a Employee's SSN 638-93-5513	b Employer identification n	umber (EIN) 99-03	7/15/7/	OMB No. 1545-0008
C Employer's name, address, and ZIP code	1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	
OPULENTSOFT LLC	6617.60 4 SS tax withheld	811.00 5 Medicare wages & tips	6 Medicare tax withheld	Form W-2
3525 QUAKERBRIDGE ROAD SUITE:3600				Wage and Tax
HAMILTON NJ 08619	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2023
e Employee's name, address, and ZIP code Suff.	13 Statutory employee	14 Other	12b	
MANOJ MALLIDI			12c	Copy B To Be Filed with Employee's FEDERAL
121 S MILTON RD APT 123 FLAGSTAFF	Retirement plan		12d	Tax Return This information is being furnished to the Internal
	Third-party sick pay			Revenue Service.
15 State Employer's state ID number 16 State wages, tips, etc 1 AZ 990374574 6617.60	7 State income tax 165.44	18 Local wages, tips, etc	19 Local income tax	20 Locality name
REV 12/19/23 QBDT			Depa	Irtment of the Treasury — IRS
	,			
a Employee's SSN 638-93-5513 C Employer's name, address, and ZIP code	b Employer identification r	i	1	OMB No. 1545-0008
OPULENTSOFT LLC	1 Wgs, tips, other compn 6617.60	2 Fed inc tax withheld 811.00	3 Social security wages	Form W-2
3525 QUAKERBRIDGE ROAD	4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and Tax
SUITE:3600 HAMILTON NJ 08619	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2023
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b]
MANOJ MALLIDI	Statutory employee		12c	Copy 2 To Be Filed With
121 S MILTON RD APT 123	Retirement plan			Employee's State, City, or Local
FLAGSTAFF AZ 86001	Third-party sick pay		12d	Income Tax Return.
15 State Employer's state ID No. 16 State wages, tips, etc 1 AZ 990374574 6617.60	7 State income tax 165.44	18 Local wages, tips, etc	19 Local income tax	20 Locality name
a Employee's SSN 638-93-5513 c Employer's name, address, and ZIP code	b Employer identification r	nished to the IRS. If you are re	quired to file a tax return, a n	OMB No. 1545-0008 egligence penalty or
OPULENTSOFT LLC	other sanction may be impose 1 Wgs, tips, other compn	sed on you if this income is tax 2 Fed inc tax withheld	3 Social security wages	\A/ O
3525 QUAKERBRIDGE ROAD	6617.60 4 SS tax withheld	811.00 5 Medicare wages & tips	6 Medicare tax withheld	Form W-2
SUITE:3600 HAMILTON NJ 08619			9	Wage and Tax
d Control No.	7 Social security tips	8 Allocated tips		Statement
	10 Depdnt care benefits	11 Nonqualified plans	12a	2023
e Employee's name, address, and ZIP code Suff.	13 Statutory employee	14 Other	12b	
MANOJ MALLIDI			12c	Copy C For EMPLOYEE'S
121 S MILTON RD APT 123 FLAGSTAFF	Retirement plan		12d	RECORDS. (See Notice to
15 State Employer's state ID No.	Third-party sick pay Third-party sick pay Third-party sick pay	18 Local wages, tips, etc	19 Local income tax	Employee.) 20 Locality name