h Employed's Identification number	12a See instructions for Box 12	4 18/ 4:4	2 Federal income tox withhold
b Employer's Identification number c Employer's name, address, and ZIP code 26-0452051	c	1 Wages, tips, other compensation 32486.40	2343.75
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld
DOLLMING ENTERCINE, EDG	 \$		
360 BLOOMFIELD AVE #301	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$ 12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095	\$		
Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
13246370	Internal Revenue Service	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
OMER YOUSUF MOHAMMED	Copy B To Be Filed with		employee plan sick pay
8100 MEMORIAL LANE, APT # 11111	Employee's FEDERAL	14 Other	
DI 2010 MW 75004	Tax Return		
PLANO TX 75024	a Employee's soc. sec. no		
f Employee's address and ZIP code	867-40-7584		1
15 State Employer's state I.D. 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 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Nith Employee's FEDERAL Tax Retur
b Employer's Identification number 26-0452051	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
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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 STA	ATE, CITY, or LOCAL Tax Department
	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Department
REV 12/24/23 OSP			
		1 Wages, tips, other compensation 32486.40	
REV 12/24/23 OSP		1 Wages, tips, other compensation	2 Federal income tax withheld
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