

|   |                            |  |  |  |  |                         |
|---|----------------------------|--|--|--|--|-------------------------|
| <b>a</b> Employee's SSN 899-90-8485   |                            | <b>b</b> Employer identification number (EIN) 83-2185245 |  |  | OMB No. 1545-0008  |                         |
| <b>c</b> Employer's name, address, and ZIP code<br>AI9 SOLUTIONS INC<br><br>3810 WINDERMERE PKWY<br>STE 503<br>CUMMING GA 30041 |                            | <b>1</b> Wgs, tips, other compn<br>45375.00              | <b>2</b> Fed inc tax withheld<br>6435.00   | <b>3</b> Social security wages<br>45375.00 | Form <b>W-2</b><br><b>Wage and Tax Statement</b><br><b>2023</b><br><br>Copy B To Be Filed with Employee's FEDERAL Tax Return<br>This information is being furnished to the Internal Revenue Service. |                         |
|   |                            | <b>4</b> SS tax withheld<br>2813.25                      | <b>5</b> Medicare wages & tips<br>45375.00 | <b>6</b> Medicare tax withheld<br>657.94   |  |                         |
|   |                            | <b>7</b> Social security tips                            | <b>8</b> Allocated tips                    | <b>9</b>                                   |  |                         |
| <b>d</b> Control number   |                            | <b>10</b> Depdnt care benefits                           | <b>11</b> Nonqualified plans               | <b>12a</b>                                 |  |                         |
| <b>e</b> Employee's name, address, and ZIP code<br>MONIKA INAPAKOLLA<br>2305 PLAZA BLVD APT 1424<br>RICHARDSON TX 75082         |                            | Suff. <b>13</b>  |  | <b>14</b> Other                            | <b>12b</b>   |                         |
|   |                            | Statutory employee . <input type="checkbox"/>            |  |  | <b>12c</b>   |                         |
|   |                            | Retirement plan . . <input type="checkbox"/>             |  |  | <b>12d</b>   |                         |
| Third-party sick pay <input type="checkbox"/>   |                            |  |  |  |  |                         |
| <b>15</b> State   | Employer's state ID number | <b>16</b> State wages, tips, etc                         | <b>17</b> State income tax                 | <b>18</b> Local wages, tips, etc           | <b>19</b> Local income tax   | <b>20</b> Locality name |

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Department of the Treasury — IRS

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| <b>a</b> Employee's SSN 899-90-8485   |                         | <b>b</b> Employer identification number (EIN) 83-2185245 |  |  | OMB No. 1545-0008  |                         |
| <b>c</b> Employer's name, address, and ZIP code<br>AI9 SOLUTIONS INC<br><br>3810 WINDERMERE PKWY<br>STE 503<br>CUMMING GA 30041 |                         | <b>1</b> Wgs, tips, other compn<br>45375.00              | <b>2</b> Fed inc tax withheld<br>6435.00   | <b>3</b> Social security wages<br>45375.00 | Form <b>W-2</b><br><b>Wage and Tax Statement</b><br><b>2023</b><br><br>Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. |                         |
|   |                         | <b>4</b> SS tax withheld<br>2813.25                      | <b>5</b> Medicare wages & tips<br>45375.00 | <b>6</b> Medicare tax withheld<br>657.94   |  |                         |
|   |                         | <b>7</b> Social security tips                            | <b>8</b> Allocated tips                    | <b>9</b>                                   |  |                         |
| <b>d</b> Control number   |                         | <b>10</b> Depdnt care benefits                           | <b>11</b> Nonqualified plans               | <b>12a</b>                                 |  |                         |
| <b>e</b> Employee's name, address, and ZIP code<br>MONIKA INAPAKOLLA<br>2305 PLAZA BLVD APT 1424<br>RICHARDSON TX 75082         |                         | Suff. <b>13</b>  |  | <b>14</b> Other                            | <b>12b</b>   |                         |
|   |                         | Statutory employee . <input type="checkbox"/>            |  |  | <b>12c</b>   |                         |
|   |                         | Retirement plan . . <input type="checkbox"/>             |  |  | <b>12d</b>   |                         |
| Third-party sick pay <input type="checkbox"/>   |                         |  |  |  |  |                         |
| <b>15</b> State   | Employer's state ID No. | <b>16</b> State wages, tips, etc                         | <b>17</b> State income tax                 | <b>18</b> Local wages, tips, etc           | <b>19</b> Local income tax   | <b>20</b> Locality name |

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| <b>a</b> Employee's SSN 899-90-8485   |                         | <b>b</b> Employer identification number (EIN) 83-2185245  |  |  | OMB No. 1545-0008  |                         |
| <b>c</b> Employer's name, address, and ZIP code<br>AI9 SOLUTIONS INC<br><br>3810 WINDERMERE PKWY<br>STE 503<br>CUMMING GA 30041 |                         | This information is being furnished to the IRS. 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. |  |  |  |                         |
|   |                         | <b>1</b> Wgs, tips, other compn<br>45375.00   | <b>2</b> Fed inc tax withheld<br>6435.00   | <b>3</b> Social security wages<br>45375.00 | Form <b>W-2</b><br><b>Wage and Tax Statement</b><br><b>2023</b><br><br>Copy C For EMPLOYEE'S RECORDS.<br>(See Notice to Employee.) |                         |
|   |                         | <b>4</b> SS tax withheld<br>2813.25   | <b>5</b> Medicare wages & tips<br>45375.00 | <b>6</b> Medicare tax withheld<br>657.94   |  |                         |
| <b>7</b> Social security tips   | <b>8</b> Allocated tips | <b>9</b>  |  |  |  |                         |
| <b>d</b> Control No.  |                         | <b>10</b> Depdnt care benefits  | <b>11</b> Nonqualified plans               | <b>12a</b>                                 |  |                         |
| <b>e</b> Employee's name, address, and ZIP code<br>MONIKA INAPAKOLLA<br>2305 PLAZA BLVD APT 1424<br>RICHARDSON TX 75082         |                         | Suff. <b>13</b>   |  | <b>14</b> Other                            | <b>12b</b>   |                         |
|   |                         | Statutory employee . <input type="checkbox"/>   |  |  | <b>12c</b>   |                         |
|   |                         | Retirement plan . . <input type="checkbox"/>  |  |  | <b>12d</b>   |                         |
| Third-party sick pay <input type="checkbox"/>   |                         |   |  |  |  |                         |
| <b>15</b> State   | Employer's state ID No. | <b>16</b> State wages, tips, etc  | <b>17</b> State income tax                 | <b>18</b> Local wages, tips, etc           | <b>19</b> Local income tax   | <b>20</b> Locality name |

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