Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Corp 0000011101 UBF YBND C S 10229 c Employer's name, address, and ZIP code GAINWELL TECHNOLOGIES LLC 5616 HIGH POINT DR IRVING, TX 75038 e'l Employee's name, address, and ZIP code BHAGEERATH BABU PRATHI 2800 SW VILLA WEST DR #71 **TOPEKA, KS 66614** Employer's FED ID number a Employee's SSA number XXX-XX-1781 27-1510177 1 Wages, tips, other comp 2 Federal income tax withheld 88929.04 13716.88 3 Social security wages Social security tax withheld 88929.04 5513.60 Medicare wages and tips 6 Medicare tax withheld 88929.04 1289.47 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See Instructions for box 12 C | 54.00 12b W | 1000.08 14 Other 12c DD 19716.72

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

> To change your employee W-4 profile information file a new W-4 with your payroll department.

BHAGEERATH BABU PRATHI 2800 SW VILLA WEST DR #71 TOPEKA, KS 66614

Social Security Number: XXX-XX-1781

2 Federal income tax withhel

4 Social security tax withheld

6 Medicare tax withheld

13716.88

5513.60

1289.47

88929.04

18 Local wages, tips, etc.

20 Locality name

© 2023 ADP. Inc

		12C DD 1		19/10./2		
		12d 13 Stat emp.	Ret, plan	3rd party sick pay		
15 State Employer's s	tate ID no					
KS 03627151017		To State	_	929.04		
17 State income tax		18 Local wages, tips, etc.				
4411.98						
19 Local income tax		20 Locality name				
Managa dina athan an		0. Fadaus	1			
Wages, tips, other co 88929.	2 Federal Income tax withheld 13716.88					
Social security wage	4 Social					
88929	4 Social security tax withheld 5513.60					
Medicare wages and	6 Medicare tax withheld					
88929		1289.47				
d Control number	Dept.	Corp.		yer use only		
0000011101 UBF		YBND	_ C S	10229		
b Employer's FED ID		a Emplo	yee's SS	A number		
7 Social security tips	7	8 Alloca		(X- 17 81		
9		10 Depe	ndent ca	re benefits		
11 Nonqualified plans			struction			
14 Other		C	1311 001101	ns for box 12 54.00		
		C		54,00		
		C 12bW		54.00 1000.08		
		12bW 12c DD 12d		54.00 1000.08		
e/f Employee's name.		C 12bW 12c DD 12d 13 Stat emp	Ret plan	54,00 1000.08 19716.72		
e/f Employee's name, BHAGEERATH 2800 SW VILLA TOPEKA, KS 6	address BABU WEST	C 12bW 12c DD 12d 13 Stat empart ZIP C PRATH	Ret plan	54,00 1000.08 19716.72		
BHAGEERATH 2800 SW VILLA	address BABU WEST 6614	12b W 12c DD 12d 13 Stat emplement ZIP end ZIP	Ret plan code	54.00 1000.08 19716.72 3rd party sick pay		

19 Local income tax

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local income tax

4411.98

Federal Filing Copy
Wage and Tax

Statement

Copy B to be filed with employee's Federal Income Tax Return.

			Fold and De	etach Here	P/	AGE 1 OF 1				
	14/			0.5.4			ŀ	4 111		
		88929	.04	2 Federal Income tax withheld 13716.88				1 Wages, tips, other comp 88929.04		.04
		curity wage 88929	.04	4 Social security tax withheld 5513.60			i	3 Social security wages 88929.0		.04
5	Medicare	wages and 88929		6 Medicare tax withheld 1289.47			i	5 Medicare wages and tip 88929.04		
d			Dept.	Corp.	' '	er use only	iſ	d Contr	ol number	De
L	000001110	01 U8F 's name, a		YBND		10229	ij.		1101 UBF	
	5616 H	VELL TE HIGH POI G, TX 750	NT DR					5616	NWELL TE 5 HIGH PO NG, TX 75	INT I
b	Employe 2	r's FED ID 7-151017	number 7	a Emplo	yee's SSA XXX-XX	number K-1781		b Emplo	yer's FED ID 27-151017	num 77
7	Social sec	curity tips		8 Alloca				7 Social	security tips	
4				10 Dependent care benefits				9		
1	1 Nonqual	ified plans		12a C ∣		54.00	1	11 Nonqu	ualified plans	
1	4 Other			12bW		1000.08		14 Other		
			[12c DD		19716.72	i			
			l	12d			il			
						rd party sick pay				
е	/I Employe	ee's name,	address	and ZIP	code		-	e/f Emplo	oyee's name,	addr
BHAGEERATH BABU PRATHI							GEERATH			
2800 SW VILLA WEST DR #71						SW VILLA				
	TOPEK	A, KS 6	6614				H HERE	TOPE	EKA, KS 6	6614
1:	KS 0	mployer's s 1362715101			889	929.04	DETAC	15 State KS	0362715101	
1	7 State inc		1.98	18 Loca	il wages, ti	ps, etc.	LD AND	17 State	income tax 441	1.98

20 Locality name

KS. State Filing Copy

Wage and Tax

Statement

Copy 2 to be filed with employee's State Income Tax Return.

d Control number	Dept.	Corp.	Employer use on
0000011101 U8F		YBND	C S 10229
c Employer's name, a	ddress, a	ind ZIP co	ode
5616 HIGH POI	NT DR	OGIES L	LC
27-151017		a Employ	yee's SSA number XXX-XX-1781
7 Social security tips		8 Allocat	ed tips
9		10 Deper	ndent care benefits
11 Nonqualified plans		12a C	54.00
14 Other		^{12b} W	1000.08
		12c DD	19716.7
		12d	
		13 Statemp	. Ret plan 3rd party sick
		PRATH	l
		DR #71	
TOPEKA, KS 6	6614		
15 State Employer's s		. 16 State	wages, tips, etc.
	0000011101 U8F c Employer's name, a GAINWELL TE 5616 HIGH POI IRVING, TX 750 b Employer's FED ID 27-151017 7 Social security tips 11 Nonqualified plans 14 Other e/f Employee's name, BHAGEERATH 2800 SW VILLA TOPEKA, KS 6	c Employer's name, address, a GAINWELL TECHNOL 5616 HIGH POINT DR IRVING, TX 75038 b Employer's FED ID number 27-1510177 7 Social security tips 4 11 Nonqualified plans 14 Other e/f Employee's name, address BHAGEERATH BABU 2800 SW VILLA WEST I TOPEKA, KS 66614	0000011101 UBF

4411.98

City or Local Filing Conv

Wage and Tax

Statement OMB No. 1545-008 Copy 2 to be filed with employee's City or Local Income Tax Retu

19 Local income tax