<b>c</b> Employer's name, address, and ZIP cod TEK EXCEL INC	e	1 Wgs, tips, other compn 83931.76	2 Fed inc tax withheld 14878.00	3 Social security wages 83931.76	Form <b>W-2</b>
450 AIRPORT RD		<b>4</b> SS tax withheld 5203.77	5 Medicare wages & tips 83931.76	6 Medicare tax withheld 1217.01	Wage and Tax
ELGIN IL	60123-9333	7 Social security tips	8 Allocated tips	9	Statement
<b>d</b> Control number		10 Depdnt care benefits	11 Nonqualified plans	12a	2022
<b>e</b> Employee's name, address, and ZIP cod	de Suff.	13	14 Other	12b	ZUZZ
KARISHMA RAVINDER GADD	AM	Statutory employee .		12c	Copy B To Be Filed with Employee's FEDERAL
5114 KENTON ASH SAN ANTONIO TX	78240	Retirement plan		12d	Tax Return This information is being furnished to the Internal
	16 00-1	Third-party sick pay  17 State income tax	10	10	Revenue Service.  20 Locality name
15 State Employer's state ID number	16 State wages, tips, etc		18 Local wages, tips, etc	19 Local income tax	20 Locality flame
REV 12/09/22 QBDT				l Depa	rtment of the Treasury — IRS
<b>a</b> Employee's SSN 830-10-76	15	<b>b</b> Employer identification r	number (EIN) 61-168	34001	OMB No. 1545-0008
<b>C</b> Employer's name, address, and ZIP cod TEK EXCEL INC	e	1 Wgs, tips, other compn 83931.76	2 Fed inc tax withheld 14878.00	3 Social security wages 83931.76	Form <b>W-2</b>
450 AIRPORT RD		4 SS tax withheld 5203.77	5 Medicare wages & tips 83931.76	6 Medicare tax withheld 1217.01	Wage and
ELGIN IL	60123-9333	7 Social security tips	8 Allocated tips	9	Tax Statement
<b>d</b> Control number		10 Depdnt care benefits	11 Nonqualified plans	12a	2022
<b>e</b> Employee's name, address, and ZIP coo	de Suff.	13	14 Other	12b	
KARISHMA RAVINDER GADDAM		Statutory employee .		12c	Copy 2 To Be Filed With Employee's State,
5114 KENTON ASH SAN ANTONIO TX	78240	Retirement plan		12d	City, or Local Income Tax
15 State Employer's state ID No.	16 State wages, tips, etc	Third-party sick pay  17 State income tax	18 Local wages, tips, etc	19 Local income tax	Return.  20 Locality name
REV 12/09/22 QBDT	<u> </u>		<u>I</u>		11
a Employee's SSN 830-10-76 c Employer's name, address, and ZIP cod		<b>b</b> Employer identification r	nished to the IRS. If you are re	quired to file a tax return, a ne	OMB No. 1545-0008
TEK EXCEL INC		1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	Form W-2
450 AIRPORT RD		83931.76  4 SS tax withheld	14878.00  5 Medicare wages & tips	83931.76  6 Medicare tax withheld	Wage and
ELGIN IL	60123-9333	5203.77 <b>7</b> Social security tips	83931.76  8 Allocated tips	1217.01 <b>9</b>	Tax
<b>d</b> Control No.		10 Depdnt care benefits	11 Nonqualified plans	12a	Statement
<b>e</b> Employee's name, address, and ZIP coo	de Suff.	13	14 Other	12b	2022
KARISHMA RAVINDER GADDAM		Statutory employee •		12c	Copy C For
5114 KENTON ASH SAN ANTONIO TX	78240	Retirement plan		12d	EMPLOYEE'S RECORDS. (See Notice to
15 State Employer's state ID No.	16 State wages, tips, etc	Third-party sick pay  17 State income tax	18 Local wages, tips, etc	19 Local income tax	Employee.)  20 Locality name
<del> </del>					

**b** Employer identification number (EIN)

61-1684001

OMB No. 1545-0008

**a** Employee's SSN 830-10-7615