

Copy B--To Be Filed With Employee's FEDERAL Tax Return			OMB No. 1545-0008		
This information is being furnished to the Internal Revenue Service.					
a. Employee's social security number XXX-XX-6817	1. Wages, tips, other compensation 76479.61	2. Federal income tax withheld 12466.27			
b. Employer ID number (EIN) 85-1465569	3. Social security wages 72252.97	4. Social security tax withheld 4479.68			
d. Control number 20201039-OH10019	5. Medicare wages and tips 72252.97	6. Medicare tax withheld 1047.67			
c. Employer's name, address, and ZIP code Origin Hubs Inc 2500 Gateway Center Blvd. Suite 100 Morrisville, NC 27560					
e. Employee's name, address, and ZIP code Anil K Yadavalli 1125 Prewitt Ranch Dr Holly Springs, NC 27540					
7. Social security tips	8. Allocated tips	9. <input type="text"/>			
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12			
13. Statutory employee	14. Other	12b. Code			
Retirement plan		12c. Code			
Third-party sick pay		12d. Code			
15. State NC	Employer's state ID number 601298393	16. State wages, tips, etc. 76479.61	17. State income tax 3243.00		
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

Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008		
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Form W-2 Wage and Tax Statement **2023** Department of the Treasury - Internal Revenue Service

Copy C--For EMPLOYEE'S RECORDS(See Notice to Employee.)			OMB No. 1545-0008		
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.					
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