b Employer's Identification number 45-2819334	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	87083.37	
A4SOFTECH, LLC	12b	3 Social security wages	4 Social security tax withheld
ASOFIECH, LLC	\$	87083.37	
	12c	5 Medicare wages and tips	6 Medicare tax withheld
1259 US HIGHWAY 46	\$	87083.37	1262.71
	12d	7 Social security tips	8 Allocated tips
PARSIPPANY NJ 07054	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
2883618	This information is being furnished to the Internal Revenue Service		
BHARATHI DEVI MALEMPATI		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
308 VINE ST	Copy B To Be Filed with		employee plan sick pay
SUO VINE SI	Employee's FEDERAL	14 Other	
	Tax Return		
IRVING TX 75039			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	492-91-1693		_
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
	1	F	1
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

	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	87083.37	14292.19
A4SOFTECH, LLC	12b	3 Social security wages	4 Social security tax withheld
	\$	87083.37	5399.17
1259 US HIGHWAY 46	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	87083.37	1262.71
	12d	7 Social security tips	8 Allocated tips
PARSIPPANY NJ 07054	ls		
e Employee's first name and initial Last name		9	10 Dependent care benefits
2883618			
BHARATHI DEVI MALEMPATI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
308 VINE ST	Local Tax Departments	14 Other	
IRVING TX 75039	a Employee's soc. sec. no		
f Employee's address and ZIP code	492-91-1693		
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
+			
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 c Employer's name, address, and ZIP code 45-2819334	12a See instructions for Box 12 \$	1 Wages, tips, other compensation 87083.37	2 Federal income tax withheld 14292.19
A4SOFTECH, LLC	12b	3 Social security wages	4 Social security tax withheld
	\$	87083.37	5399.17
1259 US HIGHWAY 46	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	87083.37	1262.71
DADGIDDANK NI 09054	12d	7 Social security tips	8 Allocated tips
PARSIPPANY NJ 07054	\$	-	
e Employee's first name and initial Last name	-	9	10 Dependent care benefits
2883618			
BHARATHI DEVI MALEMPATI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
	Local Tax Departments		
308 VINE ST	Local Tax Departments	14 Other	
IRVING TX 75039			
	a Employee's soc. sec. no	4	
f Employee's address and ZIP code	492-91-1693		
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
++++++		+	
	0.000 # 4545.0000	Come 2 To Do Filed With Employee In ST	
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	ALE, CITT, OF LOCAL TAX Departments

b Employer's Identification number 45-2819334	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	87083.37	14292.19
A4SOFTECH, LLC	12b	3 Social security wages	4 Social security tax withheld
ATSOFTEEN, DDC	\$	87083.37	5399.17
	12c	5 Medicare wages and tips	6 Medicare tax withheld
1259 US HIGHWAY 46	\$	87083.37	1262.71
	12d	7 Social security tips	8 Allocated tips
PARSIPPANY NJ 07054	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
2883618	Internal Revenue Service. If you are required to file a tax return, a negligence		
BHARATHI DEVI MALEMPATI	penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
308 VINE ST	Copy C for Employee's	14 Other	
IRVING TX 75039	Records (see notice to Employee on back.) a Employee's soc. sec. no		
f Employee's address and ZIP code	492-91-1693		
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

Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service