Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being funished to the Internal Revenue Service.				OMB No. 1545-0008	Copy 2To Be Filed With Employee's State, City, or Local Income Tax Return				
a. Employee's social security number		other compensation 87434.09	2. Feder	al income tax withheld 13843.04		e's social security number	1. Wages, tip	s, other co 874	
b. Employer ID number (EIN)	3. Social secu	urity wages 87434.09	4. Socia	al security tax withheld 5420.91		51919 /er ID number (EIN)	3. Social se	ecurity w	
84-3359060		vages and tips 87434.09	6. Medi	icare tax withheld	1 ' '	359060	5. Medicare	e wages 874	
c. Employer's name, address, ar PROWESYS INC	nd ZIP code				1 ' '	ver's name, address, ar	nd ZIP code		
800 E. Campbell Rd. Richardson, TX 75081						. Campbell Rd. cdson, TX 75081		1	
d. Control number					d. Contro	I number			
e. Employee's name, address, a Saihitesh Garepall 728 lampwick ln CARY, NC 27513					Saihi 728 l	/ee's name, address, a tesh Garepalli ampwick ln NC 27513	nd ZIP code		
7. Social security tips 8. Allocated tips		9. Ve	erification Code	7. Social	7. Social security tips 8. Al		ps		
10. Dependent care benefits	s 11. Nonqualified plans		12a.	12a. Code See inst. for Box 12		10. Dependent care benefits		11. Nonqualified plans	
13. Statutory employee 14. Other		12b.	2b. Code 13. Statutory employee		14. Other				
Retirement plan			12c.	Code	Re	tirement plan			
Third-party sick pay			12d.	Code	Third	d-party sick pay			
NC 601457722 15. State Employer's state ID	number	874	34.09	3940.00	NC 15. State	601457722 Employer's state ID	number	16. S	
	9. Local income			Tribute income tax		1	19. Local inco	-	
Form W-2 Wage and Tax State	ment	2022 Department	of the Trea	sury ~ Internal Revenue Service	Form W-2	I 2 Wage and Tax State	ment	2	
Copy CFor EMPLOYEE'S RECORD This information is being furnished to the Internal return, a negligence penalty or other sanction ma	S(See Notice to En I Revenue Service. If you ay be imposed on you if the	nployee.) u are required to file a tax his income is taxable and you		OMB No. 1545-0008	Copy 2	To Be Filed With Emp Income Tax Return	loyee's State	City,	
a. Employee's social security number 217951919		other compensation 87434.09	2. Feder	al income tax withheld 13843.04		e's social security number 51919	1. Wages, tip	s, other co 874	
71/321313	3. Social secu	urity wages	4. Socia	al security tax withheld	21/9		3. Social se	ecurity w	

	o Be Filed With Emp ncome Tax Return	loyee's State, C	City,			OMB No. 1545-0008		
a. Employee	e's social security number	1. Wages, tips,	other co	mpensation	2. Fed	leral income tax withheld		
2170	51919		874	34.09		13843.04		
<u> </u>	31313	3. Social sec			4. So	cial security tax withheld		
b. Employ	er ID number (EIN)		874	34.09		5420.91		
84-3	359060	5. Medicare	wages	and tips	6. Me	edicare tax withheld		
			874	34.09		1267.79		
c. Employ	er's name, address, a	nd ZIP code						
PROWES	YS INC							
	Campbell Rd.							
Richar	dson, TX 75081	-						
d. Control	number							
e. Employ	ee's name, address, a	ind ZIP code						
Saihi	tesh Garepalli							
728 1	ampwick ln							
CARY,	NC 27513							
7. Social s	security tips	8. Allocated tips	3		9.	9. Verification Code		
10. Deper	dent care benefits	11. Nonqualified	Nonqualified plans		12	12a. Code See inst. for Box 12		
13. Statute	ory employee	14. Other	4. Other			12b. Code		
	_							
Re	tirement plan				12	c. Code		
	_							
Third	-party sick pay				12	d. Code		
NG.	601.455500			0.7.40.4	<u> </u>	1 2040 00		
NC	601457722			87434	.09	3940.00		
15. State	Employer's state ID	number	16. St	ate wages, tips	s, etc.	17.State income tax		
18. Local	wages, tips, etc.	19. Local incom	e tax	20. Locailty n	ame			
				100				
Form W-2	Wage and Tax State	ement	20	)22 Departn	nent of th	ne Treasury ~ Internal Revenue Service		

