Copy B To Be Filed With Employee's 2023 OMB No. 1545-0008										
a. Employee's SSN	1 Wages, tips, other comp. 2 Federal income tax withheld									
XXX-XX-7310		106584.40		15752.13						
	3 Social s	ecurity wages	4 So	Social security tax withheld 6608.23						
b. Employer ID number										
81-2703727	5 Medicare wages and tips 106584.40 6 Medicare tax withheld 1545									
c. Employer's name, address, and ZIP code										
Konane Solutions LLC										
Konane Solutions										
407 Gulpha Dr # 4										
West Monroe, LA 71291										
d. Control number										
9										
e. Employee's name, address, and ZIP code Praveen Kumar Gajjala										
1350 High site dr										
Apt 311										
Eagan, MN 55	121									
7 Social security tips	8 A	8 Allocated tips								
10 Dependent care benefits	11 N	onqualified plans	12	12a Code See inst. for box 12						
42 Ct-t-t 1	I4 Other		12b Code							
13 Statutory employee	14 Other		' '	12b Code						
Retirement plan			12	12c Code						
Third party sick pay			12	12d Code						
MN 6648560		106584.	40		5892.65					
 15 State Emplr.'s state	ID#	16 State wages, tips, etc.		17 State incor	ne tax					
18 Local wages, tips,etc.	19 Lo	ocal income tax	20	Locality name	•					
Form W-2 Wage and Tax Statement Dept. of the Treasury IRS This information is being furnished to the Internal Revenue Service. 39-1908647										
This information is being furnished to the IRS. If you are required to file a tax return, a negligence										

Copy 2 To Be Filed With Employee's State, OMB No. 2023 City, or Local Income Tax Return 1545-0008 2 Federal income tax withheld a. Employee's SSN 1 Wages, tips, other comp 106584.40 15752.13 XXX-XX-7310 4 Social security tax withheld 3 Social security wages 6608.23 106584.40 b. Employer ID number 5 Medicare wages and tips 6 Medicare tax withheld 81-2703727 1545.47 106584.40 $\ensuremath{\text{c}}$. Employer's $\ensuremath{\text{name}}$, address , and $\ensuremath{\text{ZIP}}$ code Konane Solutions LLC Konane Solutions 407 Gulpha Dr # 4 West Monroe, LA 71291 d. Control number 9 e. Employee's name, address, and ZIP code Praveen Kumar Gajjala 1350 High site dr Apt 311 Eagan, MN 55121 7 Social security tips 8 Allocated tips 11 Nonqualified plans 10 Dependent care benefits 12a Code See inst. for box 12 14 Other 13 Statutory employee 12b Code Retirement plan 12c Code 12d Code Third party sick pay 106584.40 5892.65 6648560 MN 15 State EmpIr.'s state ID# 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 Dept. of the Treasury -- IRS 39-1908647

Copy C For EMPLOYEE'S RECORDS OMB No. 2023 (See Notice to Employee) 1545-0008 a. Employee's SSN 1 Wages, tips, other comp. 2 Federal income tax withheld 15752.13 106584.40 XXX-XX-7310 3 Social security wages 106584.40 4 Social security tax with held 6608.23 b. Employer ID number 5 Medicare wages and tips 106584.40 1545.47 81-2703727 c. Employer's name, address, and ZIP code Konane Solutions LLC Konane Solutions 407 Gulpha Dr # 4 West Monroe, LA 71291

e. Employee's name, address, and ZIP code Praveen Kumar Gajjala 1350 High site dr Apt 311

d. Control number

Ea	igan, MN 5	5121					
7 Social security tips		8 Allocated tips					
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13 Statutory employee 14 Othe		14 Other	er .		12b Code		
Retirement plan				12c Code			
Third party sick pay					12	d Code	
MN 6648560			106584.40		5892.65		
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18 Loc	cal wages, tips, etc.	1	19 Lo	cal income tax	20	Locality name	
For n	Form W-2 Wage and Tax Statement			39-1908647		Dept. of the Treasury IRS	

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008								
a. Employee's SSN						tax withheld 15752.13		
b. Employer ID number	3 Social s	security	wages 106584.40		cial security t	ax withheld 6608.23		
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81-2703727	106584.40					1545.47		
c. Employer's name, address								
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Konane Solutions								
407 Gulpha Dr # 4								
West Monroe, LA 71291								
d. Control number								
e. Employee's name, address Praveen Kumar	and ZIP co Gajja	ode ala						
1350 High site dr								
Apt 311								
Eagan, MN 551	21							
7 Social security tips	8 A	8 Allocated tips						
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13 Statutory employee	I4 Other	\)ther			12b Code			
Retirement plan					12c Code			
Third party sick pay				12	2d Code			
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15 State Emplr.'s state ID	#	16 State wages, tips, etc.			17 State income tax			
18 Local wages, tips, etc.	19 L	ocal inco	ome tax	20	Locality na	me		
Form W-2 Wage and Tax	Sta te ment		39-1908647		Dept. of the	Treasury IRS		