

a Employee's SSN 041-77-2425		b Employer identification number (EIN) 99-0374574			OMB No. 1545-0008	
c Employer's name, address, and ZIP code OPULENTSOFT LLC 3525 QUAKERBRIDGE ROAD SUITE:3600 HAMILTON NJ 08619		1 Wgs, tips, other compn 9036.80	2 Fed inc tax withheld 1161.00	3 Social security wages 9036.80		
		4 SS tax withheld 560.28	5 Medicare wages & tips 9036.80	6 Medicare tax withheld 131.03		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code SUNEETHA DUDDU 8201 TOWNW MAIN DRIVE APT-1414 PLANO TX 75024		13 Statutory employee <input type="checkbox"/>		14 Other		12b
		Retirement plan <input type="checkbox"/>				12c
		Third-party sick pay <input type="checkbox"/>				12d
15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2023

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

REV 12/19/23 QBDT

Department of the Treasury — IRS

a Employee's SSN 041-77-2425		b Employer identification number (EIN) 99-0374574			OMB No. 1545-0008	
c Employer's name, address, and ZIP code OPULENTSOFT LLC 3525 QUAKERBRIDGE ROAD SUITE:3600 HAMILTON NJ 08619		1 Wgs, tips, other compn 9036.80	2 Fed inc tax withheld 1161.00	3 Social security wages 9036.80		
		4 SS tax withheld 560.28	5 Medicare wages & tips 9036.80	6 Medicare tax withheld 131.03		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code SUNEETHA DUDDU 8201 TOWNW MAIN DRIVE APT-1414 PLANO TX 75024		13 Statutory employee <input type="checkbox"/>		14 Other		12b
		Retirement plan <input type="checkbox"/>				12c
		Third-party sick pay <input type="checkbox"/>				12d
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

Form **W-2**
Wage and Tax Statement
2023

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 12/19/23 QBDT

a Employee's SSN 041-77-2425		b Employer identification number (EIN) 99-0374574			OMB No. 1545-0008	
c Employer's name, address, and ZIP code OPULENTSOFT LLC 3525 QUAKERBRIDGE ROAD SUITE:3600 HAMILTON NJ 08619		<small>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.</small>				
		1 Wgs, tips, other compn 9036.80	2 Fed inc tax withheld 1161.00	3 Social security wages 9036.80		
		4 SS tax withheld 560.28	5 Medicare wages & tips 9036.80	6 Medicare tax withheld 131.03		
d Control No.		7 Social security tips	8 Allocated tips	9		
e Employee's name, address, and ZIP code SUNEETHA DUDDU 8201 TOWNW MAIN DRIVE APT-1414 PLANO TX 75024		10 Depdnt care benefits		11 Nonqualified plans	12a	
		13 Statutory employee <input type="checkbox"/>		14 Other		12b
		Retirement plan <input type="checkbox"/>				12c
Third-party sick pay <input type="checkbox"/>		12d				
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

Form **W-2**
Wage and Tax Statement
2023

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)

REV 12/19/23 QBDT