

**1** Wages, tips, other comp. 56205.98  
**2** Federal income tax withheld 5130.38  
**3** Social security wages 56205.98  
**4** Social security tax withheld 3484.77  
**5** Medicare wages and tips 56205.98  
**6** Medicare tax withheld 814.99  
**d** Control number 000153  
**Dept.** RM/RVT  
**Corp.** A  
**Employer use only** 12  
**c** Employer's name, address, and ZIP code  
 DYNOTEC INC  
 2931 E DUBLIN GRANVILLE RD  
 COLUMBUS, OH 43231

<b>b</b> Employer's FED ID number 31-1319961	<b>a</b> Employee's SSA number XXX-XX-9165
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay

**e/f** Employee's name, address and ZIP code  
 SOUNDARYA GOPALSAMY  
 2353 PARKGREEN PLACE  
 COLUMBUS, OH 43229

<b>15</b> State OH	Employer's state ID no. 52-130503 7	<b>16</b> State wages, tips, etc. 56205.98
<b>17</b> State income tax	1478.77	<b>18</b> Local wages, tips, etc. 56205.98
<b>19</b> Local income tax	1405.18	<b>20</b> Locality name 01-COLUM

**Federal Filing Copy**  
**W-2** Wage and Tax Statement **2023**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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**OH State Filing Copy**  
**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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**City or Local Filing Copy**  
**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008