b Employer's Identification number 81-0930594	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	ls	54718.07	7027.93
ITSYNTAX INC	12b	3 Social security wages	4 Social security tax withheld
	 \$	54718.07	3392.52
207 EAST HOLLY AVENUE SUITE #203	12c	5 Medicare wages and tips 54718.07	6 Medicare tax withheld 793.41
"	\$ 12d	7 Social security tips	8 Allocated tips
STERLING VA 20164	I S	. cociai cocai ity iipo	O Allocated tips
e Employee's first name and initial Last name		9	10 Dependent care benefits
6856902	This information is being furnished to the Internal Revenue Service		
SAIKIRAN GUNDU JAYENDER		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
512 OLD HICKORY BLVD APT 2506	Copy B To Be Filed with		
	Employee's FEDERAL	14 Other	
NACINITIE DN 27200	Tax Return		
NASHVILLE TN 37209	a Employee's soc. sec. no		
f Employee's address and ZIP code	692-83-0656		
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
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Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	I Nith Employee's FEDERAL Tax Retur
2023			
b Employer's Identification number 81-0930594	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	54718.07	7027.93
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CATUTDAN CUMDU TAVENDED	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
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f Employee's address and ZIP code	692-83-0656	1	
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Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	LATE. CITY. or LOCAL Tax Department
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REV 12/24/23 OSP	MO- C instructions for Dev 40	Lucia de la compansión de	
b Employer's Identification number c Employer's name, address, and ZIP code $81-0930594$	r.	1 Wages, tips, other compensation 54718.07	7027.93
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SAIKIRAN GUNDU JAYENDER	Copy 2 for State, City, or		13 Statutory Retirement Third-party
512 OLD HICKORY BLVD APT 2506			13 Statutory Retirement Third-party employee plan sick pay
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