



W-2 Employee Reference Copy
Wage and Tax Statement
2023
OMB No. 1545-0008

Copy C for employee's records.

| | | | |
|------------------|-------|-------|-------------------|
| d Control number | Dept. | Corp. | Employer use only |
| 000049 KF/GL3 | | | 25 |

c Employer's name, address, and ZIP code
SACROSANCTINFO LLC
 39355 CALIFORNIA ST STE 307
 FREMONT, CA 94538

Batch #91179

e/f Employee's name, address, and ZIP code
SRIKANTH PEDAVALI
 4980 USAA BLVD APT 121
 SAN ANTONIO, TX 78240

| | |
|----------------------------|-------------------------|
| b Employer's FED ID number | a Employee's SSA number |
| 81-5138617 | XXX-XX-3091 |

| | |
|----------------------------------|-------------------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 5376.00 | 331.45 |
| 3 Social security wages | 4 Social security tax withheld |
| 5376.00 | 333.31 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 5376.00 | 77.95 |
| 7 Social security tips | 8 Allocated tips |
| | |
| 9 | 10 Dependent care benefits |
| | |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| | |
| 14 Other | 12b |
| | 12c |
| | 12d |
| | 13 Stat emp. Ret. plan 3rd party sick pay |
| | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| | |
| 17 State income tax | 18 Local wages, tips, etc. |
| | |
| 19 Local income tax | 20 Locality name |
| | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 |
|--------------------|-------------------------------------------------|---------------------------------------|--------------------------------|
| Gross Pay | 5,376.00 | 5,376.00 | 5,376.00 |
| Reported W-2 Wages | 5,376.00 | 5,376.00 | 5,376.00 |

2. Employee Name and Address.

SRIKANTH PEDAVALI
 4980 USAA BLVD APT 121
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| b Employer's FED ID number | a Employee's SSA number | | |
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| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | |
| | | | |
| e/f Employee's name, address and ZIP code SRIKANTH PEDAVALI 4980 USAA BLVD APT 121 SAN ANTONIO, TX 78240 | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | |
| | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |

Federal Filing Copy
W-2 Wage and Tax Statement
 2023
 OMB No. 1545-0008
 Copy B to be filed with employee's Federal Income Tax Return.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 5376.00 | 331.45 | | |
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| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12a | | |
| | | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | |
| | | | |
| e/f Employee's name, address and ZIP code SRIKANTH PEDAVALI 4980 USAA BLVD APT 121 SAN ANTONIO, TX 78240 | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | |
| | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |

State Reference Copy
W-2 Wage and Tax Statement
 2023
 OMB No. 1545-0008
 Copy 2 to be filed with employee's State Income Tax Return.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 5376.00 | 331.45 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 5376.00 | 333.31 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 5376.00 | 77.95 | | |
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| 17 State income tax | 18 Local wages, tips, etc. | | |
| | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |

City or Local Reference Copy
W-2 Wage and Tax Statement
 2023
 OMB No. 1545-0008
 Copy 2 to be filed with employee's City or Local Income Tax Return.