Copy B To Be Filed w FEDERAL Tax Return			B No. 1545-0008	Copy City,	/ 2 To Be Fi or Local Inc	come	Tax Rei		ОМІ	B No. 1545-0008
a Employee's SSN	ges, tips, other comp. 38000.00 ial security wages		l income tax withheld 7765.00 security tax withheld	1 .	loyee's SSN -29-9146		ges, tips, ot	38000.00		I income tax withheld 7765.00 security tax withheld
b Employer ID no. (EIN) 5 Med 1 - 3 2 2 2 7 4 0	licare wages and tips	6 Medica	ire tax withheld	b Emplo	oyer ID no. (EIN) 3222740		licare wage		6 Medica	re tax withheld
c Employer's name, address, a CONNECTIX COR 1333 CORPORAT SUITE 345 IRVING d Control number	RPORATION	TX	75038	CÓ 13 SU IR	loyer's name, ad NNECTIX 33 CORPO ITE 345 VING trol number	COR	RPORAT	de FION	TX	75038
	and ZIP code LALITHA SRI DA E VIEW DR APT-		Suff. 49424	VE 30		AI L	ALITE	de HA SRI DAS V DR APT-2		Suff. 49424
7 Social security tips	8 Allocated tips	9			al security tips		8 Allocat	ed tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a C	ode See inst. for box 12	10 Depe	endent care bene	efits	11 Nonqu	alified plans	12a Co	ode See inst. for box 12
13 14 Ot Statutory employee	ther	12b C	ode	13 Statutory	employee	14 0	ther		12b Co	ode
Retirement Plan		12c C		Retireme	, ,				12c Co	
Third-party sick pay		12d C	ode	Third-par	ty sick pay				120 00	oue .
MI 81-3222740	3800	0.00	1569.00	MI	81-3222	2740		3800	0.00	1569.00
15 State Employer's state ID number 16 State wages, tips,		s, etc.	, etc. 17 State income tax		15 State Employer's state ID number		mber T	16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Loca	ality name		al wages, tips, etc			ncome tax	20 Locality	
Form W-2 Wage and Tax Stater This information is being furnished to the	ment he Internal Revenue Service.		Dept. of the Treasury - IRS	Form W	/-2 Wage and Ta	ıx Stateı	ment			Dept. of the Treasury - IR

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.

Copy C For EMPLOYEE'S RECORDS.

2023

Copy C For EM	PLOY	2023						
(See Notice to E					B No. 1545-0008			
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld				
660 00 0146			38000.00	7765.00				
660-29-9146	3 Soci	al security wages		4 Social security tax withheld				
b Employer ID no. (EIN)	L							
81-3222740	5 Med	icare wage	s and tips	6 Medicare tax withheld				
c Employer's name, ac	ddress, a	and ZIP cod	le TION					
1333 CORP SUITE 345	ORAT	E DR						
I IRVING TX 75038								
d Control number								
e Employee's name, a	ddress, a	and ZIP cod	de		Suff.			
VENKATA SAI LALITHA SRI DASARI								
3037 W SP	RING	: VIEV	DR APT-	2				
HOLLAND				MI	49424			
7 Social security tips	8 Allocate	ed tips	9					
10 Dependent care ben	efits	11 Nonqua	alified plans	12a Code See inst. for box 12				
13 Statutory employee	14 Ot	ther		12b Code				
Statutory employee				12c Code				
Retirement Plan								
Third a adv. siel, see.				12d C	ode			
Third-party sick pay					1560.00			
MI 81-3222		3800	00.00	1569.00				
I 15 State Employer's state ID number			16 State wages, tip	os, etc.	etc. 17 State income tax			
18 Local wages, tips, et	c.	19 Local income tax		20 Locality name				
Form W-2 Wage and Ta	x Stater	nent			Dept. of the Treasury - IRS			

REV 12/19/23 QBDT

City, or Local Income Tax Return.								
City, or Local Inc				B No. 1545-0008				
a Employee's SSN	1 Wages, tips, ot	•	2 Federal income tax withheld					
		38000.00	7765.00					
660-29-9146	3 Social security	wages	4 Social security tax withheld					
b Employer ID no. (EIN)								
Employer is no. (Ent)	5 Medicare wage	s and tips	6 Medicare tax withheld					
81-3222740								
c Employer's name, ad CONNECTIX	idress, and ZIP cod CORPORAT	de ΓΙΟΝ						
1333 CORP	ORATE DR							
SUITE 345								
IRVING		TX	75038					
d Control number								
e Employee's name, ac			SARI	Suff.				
3037 W SP	PING VIEV	- דים ג פרו זא	2					
HOLLAND	KING VIEV	V DR ALL	_	49424				
HOLLAND			MI 49424					
7 Social security tips	8 Allocate	ed tips	9					
10 Dependent care bene	efits 11 Nongua	alified plans	12a Code See inst. for box 12					
,	'	•						
13	14 Other		12b Code					
Statutory employee			12a Codo					
Retirement Plan			12C C	12c Code				
rediction flat			12d C	12d Code				
Third-party sick pay								
MI 81-3222	2740	3800	0.00	1569.00				
I 15 State Employer's stat	e ID number	16 State wages, tip	s, tips, etc. 17 State income tax					
				20 Locality name				
18 Local wages tine etc	^ 110 ∩∩alir	ncome tay						
18 Local wages, tips, etc	c. 19 Local ir	ncome tax	20 Locality	y name				