a Employee's SSN 841-74-6428	b Employer identification number (EIN) 26-0519208			OMB No. 1545-0008
C Employer's name, address, and ZIP code APPSTEK	1 Wgs, tips, other compn 27893.10	2 Fed inc tax withheld 7498.00	3 Social security wages 27893.10	Form W-2
5055 KELLER SPRINGS RD, SUITE 20	4 SS tax withheld 1729.37	5 Medicare wages & tips 27893.10	6 Medicare tax withheld 404.45	Wage and Tax
ADDISON TX 75001	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2023
e Employee's name, address, and ZIP code Suff.	13 Statutory employee	14 Other	12b	
RAMA KRISHNA R GANGIREDDY			12c	Copy B To Be Filed with Employee's FEDERAL
8100 MEMORIAL LN APT# 7207	Retirement plan			Tax Return This information is being
PLANO TX 75024	Third-party sick pay		12d	furnished to the Internal Revenue Service.
15 State Employer's state ID number 16 State wages, tips, etc 1	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
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Department of the Treasury — IRS

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a Employee's SSN 841-74-6428	b Employer identification n	umber (EIN) 26-051	L9208	OMB No. 1545-0008
C Employer's name, address, and ZIP code APPSTEK	1 Wgs, tips, other compn 27893.10	2 Fed inc tax withheld 7498.00	3 Social security wages 27893.10	Form W-2
5055 KELLER SPRINGS RD, SUITE 20	4 SS tax withheld 1729.37	5 Medicare wages & tips 27893.10	6 Medicare tax withheld 404.45	Wage and Tax
ADDISON TX 75001	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2023
e Employee's name, address, and ZIP code Suff.	13 Statutory employee.	14 Other	12b	Copy 2 To Be
RAMA KRISHNA R GANGIREDDY 8100 MEMORIAL LN APT# 7207	Retirement plan		12c	Filed With Employee's State, City, or Local
PLANO TX 75024	Third-party sick pay		12d	Income Tax Return.
15 State Employer's state ID No. 16 State wages, tips, etc 1	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name

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			number (EIN) 26-052		
a Employee's SSN 841-74-6	428	b Employer identification r	OMB No. 1545-0008		
C Employer's name, address, and ZIP co	de	This information is being furnished to the IRS. If you are required to file a tax return, a ne other sanction may be imposed on you if this income is taxable and you fail to report it.			gligence penalty or
APPSTEK		1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	Form W-2
		27893.10	7498.00	27893.10	Form
5055 KELLER SPRINGS	RD, SUITE 20	4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
		1729.37	27893.10	404.45	<u> </u>
ADDISON T	x 75001	7 Social security tips	8 Allocated tips	9	Тах
d Control No.					Statement
		10 Depdnt care benefits	11 Nonqualified plans	12a	
					2023
e Employee's name, address, and ZIP c	ode Suff.	13	14 Other	12b	
		Statutory employee -			
RAMA KRISHNA R GANGIREDDY				12c	Copy C For EMPLOYEE'S
8100 MEMORIAL LN APT# 7207		Retirement plan			RECORDS.
PLANO T	x 75024			12d	(See Notice to
		Third-party sick pay			Employee.)
15 State Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
	L				1

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