Copy B To Be Filed with Employee's 2022 FEDERAL Tax Return. OMB No. 1545-0008						Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008								
a Employee's SSN	1 Wag	es, tips, ot	her comp.	2 Federa	income tax withheld	a Emp	loyee's SSN	1 Wage	es, tips, ot	her comp.	2 Federa	I income tax withheld		
		2	52463.66		44104.00				2	52463.66		44104.0		
200-19-7979	3 Soci	al security	wages	4 Social s	security tax withheld	200	-19-7979	3 Socia	al security	wages	4 Social	security tax withheld		
b Employer ID no. (EIN)		1	47000.00		9114.00	h Empl	oyer ID no. (EIN)		1	47000.00		9114.0		
5 Medicare wages and tips 6 M			6 Medica	Medicare tax withheld		1, 3, 1, 7,		5 Medicare wages and tips			6 Medicare tax withheld			
77-0561842 252463.66 4132.89						77-	0561842		2	52463.66		4132.8		
c Employer's name, address, and ZIP code SRIVEN INFOSYS INC							c Employer's name, address, and ZIP code SRIVEN INFOSYS INC							
43-14, MAIN STREET							43-14, MAIN STREET							
3RD FLOOR						3RD FLOOR								
FLUSHING NY 11355					FLUSHING					NY 11355				
d Control number						d Control number								
e Employee's name, address, and ZIP code Suff.							e Employee's name, address, and ZIP code					Suff.		
SRIKANTH :	KASA	MOLU				SRIKANTH KASAMOLU								
4447 NW WOODGATE AVE						4447 NW WOODGATE AVE								
PORTLAND OR 97229					PO	PORTLAND					OR 97229			
7 Social security tips		8 Allocate	ed tips	9		7 Socia	al security tips		8 Allocate	ed tips	9			
10 Dependent care benefits		11 Nongualified plans		12a Code See inst. for box 12		10 Depe	10 Dependent care benefits		11 Nongualified plans		12a Co	ode See inst. for box 12		
13	14 Ot	her		12b Co	ode	13		14 Oth	ner		12b Co	ode		
Statutory employee	_					Statutory	employee							
				12c Co	ode						12c Co	ode		
Retirement Plan					Retirement Plan									
Third-party sick pay				12d Co	ode	Third par	ty sick pay				12d Co	ode		
	1 0		25246	2 66	20295.00		Í	1 0		05046	2 66			
OR 1386284	±-9		25246	3.66	20295.00	OR	1386284	£-9		25246	3.66	20295.0		
15 State Employer's s	tate ID r	umber	16 State wages, tip	os, etc.	17 State income tax	15 State	Employer's stat	te ID num	nber	16 State wages, tip:	s, etc.	17 State income tax		
18 Local wages, tips, etc. 19 Local income tax 20 Locality name				18 003	al wages, tips, etc	c 1	19 Local i	ncome tax	20 Locality	v name				
to Local wayes, lips, et		19 LUCAI II	icome tax	ZU LUCA	inty name	IO LOCA	ai wages, lips, eli	.	19 LUCAI II		LUCanty	/ name		
Form W-2 Wage and Ta This information is being furn	ax Stater iished to th	nent 1e Internal Re	evenue Service.		Dept. of the Treasury - IRS	Form W	V-2 Wage and Ta	ax Statem	ient			Dept. of the Treasury - I		

Copy C For EM			CORDS.	202					
(See Notice to Employees).					OMB No. 1545-0008				
a Employee's SSN	1 Wages, tips, other comp. 252463.66			2 Federal income tax withheld					
				44104.00					
200-19-7979	3 Soci	al security	wages	4 Social security tax withheld					
Employer ID no. (EIN)		_	47000.00	9114.00					
	5 Medicare wages and tips			6 Medicare tax withheld					
77-0561842		2	52463.66		4132.89				
Employer's name, a SRIVEN IN									
43-14, MA 3RD FLOOR		STREEI	-						
FLUSHING				NY	11355				
d Control number									
e Employee's name, a SRIKANTH			de		Suff.				
4447 NW W			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
PORTLAND	OODC		2011	OR	97229				
7 Social security tips		8 Allocate	ed tips	9					
0 Dependent care ben	efits	11 Nonqua	lified plans	12a Co	12a Code See inst. for box 12				
13 14 Other				12b C	nde				
itatutory employee									
			12		12c Code				
etirement Plan									
hird-party sick pay				12d Co	ode				
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OR 1386284	±-9	-9 252463.66 2029							
					1				
5 State Employer's sta	te ID nu	mber	16 State wages, ti	ps. etc.	17 State income tax				

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Copy 2 To Be F City, or Local In	· .	2022 OMB No. 1545-0008								
a Employee's SSN	1 Wag	es, tips, otl	her comp.	2 Fed	era	I income tax withheld				
u Employee e cont		2	52463.66		44104					
200-19-7979	3 Soci	Social security wages			4 Social security tax withheld					
b Employer ID no. (EIN)		147000.0				9114.00				
	5 Med	icare wage	s and tips	6 Mec	are tax withheld					
77-0561842		2	4132.89							
c Employer's name, address, and ZIP code SRIVEN INFOSYS INC										
43-14, MA 3RD FLOOR FLUSHING	.IN S	NY	Z	11355						
d Control number										
e Employee's name, address, and ZIP code Suff. SRIKANTH KASAMOLU 4447 NW WOODGATE AVE										
PORTLAND OR 97229										
7 Social security tips		8 Allocated tips								
10 Dependent care ben	efits	fits 11 Nonqualified plans				12a Code See inst. for box 12				
13	14 0	14 Other				12b Code				
Statutory employee						12c Code				
Retirement Plan										
Third-party sick pay					12d Code					
OR 138628	4-9		25246	3.6	6	20295.00				
15 State Employer's sta	te ID nu	mber	16 State wages, tip	os, etc.		17 State income tax				
18 Local wages, tips, e	tc.	19 Local ir	19 Local income tax 2			20 Locality name				
1		1		1						