

OMB# 1545-0008
COPY 2 - To Be Filed With
Employee's State, City, or
Local Income Tax Return

1 Wages, tips, other compensation 44192.30		2 Federal income tax withheld 6150.26	
3 Social security wages 4615.38		4 Social security tax withheld 286.15	
a Employee's social security number 275-21-8079		6 Medicare tax withheld 66.92	
c Employer's name, address, and ZIP code TEKDELITE LLC 1749 HAMILTON RD STE 103 OKEMOS MI 48864-1941			
e Employee's name SHARATH CHANDRA GUNDLAPALLY 5158 GIESBORO LN OKEMOS MI 48864			
f Employee's address and ZIP code		9	12a D \$ 423.08
b Employer identification number (EIN) 87-3750413		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement plan Third-party sick pay X			12e \$
15 State MI	Employer's state ID number 87-3750413	16 State wages, tips, etc. 44192.30	17 State income tax 1789.79
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

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 State, City, or
Local Income Tax Return

1 Wages, tips, other compensation 44192.30		2 Federal income tax withheld 6150.26	
3 Social security wages 4615.38		4 Social security tax withheld 286.15	
a Employee's social security number 275-21-8079		6 Medicare tax withheld 66.92	
c Employer's name, address, and ZIP code TEKDELITE LLC 1749 HAMILTON RD STE 103 OKEMOS MI 48864-1941			
e Employee's name SHARATH CHANDRA GUNDLAPALLY 5158 GIESBORO LN OKEMOS MI 48864			
f Employee's address and ZIP code		9	12a D \$ 423.08
b Employer identification number (EIN) 87-3750413		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement plan Third-party sick pay X			12e \$
15 State MI	Employer's state ID number 87-3750413	16 State wages, tips, etc. 44192.30	17 State income tax 1789.79
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

OMB# 1545-0008
COPY B - To Be Filed With
Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

1 Wages, tips, other compensation 44192.30		2 Federal income tax withheld 6150.26	
3 Social security wages 4615.38		4 Social security tax withheld 286.15	
a Employee's social security number 275-21-8079		6 Medicare tax withheld 66.92	
c Employer's name, address, and ZIP code TEKDELITE LLC 1749 HAMILTON RD STE 103 OKEMOS MI 48864-1941			
e Employee's name SHARATH CHANDRA GUNDLAPALLY 5158 GIESBORO LN OKEMOS MI 48864			
f Employee's address and ZIP code		9	12a See instructions for box 12 D \$ 423.08
b Employer identification number (EIN) 87-3750413		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement plan Third-party sick pay X			12e \$
15 State MI	Employer's state ID number 87-3750413	16 State wages, tips, etc. 44192.30	17 State income tax 1789.79
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

OMB# 1545-0008
COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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.

1 Wages, tips, other compensation 44192.30		2 Federal income tax withheld 6150.26	
3 Social security wages 4615.38		4 Social security tax withheld 286.15	
a Employee's social security number 275-21-8079		6 Medicare tax withheld 66.92	
c Employer's name, address, and ZIP code TEKDELITE LLC 1749 HAMILTON RD STE 103 OKEMOS MI 48864-1941			
e Employee's name SHARATH CHANDRA GUNDLAPALLY 5158 GIESBORO LN OKEMOS MI 48864			
f Employee's address and ZIP code		9	12a See instructions for box 12 D \$ 423.08
b Employer identification number (EIN) 87-3750413		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement plan Third-party sick pay X			12e \$
15 State MI	Employer's state ID number 87-3750413	16 State wages, tips, etc. 44192.30	17 State income tax 1789.79
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service