| Copy BTo Be Filed With Employee's FEDERAL T. This information is being funished to the Internal Revenue Service | | | | 1 | MB No. 1545-0008 | | | |
|---|---|--|--|------------------------------|--------------------------------|----------------------------|--|--|
| a. Employe | e's social security number | 1. Wages, tips, o | other compensation | | Federal in | come tax withheld | | |
| 7896 | 79438 | , , | | Social security tax withheld | | | | |
| b. Employer ID number (EIN) | | 15000.00 | | 930.00 | | | | |
| 37-1 | 795098 | | vages and tips | | 6. Medicare tax withheld 217.5 | | | |
| . , | er's name, address, ar | | | | | | | |
| | H RESOURCES IN | | | | | | | |
| | UND ROCK WEST ROCK, TX 78681 | | | | | | | |
| d. Control | number | | | | | | | |
| e. Employ | ee's name, address, a | nd ZIP code | | | | | | |
| HIMA | BINDU KATIPALL | I | | | | | | |
| 1950 | Route 611 Apt | 307, | | | | | | |
| POCC | NO TOWNSHIP, P | A 18370 | | | | | | |
| 7. Social security tips | | 8. Allocated tips | | | 9. Verification Code | | | |
| 10. Dependent care benefits | | 11. Nonqualified plans | | | 12a. Code See inst. for Box 12 | | | |
| 13. Statutory employee | | 14. Other | | | 12b. Code | | | |
| Retirement plan | | | | | 12c. Code | | | |
| Thire | -party sick pay | | | | 12d. Code | | | |
| | party sierc pay | | | | .24.00 | | | |
| PA | 20138515 | | 15000 | | .00 | 460.50 | | |
| 15. State | Employer's state ID | number | 16. State wag | es, tips, | etc. 17. | State income tax | | |
| 18. Local | wages, tips, etc. 15000.00 | 9. Local income | tax 150.00 | 0. Locai 45 | Ity name | | | |
| Form W-2 | Wage and Tax State | ment | 2022 Dep. | artment of t | he Treasury | ~ Internal Revenue Service | | |
| | | | | | | · | | |
| Copy CFo This information return, a negligifall to report if | r EMPLOYEE'S RECORD n is being furnished to the Interna ence 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 his income is taxable a | tax and you | ON | MB No. 1545-0008 | | |
| a. Employee's social security number | | | | | Federal in | come tax withheld | | |
| | | 15000.00 | | | 1307.25 | | | |
| | | Social secu | urity wages | 4 | . Social se | ecurity tax withheld | | |

| | To Be Filed With Emp Income Tax Return | loyee's State, (| City, | | | OMB No. 1545-0008 | | |
|----------------------|---|------------------------|-------------------|------------|------------------------------|--|--|--|
| a. Employee | e's social security number | 1. Wages, tips, | other compensa | tion 2 | . Fed | eral income tax withheld | | |
| 7006 | 70420 | | 15000.0 | 00 | | 1307.25 | | |
| 789679438 | | Social security wages | | | Social security tax withheld | | | |
| b. Employ | er ID number (EIN) | | 15000.0 | 00 | | 930.00 | | |
| 37-1795098 | | | | | Medicare tax withheld | | | |
| | 37 1733030 | | 15000.00 | | | 217.50 | | |
| c. Employ | er's name, address, a | nd ZIP code | | | | | | |
| SP TEC | H RESOURCES IN | IC | | | | | | |
| | UND ROCK WEST | | | | | | | |
| ROUND | ROCK, TX 78681 | - | | | | | | |
| | | | | | | | | |
| d. Control | number | | | | | | | |
| | | | | | | | | |
| e. Employ | ee's name, address, a | ind ZIP code | | | | | | |
| HIMAB: | INDU KATIPALLI | | | | | | | |
| 1950 1 | Route 611 Apt | 307, | | | | | | |
| POCON | O TOWNSHIP, PA | 18370 | | | | | | |
| 7. Social s | security tips | 8. Allocated tips | 8. Allocated tips | | | 9. Verification Code | | |
| | | | | | | | | |
| 10. Deper | ndent care benefits | 11. Nonqualified plans | | | 12 | a. Code See inst. for Box 12 | | |
| | | | | | | | | |
| 13. Statute | ory employee | 14. Other | | | 12b. Code | | | |
| | | | | | | | | |
| Re | tirement plan | | | | 12c. Code | | | |
| | | | | | | | | |
| Third-party sick pay | | | | | 12 | d. Code | | |
| | | | | | | | | |
| PA | 20138515 | | 1 | 5000. | 00 | 460.50 | | |
| 15. State | Employer's state ID | number | 16. State wa | ges, tips, | etc. | 17.State income tax | | |
| 18. Local | wages, tips, etc. | 19. Local incom | e tax | 20. Loca | ilty n | ame | | |
| | 15000.00 | | 150.00 | 45 | | | | |
| Form W-2 | Wage and Tax State | ement | 2022 | Departmen | nt of th | ne Treasury ~ Internal Revenue Service | | |
| _ | | | | | • | | | |

