

b Employer's Identification number		20-5352448		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		COMMITPOINT INC 44084 RIVERSIDE PKWY LEESBURG VA 20176		\$		21990.95		1759.16	
e Employee's first name and initial		Last name 2708820		12b		3 Social security wages		4 Social security tax withheld	
HARISH PAMIDI 4200 N MERIDIAN AVE, APT 318, OKLAHOMA OK 73112				\$		21990.95		1363.44	
f Employee's address and ZIP code		OK WTH14255837-02		12c		5 Medicare wages and tips		6 Medicare tax withheld	
2708820		21990.95		\$		21990.95		318.87	
		780.00		12d		7 Social security tips		8 Allocated tips	
				\$					
				This information is being furnished to the Internal Revenue Service		9		10 Dependent care benefits	
				Copy B To Be Filed with Employee's FEDERAL Tax Return		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
				a Employee's soc. sec. no				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				744-16-3717		14 Other			
15 State		Employer's state I.D. No.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
OK		WTH14255837-02		21990.95		780.00			
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	

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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	

REV 12/20/22 OSP

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