

|   |  |                                     |  |   |  |  |  |                                       |  |                          |  |
|---|--|-------------------------------------|--|---|--|--|--|---------------------------------------|--|--------------------------|--|
| <b>b Employer's Identification number</b>       |  | 46-1606305                          |  | <b>12a See instructions for Box 12</b>  |  | <b>1 Wages, tips, other compensation</b> |  | <b>2 Federal income tax withheld</b>  |  |                          |  |
| <b>c Employer's name, address, and ZIP code</b> |  | RIDGE BUSINESS SOLUTIONS LLC        |  | \$  |  | 95200.00                                 |  | 13352.45                              |  |                          |  |
| 20745 WILLIAMSPORT PL, SUITE 200                |  | ASHBURN VA 20147                    |  | <b>12b</b>  |  | <b>3 Social security wages</b>           |  | <b>4 Social security tax withheld</b> |  |                          |  |
|   |  |                                     |  | \$  |  | 95200.00                                 |  | 5902.40                               |  |                          |  |
|   |  |                                     |  | <b>12c</b>  |  | <b>5 Medicare wages and tips</b>         |  | <b>6 Medicare tax withheld</b>        |  |                          |  |
|   |  |                                     |  | \$  |  | 95200.00                                 |  | 1380.40                               |  |                          |  |
|   |  |                                     |  | <b>12d</b>  |  | <b>7 Social security tips</b>            |  | <b>8 Allocated tips</b>               |  |                          |  |
|   |  |                                     |  | \$  |  |  |  |                                       |  |                          |  |
| <b>e Employee's first name and initial</b>      |  | <b>Last name</b>                    |  | This information is being furnished to the Internal Revenue Service<br><br><b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b> |  | <b>9</b>                                 |  | <b>10 Dependent care benefits</b>     |  |                          |  |
| 7945463   |  |                                     |  |   |  | <b>11 Nonqualified plans</b>             |  | <b>13 Statutory employee</b>          |  | <b>Retirement plan</b>   |  |
| VENU SAI PRUDHVI TANNEERU                       |  | 8616 VALLEY RANCH PKWY W APT # 1040 |  |   |  |  |  | <input type="checkbox"/>              |  | <input type="checkbox"/> |  |
| IRVING TX 75063                                 |  |                                     |  | <b>a Employee's soc. sec. no</b>  |  | 487-49-7795                              |  | <b>Third-party sick pay</b>           |  |                          |  |
|   |  |                                     |  |   |  |  |  | <input type="checkbox"/>              |  |                          |  |
| <b>f Employee's address and ZIP code</b>        |  |                                     |  | <b>14 Other</b>   |  |  |  |                                       |  |                          |  |
|   |  |                                     |  |   |  |  |  |                                       |  |                          |  |
| <b>15 State</b>                                 |  | <b>Employer's state I.D. No.</b>    |  | <b>16 State wages, tips, etc.</b>   |  | <b>17 State income tax</b>               |  | <b>18 Local wages, tips, etc.</b>     |  |                          |  |
|   |  |                                     |  |   |  |  |  | <b>19 Local income tax</b>            |  |                          |  |
|   |  |                                     |  |   |  |  |  | <b>20 Locality name</b>               |  |                          |  |
|   |  |                                     |  |   |  |  |  |                                       |  |                          |  |