| return, a neglig fail to report it. | ence penalty or other sanction ma | ay be imposed on you if the | his income is taxabl | e and you | | INIB NO. 1545-0008 | | |
|--|--|---|-------------------------------------|-----------------|--|----------------------------------|--|--|
| a. Employee's social security number | | 1. Wages, tips, other compensation 15000.00 | | | 2. Federal income tax withheld 1307.25 | | | |
| b. Employer ID number (EIN) | | 3. Social security wages 15000.00 | | | 4. Social security tax withheld 930.00 | | | |
| | 795098 | | 5. Medicare wages and tips 15000.00 | | | 6. Medicare tax withheld 217.50 | | |
| SP TEC | er's name, address, ar TH RESOURCES IN JUND ROCK WEST ROCK, TX 78681 | C DR #A185 | | | | | | |
| d. Control | | | | | | | | |
| HIMA 1950 | ee's name, address, a ABINDU KATIPALI) Route 611 Apt DNO TOWNSHIP, F | 307, | | | | | | |
| 7. Social security tips | | 8. Allocated tips | | | 9. Verif | ication Code | | |
| 10. Dependent care benefits 1 | | 11. Nonqualified plans | | | 12a. Code See inst. for Box 12 | | | |
| 13. Statutory employee | | 14. Other | | | 12b. Code | | | |
| Retirement plan | | | | | 12c. Code | | | |
| Third-party sick pay | | | | | 12d. Code | | | |
| PA | 20138515 | | 15000. | | 00 | 460.50 | | |
| 15. State | 15. State Employer's state ID number | | 16. State wages, tips, | | 17. | State income tax | | |
| 18. Local | wages, tips, etc. 15000.00 | 19. Local income | tax 150.00 | 20. Locai 45 | Ity name | | | |
| Form W-2 | Wage and Tax State | ment | 2022 | Departmen | t of the Tre | asury ~ Internal Revenue Service | | |

| | To Be Filed With Emp Income Tax Return | loyee's State, C | ity, | | | OMB No. 1545-0008 | | |
|--------------------------------------|---|---|--------------------------|----------------|--|-------------------------------------|--|--|
| a. Employee's social security number | | 1. Wages, tips, other compensation 15000.00 | | | 2. Federal income tax withheld 1307.25 | | | |
| 789679438 | | | 3. Social security wages | | Social sececutity tax withheld | | | |
| b. Emplo | yer ID number (EIN) | | 15000.00 | | | 930.00 | | |
| 37-1795098 | | 5. Medicare wages and tips 15000.00 | | | 6. Medicare tax withheld 217.50 | | | |
| | yer's name, address, ar | | | | | | | |
| SP TE | CH RESOURCES IN | C | | | | | | |
| | OUND ROCK WEST ROCK, TX 78681 | | | | | | | |
| d. Contro | l number | | | | | | | |
| e. Emplo | yee's name, address, a | nd ZIP code | | | | | | |
| HIMA | BINDU KATIPALLI | | | | | | | |
| 1950 | Route 611 Apt | 307, | | | | | | |
| POCC | NO TOWNSHIP, PA | A 18370 | | | | | | |
| | | | | | r | | | |
| 7. Social | security tips | 8. Allocated tips | | | | 9. Verification Code | | |
| 10. Depe | ndent care benefits | 11. Nonqualified plans | | | 12a. Code See inst. for Box 12 | | | |
| 13. Statutory employee | | 4. Other | | | 12b. Code | | | |
| Retirement plan | | | | | 12c. Code | | | |
| Third-party sick pay | | | | | 12d. Code | | | |
| PA | 20138515 | | 15000. | | | 460.5 | | |
| 20130313 | | | | | | | | |
| 15. State | 1 7 | | 16. State wa | | | 17.State income tax | | |
| 18. Local | wages, tips, etc. 15000.00 | 9. Local income | tax 150.00 | 20. Loca 45 | ilty r | name | | |
| Farm 14/ | 2 Wage and Tax State | | | Danastman | at of t | he Treasury ~ Internal Revenue Serv | | |
| FORM W- | 2 wage and rax State | ment | 2022 | Departmen | it or t | no moduly miomal novolido con | | |