

b Employer's Identification number c Employer's name, address, and ZIP code		58-2365695 INFOSMART TECHNOLOGIES, INC. 5400 LAUREL SPRINGS PKWY STE 706 SUWANEE GA 30024-6084		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
				\$	115001.85	21421.00
				12b	3 Social security wages	4 Social security tax withheld
				\$	115001.85	7130.11
				12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	115001.85	1667.53
				12d	7 Social security tips	8 Allocated tips
				\$		
e Employee's first name and initial Last name		313012207		This information is being furnished to the Internal Revenue Service		9
PAVAN KUMAR GOUD SOMAGANI 203 LOUDON RD UNIT # 117 CONCORD NH 03301				Copy B To Be Filed with Employee's FEDERAL Tax Return		10 Dependent care benefits
f Employee's address and ZIP code				a Employee's soc. sec. no		11 Nonqualified plans
313012207				830-57-9143		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	REISSUED STATEMENT	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 B To Be Filed With Employee's FEDERAL Tax Return

b Employer's Identification number c Employer's name, address, and ZIP code		58-2365695 INFOSMART TECHNOLOGIES, INC. 5400 LAUREL SPRINGS PKWY STE 706 SUWANEE GA 30024-6084		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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e Employee's first name and initial Last name		313012207		Copy 2 for State, City, or Local Tax Departments		9
PAVAN KUMAR GOUD SOMAGANI 203 LOUDON RD UNIT # 117 CONCORD NH 03301				a Employee's soc. sec. no		10 Dependent care benefits
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15 State	Employer's state I.D. No.	16 State wages, tips, etc.	REISSUED STATEMENT	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 STATE, CITY, or LOCAL Tax Departments

REV 12/20/22 OSP

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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 STATE, CITY, or LOCAL Tax Departments

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				\$		
e Employee's first name and initial Last name		313012207		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		9
PAVAN KUMAR GOUD SOMAGANI 203 LOUDON RD UNIT # 117 CONCORD NH 03301				Copy C for Employee's Records (see notice to Employee on back.)		10 Dependent care benefits
f Employee's address and ZIP code				a Employee's soc. sec. no		11 Nonqualified plans
313012207				830-57-9143		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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