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

|   |  |                                     |  |  |  |  |  |                                       |  |                          |  |
|---|--|-------------------------------------|--|--|--|--|--|---------------------------------------|--|--------------------------|--|
| <b>b Employer's Identification number</b>       |  | 46-1606305                          |  | <b>12a See instructions for Box 12</b>   |  | <b>1 Wages, tips, other compensation</b> |  | <b>2 Federal income tax withheld</b>  |  |                          |  |
| <b>c Employer's name, address, and ZIP code</b> |  | RIDGE BUSINESS SOLUTIONS LLC        |  | \$   |  | 95200.00                                 |  | 13352.45                              |  |                          |  |
| 20745 WILLIAMSPORT PL, SUITE 200                |  | ASHBURN VA 20147                    |  | <b>12b</b>   |  | <b>3 Social security wages</b>           |  | <b>4 Social security tax withheld</b> |  |                          |  |
|   |  |                                     |  | \$   |  | 95200.00                                 |  | 5902.40                               |  |                          |  |
|   |  |                                     |  | <b>12c</b>   |  | <b>5 Medicare wages and tips</b>         |  | <b>6 Medicare tax withheld</b>        |  |                          |  |
|   |  |                                     |  | \$   |  | 95200.00                                 |  | 1380.40                               |  |                          |  |
|   |  |                                     |  | <b>12d</b>   |  | <b>7 Social security tips</b>            |  | <b>8 Allocated tips</b>               |  |                          |  |
|   |  |                                     |  | \$   |  |  |  |                                       |  |                          |  |
| <b>e Employee's first name and initial</b>      |  | <b>Last name</b>                    |  | This information is being furnished to the Internal Revenue Service<br><br><b>Copy 2 for State, City, or Local Tax Departments</b> |  | <b>9</b>                                 |  | <b>10 Dependent care benefits</b>     |  |                          |  |
| 7945463   |  |                                     |  |  |  | <b>11 Nonqualified plans</b>             |  | <b>13 Statutory employee</b>          |  | <b>Retirement plan</b>   |  |
| VENU SAI PRUDHVI TANNEERU                       |  | 8616 VALLEY RANCH PKWY W APT # 1040 |  |  |  |  |  | <input type="checkbox"/>              |  | <input type="checkbox"/> |  |
| IRVING TX 75063                                 |  |                                     |  | <b>a Employee's soc. sec. no</b>   |  | 487-49-7795                              |  | <b>Third-party sick pay</b>           |  |                          |  |
|   |  |                                     |  |  |  |  |  | <input type="checkbox"/>              |  |                          |  |
| <b>f Employee's address and ZIP code</b>        |  |                                     |  | <b>14 Other</b>  |  |  |  |                                       |  |                          |  |
|   |  |                                     |  |  |  |  |  |                                       |  |                          |  |
| <b>15 State</b>                                 |  | <b>Employer's state I.D. No.</b>    |  | <b>16 State wages, tips, etc.</b>  |  | <b>17 State income tax</b>               |  | <b>18 Local wages, tips, etc.</b>     |  |                          |  |
|   |  |                                     |  |  |  |  |  | <b>19 Local income tax</b>            |  |                          |  |
|   |  |                                     |  |  |  |  |  | <b>20 Locality name</b>               |  |                          |  |
|   |  |                                     |  |  |  |  |  |                                       |  |                          |  |

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 Tax Departments

REV 12/24/23 OSP

|   |  |                                     |  |   |  |  |  |                                       |  |                          |  |
|---|--|-------------------------------------|--|---|--|--|--|---------------------------------------|--|--------------------------|--|
| <b>b Employer's Identification number</b>       |  | 46-1606305                          |  | <b>12a See instructions for Box 12</b>  |  | <b>1 Wages, tips, other compensation</b> |  | <b>2 Federal income tax withheld</b>  |  |                          |  |
| <b>c Employer's name, address, and ZIP code</b> |  | RIDGE BUSINESS SOLUTIONS LLC        |  | \$  |  | 95200.00                                 |  | 13352.45                              |  |                          |  |
| 20745 WILLIAMSPORT PL, SUITE 200                |  | ASHBURN VA 20147                    |  | <b>12b</b>  |  | <b>3 Social security wages</b>           |  | <b>4 Social security tax withheld</b> |  |                          |  |
|   |  |                                     |  | \$  |  | 95200.00                                 |  | 5902.40                               |  |                          |  |
|   |  |                                     |  | <b>12c</b>  |  | <b>5 Medicare wages and tips</b>         |  | <b>6 Medicare tax withheld</b>        |  |                          |  |
|   |  |                                     |  | \$  |  | 95200.00                                 |  | 1380.40                               |  |                          |  |
|   |  |                                     |  | <b>12d</b>  |  | <b>7 Social security tips</b>            |  | <b>8 Allocated tips</b>               |  |                          |  |
|   |  |                                     |  | \$  |  |  |  |                                       |  |                          |  |
| <b>e Employee's first name and initial</b>      |  | <b>Last name</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.<br><br><b>Copy 2 for State, City, or Local Tax Departments</b> |  | <b>9</b>                                 |  | <b>10 Dependent care benefits</b>     |  |                          |  |
| 7945463   |  |                                     |  |   |  | <b>11 Nonqualified plans</b>             |  | <b>13 Statutory employee</b>          |  | <b>Retirement plan</b>   |  |
| VENU SAI PRUDHVI TANNEERU                       |  | 8616 VALLEY RANCH PKWY W APT # 1040 |  |   |  |  |  | <input type="checkbox"/>              |  | <input type="checkbox"/> |  |
| IRVING TX 75063                                 |  |                                     |  | <b>a Employee's soc. sec. no</b>  |  | 487-49-7795                              |  | <b>Third-party sick pay</b>           |  |                          |  |
|   |  |                                     |  |   |  |  |  | <input type="checkbox"/>              |  |                          |  |
| <b>f Employee's address and ZIP code</b>        |  |                                     |  | <b>14 Other</b>   |  |  |  |                                       |  |                          |  |
|   |  |                                     |  |   |  |  |  |                                       |  |                          |  |
| <b>15 State</b>                                 |  | <b>Employer's state I.D. No.</b>    |  | <b>16 State wages, tips, etc.</b>   |  | <b>17 State income tax</b>               |  | <b>18 Local wages, tips, etc.</b>     |  |                          |  |
|   |  |                                     |  |   |  |  |  | <b>19 Local income tax</b>            |  |                          |  |
|   |  |                                     |  |   |  |  |  | <b>20 Locality name</b>               |  |                          |  |
|   |  |                                     |  |   |  |  |  |                                       |  |                          |  |

