		a Employee 010-79-97	e's social security number 764	OMB No. 154	- 0000	This information is being furnis are required to file a tax return may be imposed on you if this	i, a negl	igence penalty or o	ther sanction	
b Employer identification number (EIN) 47-1004047						ges, tips, other compensation 63656.60	2 Federal income tax withheld 8033.81			
c Employer's name, address, and ZIP code ASPYRETECH INC						cial security wages 63656.60	4	4 Social security tax withheld 3946.71		
4137 MEXICO ROAD						5 Medicare wages and tips 63656.60 6 Me			hheld 923.02	
ST	PETERS MO 63376			7 Social security tips			8 Allocated tips			
d Control number							Dependent care benefits			
	oloyee's first name and initia			Suff.	11 Nonqualified plans 12a See instructions for b			for box 12		
BALAKRISHNA KUNTURI 2159 SUMMERHOUSE DRIVE						13 Statutory employee plan plan plan plan plan plan plan plan				
APT12 ST LOUIS MO 63146							12d	 		
15 State MO	loyee's address and ZIP cod Employer's state ID numb 23215691		16 State wages, tips, etc. 63656.60		 ne tax 076.00 	18 Local wages, tips, etc.	19 Lo	cal income tax	20 Locality name	
Copy C	N-2 Wage an E-For EMPLOYEE'S REstrice to Employee on the	CORDS		202	22	Sa		reasury—Internal curate, se	Revenue Service	

	T										
	a Employee's social security number	0.45.1. 45.4									
	010-79-9764 OMB No. 154				45-0008						
b Employer identification number	1 Wag	ges, tips, other compensation	2 Feder	2 Federal income tax withheld							
47-1004047	63656.60			8033.81							
c Employer's name, address, and	3 Soc	cial security wages	4 Social security tax withheld								
ASPYRETECH INC		63656.60	3946.71								
4137 MEXICO ROAD	5 Me	dicare wages and tips	6 Medicare tax withheld								
			63656.60	923.02							
ST PETERS MO 63376		7 Soc	cial security tips	8 Allocated tips							
31 FETERS MO 03370											
d Control number	9		10 Depe	ndent care benefits							
e Employee's first name and initial Last name Suff.				11 Nonqualified plans 12a							
 BALAKRISHNA			d								
	13 Statu	utory Retirement Third-party loyee plan sick pay	12b	ı							
2159 SUMMERHOUSE DRIVE			d e								
APT12	14 Oth	er	12c	ı							
, -			d e								
ST LOUIS MO 63146			12d	I							
					d e						
f Employee's address and ZIP cod	de										
15 State Employer's state ID numb	per 16 State wages, tips, etc.	. 17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inc	come tax 20 Locality na					
MO 23215691	63656.60	2	076.00								

Form **W-2** Wage and Tax Statement

2022

Department of the Treasury-Internal Revenue Service