b Employer's Identification number 20 – 5352448	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code	\$	21990.95	
	ه 12b	3 Social security wages	4 Social security tax withheld
COMMITPOINT INC	120		
	\$	21990.95	
44084 RIVERSIDE PKWY	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	21990.95	318.87
	12d	7 Social security tips	8 Allocated tips
LEESBURG VA 20176	Is		
e Employee's first name and initial Last name	1	9	10 Dependent care benefits
2708820	This information is being furnished to the Internal Revenue Service		
	Internal Revenue Service	11 Nongualified plans	13 Statutory Retirement Third-party
HARISH PAMIDI			13 Statutory Retirement Third-party plan sick pay
4200 N MERIDIAN AVE,	Copy B To Be Filed with		
-	Employee's FEDERAL	14 Other	
APT 318,	Tax Return		
OKLAHOMA OK 73112			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	744-16-3717		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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 V	With Employee's FEDERAL Tax Return
2022			

b Employer's Identification number c Employer's name, address, and ZIP code 20-5352448	12a See instructions for Box 12	1 Wages, tips, other compensation	
	12b	21990.95 3 Social security wages	1759.16 4 Social security tax withheld
COMMITPOINT INC		21990.95	1363.44
44084 RIVERSIDE PKWY	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	21990.95	318.87
	12d	7 Social security tips	8 Allocated tips
LEESBURG VA 20176	\$	-	
e Employee's first name and initial Last name		9	10 Dependent care benefits
2708820		11 Nongualified plans	
HARISH PAMIDI	Copy 2 for State, City, or	i i Nonquaimed plans	13 Statutory Retirement Third-party employee plan sick pay
4200 N MERIDIAN AVE,	Local Tax Departments	14 Other	
APT 318,			
OKLAHOMA OK 73112	a Employee's soc. sec. no		
f Employee's address and ZIP code	744-16-3717		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax OK WTH14255837-02 21990.95 780.00	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 ST	ATE, CITY, or LOCAL Tax Departments

REV 12/20/22 OSP

<u>b Employer's Identification number</u> <u>c Employer's name address and ZIP code</u> 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	\$	21990.95	
COMMITPOINT INC	12b	3 Social security wages	4 Social security tax withheld
COMMITTOINT INC	 \$	21990.95	1363.44
	12c	5 Medicare wages and tips	6 Medicare tax withheld
44084 RIVERSIDE PKWY	\$	21990.95	318.87
	12d	7 Social security tips	8 Allocated tips
LEESBURG VA 20176	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
2708820			
HARISH PAMIDI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
4200 N MERIDIAN AVE,	Local Tax Departments	14 Other	
APT 318,			
OKLAHOMA OK 73112			
	a Employee's soc. sec. no	ļ	
f Employee's address and ZIP code	744-16-3717		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Departments

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		\$	21990.95	1759.16
COMMITPOINT INC		12b	3 Social security wages	4 Social security tax withheld
COMMITTOINT INC		\$	21990.95	1363.44
		12c	5 Medicare wages and tips	6 Medicare tax withheld
44084 RIVERSIDE PKWY		\$	21990.95	318.87
		12d	7 Social security tips	8 Allocated tips
LEESBURG VA 20176		\$		
e Employee's first name and initial Last name		This information is being furnished to the	9	10 Dependent care benefits
2708820		Internal Revenue Service. If you are required to file a tax return, a negligence		
HARISH PAMIDI 4200 N MERIDIAN AVE,			11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
4200 N MERIDIAN AVE,		Copy C for Employee's	14 Other	
APT 318,		Records (see notice to		
OKLAHOMA OK 73112		Employee on back.)		
OREMIONET OR 75112		a Employee's soc. sec. no		
f Employee's address and ZIP code		744-16-3717		
	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OK_WTH14255837-0221990.95	780.00_			

Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service

Copy C For Employee's Records