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 Tax Departments

|   |  |                                     |  |  |  |  |  |                                       |  |                          |  |
|---|--|-------------------------------------|--|--|--|--|--|---------------------------------------|--|--------------------------|--|
| <b>b Employer's Identification number</b>       |  | 46-1606305                          |  | <b>12a See instructions for Box 12</b>   |  | <b>1 Wages, tips, other compensation</b> |  | <b>2 Federal income tax withheld</b>  |  |                          |  |
| <b>c Employer's name, address, and ZIP code</b> |  | RIDGE BUSINESS SOLUTIONS LLC        |  | \$   |  | 95200.00                                 |  | 13352.45                              |  |                          |  |
| 20745 WILLIAMSPORT PL, SUITE 200                |  | ASHBURN VA 20147                    |  | <b>12b</b>   |  | <b>3 Social security wages</b>           |  | <b>4 Social security tax withheld</b> |  |                          |  |
|   |  |                                     |  | \$   |  | 95200.00                                 |  | 5902.40                               |  |                          |  |
|   |  |                                     |  | <b>12c</b>   |  | <b>5 Medicare wages and tips</b>         |  | <b>6 Medicare tax withheld</b>        |  |                          |  |
|   |  |                                     |  | \$   |  | 95200.00                                 |  | 1380.40                               |  |                          |  |
|   |  |                                     |  | <b>12d</b>   |  | <b>7 Social security tips</b>            |  | <b>8 Allocated tips</b>               |  |                          |  |
|   |  |                                     |  | \$   |  |  |  |                                       |  |                          |  |
| <b>e Employee's first name and initial</b>      |  | <b>Last name</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.<br><br><b>Copy C for Employee's Records</b> (see notice to Employee on back.) |  | <b>9</b>                                 |  | <b>10 Dependent care benefits</b>     |  |                          |  |
| 7945463   |  |                                     |  |  |  | <b>11 Nonqualified plans</b>             |  | <b>13 Statutory employee</b>          |  | <b>Retirement plan</b>   |  |
| VENU SAI PRUDHVI TANNEERU                       |  | 8616 VALLEY RANCH PKWY W APT # 1040 |  |  |  |  |  | <input type="checkbox"/>              |  | <input type="checkbox"/> |  |
| IRVING TX 75063                                 |  |                                     |  | <b>a Employee's soc. sec. no</b>   |  | 487-49-7795                              |  | <b>Third-party sick pay</b>           |  |                          |  |
|   |  |                                     |  |  |  |  |  | <input type="checkbox"/>              |  |                          |  |
| <b>f Employee's address and ZIP code</b>        |  |                                     |  | <b>14 Other</b>  |  |  |  |                                       |  |                          |  |
|   |  |                                     |  |  |  |  |  |                                       |  |                          |  |
| <b>15 State</b>                                 |  | <b>Employer's state I.D. No.</b>    |  | <b>16 State wages, tips, etc.</b>  |  | <b>17 State income tax</b>               |  | <b>18 Local wages, tips, etc.</b>     |  |                          |  |
|   |  |                                     |  |  |  |  |  | <b>19 Local income tax</b>            |  |                          |  |
|   |  |                                     |  |  |  |  |  | <b>20 Locality name</b>               |  |                          |  |
|   |  |                                     |  |  |  |  |  |                                       |  |                          |  |

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records