b Employer's Identification number 85-1117263	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	ls	20000.00	2787.60
SAAS GLOBAL SOLUTIONS	12b	3 Social security wages	4 Social security tax withheld
Olifo Oliobile Ooliofiono	<b> </b> \$	20000.00	1240.00
555 METRO PL N	12c	5 Medicare wages and tips	6 Medicare tax withheld
JJJ FILINO III N	\$	20000.00	290.00
DUBLIN OH 43017	12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name		0	10 Dependent care benefits
17280766	This information is being furnished to the	-	To Dependent care benefits
	Internal Revenue Service	11 Nongualified plans	13 Statutory Retirement Third-party
GOPALAKRISHNAN RADHAKRISHNAN	Copy B To Be Filed with		13 Statutory Retirement Third-party employee plan sick pay
140 SADDLEBRED CIR	Employee's FEDERAL	14 Other	<u> </u>
	Tax Return	14 Otilei	
MARYSVILLE OH 43040			
	a Employee's soc, sec, no		
f Employee's address and ZIP code	204-27-4884		
15 State   Employer's state I.D. No.   16 State wages, tips, etc.   17 State income tax   OH   54-213962   20000.00   536.05	18 Local wages, tips, etc.	19 Local income tax 300.00	MARYSV
ОН 54-213962 20000.00   536.05		+	ITATE 1
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	I Vith Employee's FEDERAL Tax Return
2023			
b Employer's Identification number 85-1117263	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code 85-1117263	Is	20000.00	2787.60
SAAS GLOBAL SOLUTIONS	12b	3 Social security wages	4 Social security tax withheld
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EEE MEMDO DI N	12c	5 Medicare wages and tips	6 Medicare tax withheld
555 METRO PL N	\$	20000.00	290.00
DVD-T 0V 4001F	12d	7 Social security tips	8 Allocated tips
DUBLIN OH 43017	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
17280766			
GOPALAKRISHNAN RADHAKRISHNAN	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
	Local Tax Departments		
140 SADDLEBRED CIR		14 Other	
MARYSVILLE OH 43040	a Employee's soc. sec. no		
6 Faralance la address and 7ID ands	204-27-4884		
f Employee's address and ZIP code  15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OH 54-213962 20000.00 536.05	20000.00	300.00	MARYSV
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	,,
PRIV. 40 (04/02, 40P			
REV 12/24/23 OSP	12a See instructions for Box 12	I4 18/ 4:4I	2 Federal income toy withhold
b Employer's Identification number c Employer's name, address, and ZIP code 85-1117263	l ,	1 Wages, tips, other compensation	2787.60
CARC CLODAL COLUMNO	\$   12b	3 Social security wages	4 Social security tax withheld
SAAS GLOBAL SOLUTIONS		20000.00	1240.00
	12c	5 Medicare wages and tips	6 Medicare tax withheld
555 METRO PL N	ls	20000.00	290.00
	12d	7 Social security tips	8 Allocated tips
DUBLIN OH 43017	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
17280766			
GOPALAKRISHNAN RADHAKRISHNAN	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
140 SADDLEBRED CIR	Local Tax Departments		
140 SADDLEDKED CIK		14 Other	
MARYSVILLE OH 43040	a Employee's soc. sec. no		
CF-value of a side as and 710 and	204-27-4884		
f Employee's address and ZIP code  15 State   Employer's state I.D. No.   16 State wages, tips, etc.   17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OH 54-213962 20000.00 536.05	20000.00		MARYSV
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	TE, CITY, or LOCAL Tax Departments
h Employer's Identification number	12a See instructions for Box 12	d Manage time other commencation	2 Enderel income toy withhold
b Employer's Identification number c Employer's name, address, and ZIP code 85-1117263		1 Wages, tips, other compensation	2787.60
	\$   12b	3 Social security wages	4 Social security tax withheld
SAAS GLOBAL SOLUTIONS	10	20000.00	1240.00
	12c	5 Medicare wages and tips	6 Medicare tax withheld
555 METRO PL N	\$	20000.00	290.00
	12d	7 Social security tips	8 Allocated tips
DUBLIN OH 43017	1\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
17280766	Internal Revenue Service. If you are required to file a tax return, a negligence		
GOPALAKRISHNAN RADHAKRISHNAN	penalty or other sanction may be imposed on you if this income is taxable and you	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
140 SADDLEBRED CIR	fail to report it.		pian sick pay
T40 OUNDUEN CIV	Copy C for Employee's	14 Other	
	Records (see notice to Employee on back.)		
MARYSVILLE OH 43040			
	a Employee's soc. sec. no 204-27-4884	1	
15 State   Employer's state I.D. No.   16 State wages, tips, etc.   17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OH 54-213962 20000.00 536.05	20000.00	300.00	MARYSV
, + +	20000.00	000.00	
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008		Copy C For Employee's Records