 Social security tips	8 Allocated tips
DAYTON OH 45429	Is.		7.11004104 1.00
e Employee's first name and initial Last name	This information is being founds	9	10 Dependent care benefits
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SIVA TEJA AKKIREDDY		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
798 ORANGE OAK LN	Copy B To Be File		
	Employee's FEDE Tax Return	RAL 14 Other	
APEX NC 27523			
	a Employee's soc. sec.		
f Employee's address and ZIP code	715-33-7950 17 State income tax 18 Local wages, tips, et		20 Locality name
15 State   Employer's state I.D. No.   16 State wages, tips, etc.   NC   601465360   36000.00	1616.00	c. 119 Local income tax	20 Locality Hame
Form W-2 Wage and Tax Statement 2022 Department of the Treasure	ury-Internal Revenue Service OMB # 1545-00	08 Copy B To Be Filed	With Employee's FEDERAL Tax Return
b Employer's Identification number 0.0 2072150	12a See instructions for	Box 12 1 Wages, tips, other compensation	2 Federal income tax withheld
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Form W-2 Wage and Tax Statement 2022 Department of the Treasure	ury-Internal Revenue Service OMB # 1545-00	08 Copy 2 To Be Filed With Employee's S	TATE, CITY, or LOCAL Tax Department
REV 12/20/22 OSP			
REV 12/20/22 OSP  b Employer's Identification number 88-3972159	12a See instructions for	Box 12 1 Wages, tips, other compensation	2 Federal income tax withheld
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b Employer's Identification number c Employer's name, address, and ZIP code 88-3972159	\$   12b   \$	36000.00	5649.24 4 Social security tax withheld
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b Employer's Identification number c Employer's name, address, and ZIP code  ELITEPRO IT INC  5335 FAR HILLS AVE STE 224  DAYTON OH 45429  e Employee's first name and initial Last name  1710596  SIVA TEJA AKKIREDDY 798 ORANGE OAK LN  APEX NC 27523  f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. NC 601465360 36000.00  Form W-2 Wage and Tax Statement 2022 Department of the Trease  b Employer's Identification number c Employer's name, address, and ZIP code  ELITEPRO IT INC  5335 FAR HILLS AVE STE 224  DAYTON OH 45429  e Employee's first name and initial Last name  1710596  SIVA TEJA AKKIREDDY 798 ORANGE OAK LN  APEX NC 27523	\$   12b       \$   12c     \$   12d     \$   12d     \$   \$   12d   \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d	3 6 0 0 0 . 0 0  3 Social security wages  5 Medicare wages and tips  7 Social security tips  9  11 Nonqualified plans  14 Other  10 O O O O O O O O O O O O O O O O O O O	5 6 4 9 . 2 4 4 Social security tax withheld  6 Medicare tax withheld  8 Allocated tips  10 Dependent care benefits  13 Statutory employee plan Third-party sick pay  20 Locality name  20 Locality name  2 Federal income tax withheld  5 6 4 9 . 2 4 4 Social security tax withheld  6 Medicare tax withheld  8 Allocated tips  10 Dependent care benefits
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b Employer's Identification number c Employer's name, address, and ZIP code  ELITEPRO IT INC  5335 FAR HILLS AVE STE 224  DAYTON OH 45429  e Employee's first name and initial Last name  1710596  SIVA TEJA AKKIREDDY 798 ORANGE OAK LN  APEX NC 27523  f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. NC 601465360 36000.00  Form W-2 Wage and Tax Statement 2022 Department of the Trease  b Employer's Identification number c Employer's name, address, and ZIP code  ELITEPRO IT INC  5335 FAR HILLS AVE STE 224  DAYTON OH 45429  e Employee's first name and initial Last name  1710596  SIVA TEJA AKKIREDDY 798 ORANGE OAK LN  APEX NC 27523	\$   12b       \$   12c     \$   12d     \$   12d     \$   \$   12d   \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d     \$   12d	3 6 0 0 0 . 0 0  3 Social security wages  5 Medicare wages and tips  7 Social security tips  9  11 Nonqualified plans  14 Other  19 Local income tax  10 Copy 2 To Be Filed With Employee's S  Box 12 1 Wages, tips, other compensation 3 6 0 0 0 . 0 0  3 Social security wages  5 Medicare wages and tips  7 Social security tips  shed to the if you are negligence be imposed le and you  11 Nonqualified plans  11 Nonqualified plans	5 6 4 9 . 2 4 4 Social security tax withheld  6 Medicare tax withheld  8 Allocated tips  10 Dependent care benefits  13 Statutory employee plan Third-party sick pay  20 Locality name  20 Locality name  2 Federal income tax withheld  5 6 4 9 . 2 4 4 Social security tax withheld  6 Medicare tax withheld  8 Allocated tips  10 Dependent care benefits
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