. Famile							
fail to report it.  a. Employee's social security number		1. Wages, tips, o	other compensation	2. Fede	2. Federal income tax withheld		
217951919			87434.09	ı	13843.04		
2179	51919	2. Casial ass	it	4 Coo	Social security tax withheld		
		3. Social secu	87434.09	4. 500	4. Social security tax withheld 5420.91		
b. Employ	er ID number (EIN)			+			
84-3	359060				Medicare tax withheld		
			87434.09		1267.79		
c. Employ	er's name, address, a	and ZIP code					
	SYS INC						
	Campbell Rd.	Cuito 260					
	dson, TX 7508						
112 01101	abon, 111 ,500	_					
d. Control	number						
e. Employ	ee's name, address,	and ZIP code					
Sail	nitesh Garepal	li					
728	lampwick ln						
CARY	, NC 27513						
011111	, 10 2,515						
7. Social s	security tips	8. Allocated tips		9. \	/erification Code		
7. Social s	security tips	8. Allocated tips		9. \	/erification Code		
			plone				
	security tips	Allocated tips     11. Nonqualified	plans		/erification Code a. Code See inst. for Box 12		
			plans				
10. Deper			plans	12a			
10. Deper	ndent care benefits	11. Nonqualified	plans	12a	a. Code See inst. for Box 12		
10. Deper	ndent care benefits	11. Nonqualified	plans	12a	a. Code See inst. for Box 12		
10. Deper	ndent care benefits	11. Nonqualified	plans	12a	a. Code See inst. for Box 12 b. Code		
10. Deper 13. Statute Ret	ory employee	11. Nonqualified	plans	12a	a. Code See inst. for Box 12 b. Code		
10. Deper 13. Statute Ret	ndent care benefits	11. Nonqualified	plans	12a	a. Code See inst. for Box 12 b. Code		
10. Deper 13. Statute Ret	ory employee	11. Nonqualified	plans	12a	a. Code See inst. for Box 12 b. Code		
10. Deper  13. Statute  Rei	ory employee	11. Nonqualified	plans 8743	12a 12b 12c	a. Code See inst. for Box 12 b. Code c. Code		
10. Deper 13. Statute Rei Third	ory employee tirement plan -party sick pay	11. Nonqualified	8743	12a 12b 12c 12c 4.09	a. Code See inst. for Box 12 b. Code c. Code d. Code		
10. Deper 13. Statute Rei Third NC 15. State	ory employee  tirement plan  -party sick pay  601457722  Employer's state IE	11. Nonqualified 14. Other	8743 16. State wages,	12b 12c 12c 12c 12c 12c 12c	a. Code See inst. for Box 12 b. Code		
10. Deper 13. Statute Rei Third NC 15. State	ory employee tirement plan -party sick pay	11. Nonqualified	8743 16. State wages,	12b 12c 12c 12c 12c 12c 12c	a. Code See inst. for Box 12 b. Code c. Code d. Code		
10. Deper 13. Statute Rei Third NC 15. State	ory employee  tirement plan  -party sick pay  601457722  Employer's state IE	11. Nonqualified 14. Other	8743 16. State wages,	12b 12c 12c 12c 12c 12c 12c	a. Code See inst. for Box 12 b. Code c. Code d. Code		

	Income Tax Return						
a. Employe	e's social security number	1. Wages, tips, o	other compensation	2. Federal income	tax withheld		
		1	87434.09	i	13843.04		
2179	51919	3. Social secu	Social security wages		4. Social sececutity tax withheld		
h Employ	ver ID number (EIN)		87434.09	000.0	5420.91		
	`	5. Medicare v	vages and tips	6. Medicare ta:	withheld		
84-3359060		•	87434.09	1267.79			
o Employ	/er's name, address, a			I			
	/ers name, address, a SYS INC	ind ZIP code					
	. Campbell Rd.	gi 200					
	. Campbell Rd. rdson, TX 7508						
	,						
d. Contro	l number						
e. Employ	yee's name, address,	and ZIP code					
	itesh Garepall						
	lampwick ln						
	, NC 27513						
CARI	, NC 27513						
7. Social	security tips	8. Allocated tips		9. Verification	9. Verification Code		
10. Depe	ndent care benefits	11. Nonqualified	plans	12a. Code S	12a. Code See inst. for Box 12		
13. Statutory employee							
13. Statut	tory employee	14. Other		12b. Code			
13. Statut	tory employee	14. Other		12b. Code			
		14. Other					
	tory employee	14. Other		12b. Code			
Re	etirement plan	14. Other		12c. Code			
Re		14. Other					
Re	etirement plan	14. Other	0743	12c. Code	2040.0		
Re	d-party sick pay		87434	12c. Code	3940.0		
Re	d-party sick pay		87434 16. State wages, ti	12c. Code 12d. Code	3940.0		
Re Third NC 15. State	d-party sick pay		16. State wages, ti	12c. Code 12d. Code	3940.0 income tax		

OMB No. 1545-0008