

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-5124	1. Wages, tips, other compensation 69618.43	2. Federal income tax withheld 11247.17			
b. Employer ID number (EIN) 85-1465569	3. Social security wages 65933.44	4. Social security tax withheld 4087.87			
d. Control number 20201039-OH10018	5. Medicare wages and tips 65933.44	6. Medicare tax withheld 956.03			
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 Akhila Kanchukatla 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  Retirement plan  Third-party sick pay	14. Other	12b. Code			
		12c. Code			
		12d. Code			
15. State NC	Employer's state ID number 601298393	16. State wages, tips, etc. 69618.43	17. State income tax 2940.00		
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		
a. Employee's social security number XXX-XX-5124	1. Wages, tips, other compensation 69618.43	2. Federal income tax withheld 11247.17			
b. Employer ID number (EIN) 85-1465569	3. Social security wages 65933.44	4. Social security tax withheld 4087.87			
d. Control number 20201039-OH10018	5. Medicare wages and tips 65933.44	6. Medicare tax withheld 956.03			
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 Akhila Kanchukatla 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  Retirement plan  Third-party sick pay	14. Other	12b. Code			
		12c. Code			
		12d. Code			
15. State NC	Employer's state ID number 601298393	16. State wages, tips, etc. 69618.43	17. State income tax 2940.00		
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 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.					
a. Employee's social security number XXX-XX-5124	1. Wages, tips, other compensation 69618.43	2. Federal income tax withheld 11247.17			
b. Employer ID number (EIN) 85-1465569	3. Social security wages 65933.44	4. Social security tax withheld 4087.87			
d. Control number 20201039-OH10018	5. Medicare wages and tips 65933.44	6. Medicare tax withheld 956.03			
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 Akhila Kanchukatla 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  Retirement plan  Third-party sick pay	14. Other	12b. Code			
		12c. Code			
		12d. Code			
15. State NC	Employer's state ID number 601298393	16. State wages, tips, etc. 69618.43	17. State income tax 2940.00		
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		
a. Employee's social security number XXX-XX-5124	1. Wages, tips, other compensation 69618.43	2. Federal income tax withheld 11247.17			
b. Employer ID number (EIN) 85-1465569	3. Social security wages 65933.44	4. Social security tax withheld 4087.87			
d. Control number 20201039-OH10018	5. Medicare wages and tips 65933.44	6. Medicare tax withheld 956.03			
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 Akhila Kanchukatla 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  Retirement plan  Third-party sick pay	14. Other	12b. Code			
		12c. Code			
		12d. Code			
15. State NC	Employer's state ID number 601298393	16. State wages, tips, etc. 69618.43	17. State income tax 2940.00		
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