| Copy BTo Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. | | | OMB No. 1545-0008 | | Copy 2To Be Filed With Employee's State, City, or Local Income Tax Return | | | OMB No. 1545-0008 | | | |
|---|---|--------------------------------------|---|---|--|--|------------------------------------|--|---|--------------------------------|--|
| a. Employee's social security number XXX-XX-8315 | 1. Wages, tips, other compensation 2. 109180.12 | | deral income tax withheld a. Employee's social security number 18723.66 XXX-XX-8315 | | 1. Wages, tips, other compensation 109180.12 | | | 2. Federal income tax withheld 18723.66 | | | |
| b. Employer ID number (EIN) 85-1465569 | 3. Social security wages 4. 10712.52 | | . Social security tax withheld 664.18 | | | 3. Social security wages 10712.52 | | | 4. Social security tax withheld 664.18 | | |
| d. Control number 20201039-0H10113 | 5. Medicare wages and tips 6. 10712.52 | | . Medicare tax withheld 155.33 | d. Control number 20201039-OH10113 | | 5. Medicare wages and tips 10712.52 | | 6. Medicare tax withheld 155.33 | | | |
| c. Employer's name, address, and ZIP code Origin Hubs Inc 2500 Gateway Center Blvd. Suite 100 Morrisville, NC 27560 | | | | | c. Employer's name, address, and ZIP code Origin Hubs Inc 2500 Gateway Center Blvd. Suite 100 Morrisville, NC 27560 | | | | | | |
| e. Employee's name, address, and ZIP code Sai Spoorthy Vodela 10952 Sundrift Dr Tampa, FL 33647 | | | | | e. Employee's name, address, and ZIP code Sai Spoorthy Vodela 10952 Sundrift Dr Tampa, FL 33647 | | | | | | |
| 7. Social security tips | 7. Social security tips 8. Allocated tips | | 9. | 7. Social security tips | | 8. Allocated tips | | | 9. | | |
| 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. Other | | 12b. Code | 13. Statutory employee | | 14. Other | | | 12b. Code | | | |
| Retirement plan | Retirement plan | | 12c. Code | Retirement plan | | | | | 12c. Code | | |
| Third-party sick pay | | | 12d. Code | Thir | d-party sick pay | | | | 12d. Code | | |
| 15. StateEmployer's state IDNC601298393 | number 16. Sta | ate wages, tips, 38346. | | 15. State NC | Employer's state ID 601298393 | number | number 16. State wages, tips 38346 | | | | |
| 18. Local wages, tips, etc. | 9. Local income tax | 20. Locality na | me | 18. Loca | I wages, tips, etc. | 19. Local income tax 20. Locality r | | 20. Locality na | me | | |
| Form W-2 Wage and Tax Statement 2023 Department of the Treasury ~ Internal Revenue Service Form W-2 Wage and Tax Statement 2023 Department of the Treasury ~ Internal Revenue Service | | | | | | | | | | | |
| Copy CFor EMPLOYEE'S RECORDS(See Notice to Employee.) This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | | | OMB No. 1545-0008 | or Local | Copy 2To Be Filed With Employee's State, City, or Local Income Tax Return | | | | _ | B No. 1545-0008 | |
| a. Employee's social security number XXX-XX-8315 109180.12 | | Federal income tax withheld 18723.66 | | a. Employee's social security number XXX-XX-8315 | | 1. Wages, tips, other compensation 109180.12 | | 2. Federal income tax withheld 18723.66 | | | |
| b. Employer ID number (EIN) 85-1465569 | 5-1465569 10712.52 | | . Social security tax withheld 664.18 | 85-1 | b. Employer ID number (EIN) 85-1465569 | | 10712.52 | | 4. Social security tax withheld 664.18 | | |
| d. Control number 20201039-OH10113 | | | . Medicare tax withheld 155.33 | | d. Control number 5. Media 20201039-OH10113 | | edicare wages and tips 6 | | 6. Medicare tax withheld 155.33 | | |
| c. Employer's name, address, and ZIP code Origin Hubs Inc 2500 Gateway Center Blvd. Suite 100 Morrisville, NC 27560 | | | | | c.Employer's name, address, and ZIP code Origin Hubs Inc 2500 Gateway Center Blvd. Suite 100 Morrisville, NC 27560 | | | | | | |
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| 7. Social security tips | 8. Allocated tips | | 9. | 7. Social security tips | | 8. Allocated tips | | | 9. | | |
| 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. Other | | 12b. Code | 13. Statutory employee | | 14. Other | | | 12b. Code | | | |
| Retirement plan | | 12c. Code | ode Retirement plan | | | | | 12c. Code | 9 | | |
| Third-party sick pay | | 12d. Code | Third-party sick pay | | 1 | | | 12d. Code | e | | |
| 15. StateEmployer's state IDNC601298393 | number 16. State wages, tips, 38346. | | | | | | | ate wages, tips, 38346. | | | |
| 18. Local wages, tips, etc. | 19. Local income tax | 20. Locality na | me | 18. Loca | l wages, tips, etc. | 19. Local income | e tax | 20. Locality na | ime | | |
| Form W-2 Wage and Tax State | ^{ment} 2023 | Departmen | t of the Treasury ~ Internal Revenue Service | Form W- | -2 Wage and Tax Stat | ement | 202 | 23 Departme | ent of the Treas | ury ~ Internal Revenue Service | |