| Copy B To Be Filed W FEDERAL Tax Return | | 2023 OMB No. 1545-0008 | Copy 2 To Be Filed W | | 2023 OMB No. 1545-0008 | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|--|
| a. Employee's SSN | | 2 Federal income tax withheld 13276.52 | a. Employee's SSN | 1 Wages, tips, other comp. | 2 Federal income tax withheld 13276.52 | |
| XXX-XX-7324 | 3 Social security wages | 4 Social security tax withheld | XXX-XX-7324 | 3 Social security wages | 4 Social security tax withheld | |
| b. Employer ID number | 60048.00 5 Medicare wages and tips | 3722.98 6 Medicare tax withheld | b. Employer ID number | 60048.00 5 Medicare wages and tips | 3722.98 6 Medicare tax withheld | |
| 46-3452093 c. Employer's name, addres | 60048.00 | 870.70 | 46-3452093 | 60048.00 | 870.70 | |
| AGGREGATE SOFTWARE TECHNOLOGY INC | | | c. Employer's name, address, and ZIP code AGGREGATE SOFTWARE TECHNOLOGY INC | | | |
| 5525 N MACARTHUR BOULEVARD | | | 5525 N MACARTHUR BOULEVARD | | | |
| SUITE 280 IRVING, TX 75038 | | | SUITE 280 IRVING, TX 75038 | | | |
| d. Control number | | | d. Control number | | | |
| e. Employee's name, address, and ZIP code | | | e. Employee's name, address, and ZIP code | | | |
| LOHITHA PONNALA | | | LOHITHA PONNALA | | | |
| 2742 FRABIELE STREET HENDERSON, NV 89044 | | | 2742 FRABIELE STREET HENDERSON, NV 89044 | | | |
| 7 Social security tips | 8 Allocated tips | | 7 Social security tips | 8 Allocated tips | _ | |
| | · | | | | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 | 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 | |
| 13 Statutory employee 14 | 4 Other | 12b Code | 13 Statutory employee | 14 Other | 12b Code | |
| Retirement plan | | 12c Code | Retirement plan | | 12c Code | |
| Third party sick pay | | 12d Code | Third party sick pay | | 12d Code | |
| | | | | | | |
| 15 State Emplr.'s state ID | D# 16 State wages, tips, etc. | 17 State income tax | 15 State Emplr.'s state ID | D# 16 State wages, tips, etc. | 17 State income tax | |
| 18 Local wages, tips,etc. | 19 Local income tax | 20 Locality name | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |
| | | Dept. of the Treasury IRS | | | | |
| Form W-2 Wage and Tax S This information is being | tatement furnished to the Internal Revenue Se | State ment | Dept. of the Treasury IRS 39-190864 | | | |
| | | _ | <u></u> | | | |
| This information is being penalty/other sanction may be | furnished to the IRS. If you are require the imposed on you if this income is taxable | ed to file a tax return, a negligence le & you fail to report it. | AWW2-B22C | Copyright AccountantsWorld, 2004 | | |
| Copy C For EMPLOYE | E'S RECORDS | 2023 OMB No. 1545-0008 | Copy 2 To Be Filed W City, or Local Income | | 2023 OMB No. 1545-0008 | |
| a. Employee's SSN | | 2 Federal income tax withheld 13276.52 | a. Employee's SSN | | 2 Federal income tax withheld 13276.52 | |
| XXX-XX-7324 | 3 Social security wages | 4 Social security tax withheld | XXX-XX-7324 | 3 Social security wages | 4 Social security tax withheld | |
| b. Employer ID number | 60048.00 5 Medicare wages and tips | 3722.98 6 Medicare tax withheld | b. Employer ID number | 60048.00 5 Medicare wages and tips | 3722.98 6 Medicare tax with held | |
| 46-3452093 | 46-3452093 60048.00 870.70 46-3452093 60048.00 87 Employer's name, address, and ZIP code c. Employer's name, address, and ZIP code | | | | 870.70 | |
| AGGREGATE SOFTWARE TECHNOLOGY INC | | | AGGREGATE SOFTWARE TECHNOLOGY INC | | | |
| 5525 N MACARTHUR BOULEVARD SUITE 280 | | | 5525 N MACARTHUR BOULEVARD SUITE 280 | | | |
| IRVING, TX 75038 | | | IRVING, TX 75038 | | | |
| d. Control number 17 d. Control number 17 | | | | | | |
| e. Employee's name, address, and ZIP code | | | e. Employee's name, address, and ZIP code | | | |
| LOHITHA PONNALA | | | | LOHITHA PONNALA | | |
| 2742 FRABIELE STREET HENDERSON, NV 89044 | | | 2742 FRABIELE STREET HENDERSON, NV 89044 | | | |
| | | | | 8 Allocated tips | | |
| 7 Social security tips | 8 Allocated tips | | 7 Social security tips | · | | |
| 10 Dependent care benefit | s 11 Nonqualified plans | 12a Code See inst. for box 12 | 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 | |
| 13 Statutory employee 14 | Other | 12b Code | 13 Statutory employee | 14 Other | 12b Code | |
| Retirement plan | | 12c Code | Retirement plan | | 12c Code | |
| Third party sick pay | | 12 d Code | Third party sick pay | | 12d Code | |
| | | | | | | |
| 15 State Employers 15 | 16 State wages 45-2 | 17 State income to: | 15 State Employe 15 | 16 State | 47 State in comme | |
| 15 State EmpIr.'s state ID# 16 State wages, tips, etc. 17 State income tax 15 State EmpIr.'s state ID# 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 18 Local wages, tips, etc. 19 Local income tax 20 Locality name | | | | | | |
| | | | | | | |
| Form W-2 Wage and Tax S | Statement 39-1908647 | Dept. of the Treasury IRS | Form W-2 Wage and Tax | Statement 39-1908647 | Dept. of the Treasury IRS | |

Copy 2 To Be Filed With Employee's State,