

22222		a Employee's social security number XXX-XX-5322		OMB No. 1545-0008							
b Employer identification number (EIN) 83-3750719				1 Wages, tips, other compensation 36,762.50		2 Federal income tax withheld 4,113.50					
c Employer's name, address, and ZIP code THINKLUSIVE INC THINKLUSIVE INC 1100 CORNWALL RD MONMOUTH JUNCTION, NJ 08852				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Control number 126				10 Dependent care benefits							
e Employee's first name and initial Last name suff. Prabhuram Popuri 9720 Kingsmill Dr Plano, TX 75025				11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number		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
 Copy 1- For State, City, or Local Tax Department

2023

Department of the Treasury- Internal Revenue Service

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22222		a Employee's social security number		OMB No. 1545-0008							
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
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