Copy B To Be Filed with Employee's FEDERAL Tax Return. 2023 OMB No. 1545-0008								
a Employee's SSN	1 Wages, tips, oth 1	ner comp. 19755.00	2 Federal income tax withheld 25594.00					
791-20-1516	3 Social security		4 Social security tax withheld					
b Employer ID no. (EIN)	5 Medicare wage	19755.00	7424.81 6 Medicare tax withheld 1736.45					
47-2411549	í	19755.00						
c Employer's name, address, and ZIP code NYBBLE TEKSOLUTIONS, INC								
5550 WILD ROSE LANE SUITE 400 WEST DES MOINES IA 50266								
d Control number								
e Employee's name, as KARTHIK VI 71 WOODLAI LINCOLNSH	ALAPALA ND TRL	IL	Suff.					
7 Social security tips	8 Allocated tips		9					
10 Dependent care bene	efits 11 Nonqualified plans		12a Code See inst. for box 12					
13 14 Other Statutory employee Retirement Plan Third-party sick pay			12b Code 12c Code 12d Code					
IL 47-2411549 000 11975				5689.44				
15 State Employer's state ID number 16 State wages, tipe			os, etc.	17 State income tax				
18 Local wages, tips, et				lity name				
Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS								

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. **2023** OMB No. 1545-0008 1 Wages, tips, other comp 2 Federal income tax withheld a Employee's SSN 119755.00 25594.00 791-20-1516 3 Social security wages 4 Social security tax withheld 119755.00 7424.81 b Employer ID no. (EIN) 5 Medicare wages and tips 6 Medicare tax withheld 47-2411549 119755.00 1736.45 c Employer's name, address, and ZIP code NYBBLE TEKSOLUTIONS, INC 5550 WILD ROSE LANE SUITE 400 WEST DES MOINES IA 50266 d Control number e Employee's name, address, and ZIP code Suff. KARTHIK VALAPALA 71 WOODLAND TRL LINCOLNSHIRE IL 60069 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 12b Code Statutory employee 12c Code Retirement Plan 12d Code Third-party sick pay 47-2411549 000 119755.00 5689.44 16 State wages, tips, etc. 15 State Employer's state ID number 17 State income tax 19 Local income tax 18 Local wages, tips, etc. 20 Locality name Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

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.

Copy C For EMPLOYEE'S RECORDS.

2023

Copy C For EMI		2023				
(See Notice to E	mployees).	OMB No. 1545-0008				
a Employee's SSN	1 Wages, tips, other comp.		2 Federal income tax withheld			
	119755.00		25594.00			
791-20-1516	3 Social securit		4 Social security tax withheld			
b Employer ID no. (EIN)		119755.00		7424.81		
45 0444540	5 Medicare was		6 Medicare tax withheld			
47-2411549		119755.00	1736.45			
c Employer's name, ac NYBBLE TE	KSOLUTIC	ONS, INC				
5550 WILD ROSE LANE SUITE 400 WEST DES MOINES IA 50266						
d Control number						
e Employee's name, a KARTHIK V. 71 WOODLA LINCOLNSH	ALAPALA ND TRL	code .	IL	Suff.		
7 Social security tips	8 Alloca	8 Allocated tips		8		
10 Dependent care benefits 11 No		1 Nonqualified plans		12a Code See inst. for box 12		
13	14 Other		12b Code			
Statutory employee		12c Code				
Retirement Plan		1 35 52 - 5		12d Code		
Third-party sick pay		12d Code				
IL 47-2411	11979	55.00 5689.4				
15 State Employer's sta	te ID number	ps, etc. 17 State income tax				
18 Local wages, tips, et	tc. 19 Loca	I income tax	20 Localit	y name		

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

REV 12/19/23 QBDT

REV 12/19/23 QBDT								
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2023 OMB No. 1545-0008								
a Employee's SSN	1 Wag	1 Wages, tips, other comp.			2 Federal income tax withheld			
W to the	119755.00			25594.00				
791-20-1516	3 Social security wages 4			4 Social s	4 Social security tax withheld			
b Employer ID no. (EIN)		119755.00			7424.81			
= Employer to no. (Elly)	5 Medi	5 Medicare wages and tips			6 Medicare tax withheld			
47-2411549		1	19755.00		1736.45			
c Employer's name, ac NYBBLE TE 5550 WILD	KSOL	IOITU	IS, INC					
SUITE 400 WEST DES	IA	50266						
d Control number								
e Employee's name, a KARTHIK V 71 WOODLA LINCOLNSH	ALAF ND T	PALA	de	$_{ m IL}$	Suff.			
7 Social security tips	8 Allocated tips		9					
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12				
13 14 Other Statutory employee Retirement Plan Third-party sick pay			r		12b Code			
					12c Code			
IL 47-241	1549	000	119755.00		5689.44			
15 State Employer's state ID number			16 State wages, tips, etc.		17 State income tax			
18 Local wages, tips, et	19 Local in			20 Locality name				
Form W-2 Wage and Tax Statement Dept. of the Treasury - IR								
AUDDEDEL LUTE and								