

| Copy B To Be Filed With Employee's FEDERAL Tax Return | | 2023 | | OMB No. 1545-0008 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|----------|-------------------------------|
| a. Employee's SSN XXX-XX-7324 | 1 Wages, tips, other comp. 60048.00 | 2 Federal income tax withheld 13276.52 | | |
| b. Employer ID number 46-3452093 | 3 Social security wages 60048.00 | 4 Social security tax withheld 3722.98 | | |
| | 5 Medicare wages and tips 60048.00 | 6 Medicare tax withheld 870.70 | | |
| c. Employer's name, address, and ZIP code AGGREGATE SOFTWARE TECHNOLOGY INC 5525 N MACARTHUR BOULEVARD SUITE 280 IRVING, TX 75038 | | | | |
| d. Control number 17 | | | | |
| e. Employee's name, address, and ZIP code LOHITHA PONNALA 2742 FRABIELE STREET HENDERSON, NV 89044 | | | | |
| 7 Social security tips | | 8 Allocated tips | | |
| 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 Emplr.'s state ID # | 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 Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service. 39-1908647

| Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return | | 2023 | | OMB No. 1545-0008 |
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Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS
39-1908647

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

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| Copy C For EMPLOYEE'S RECORDS (See Notice to Employee) | | 2023 | | OMB No. 1545-0008 |
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