<u>b Employer's Identification number</u> 30–0802673	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	27613.80	6918.75
AMOR SYSTEMS, LLC	12b	3 Social security wages	4 Social security tax withheld
ANOR SISTENS, ELC	\$		
	12c	5 Medicare wages and tips	6 Medicare tax withheld
3 GERMAY DR #4,SUITE 4425	\$		
	12d	7 Social security tips	8 Allocated tips
WILMINGTON DE 19804	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
5796009	This information is being furnished to the Internal Revenue Service		
		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
JENIL P RANAVAT	Copy B To Be Filed with		employee plan sick pay
3517 HAVASU LN		14 Other	
	Employee's FEDERAL	14 Other	
	Tax Return		
MCKINNEY TX 75070	a Employee's soc. sec. no	-	
		-	
f Employee's address and ZIP code	788-07-7735		
15 State Employer's state I.D. No. 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 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	With Employee's FEDERAL Tax Return

b Employer's Identification number 30-0802673	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	27613.80	6918.75
AMOR SYSTEMS, LLC	12b	3 Social security wages	4 Social security tax withheld
	\$		
3 GERMAY DR #4,SUITE 4425	12c	5 Medicare wages and tips	6 Medicare tax withheld
5 GERMAI DR #4,5011E 4425	\$		
	12d	7 Social security tips	8 Allocated tips
WILMINGTON DE 19804	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
5796009			
	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
JENIL P RANAVAT	Local Tax Departments		pian alon pay
3517 HAVASU LN		14 Other	
MCKINNEY TX 75070			
MCRINNEI IX /50/0	a Employee's soc. sec. no		
f Employee's address and ZIP code	788-07-7735		
15 State Employer's state I.D. No. 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 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments

REV 01/26/24 OSP

b Employer's Identification number c Employer's name, address, and ZIP code 30-0802673	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
	ls	27613.80	6918.75
AMOR SYSTEMS, LLC	12b	3 Social security wages	4 Social security tax withheld
ANON SISTEMS, LLC	\$		
3 GERMAY DR #4,SUITE 4425		5 Medicare wages and tips	6 Medicare tax withheld
	\$		
	12d	7 Social security tips	8 Allocated tips
WILMINGTON DE 19804	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
5796009			
JENIL P RANAVAT	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
	Local Tax Departments		
3517 HAVASU LN		14 Other	
MCKINNEY TX 75070			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	788-07-7735		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
1			
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	TE, CITY, or LOCAL Tax Departments

b Employer's Identification number 30-0802673	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	27613.80	6918.75
AMOR SYSTEMS, LLC	12b	3 Social security wages	4 Social security tax withheld
AMOR DIDIEND, LEC	ls		
3 GERMAY DR #4,SUITE 4425	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$		
	12d	7 Social security tips	8 Allocated tips
WILMINGTON DE 19804	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
5796009	Internal Revenue Service. If you are required to file a tax return, a negligence		
TENTI D DANAMA	penalty or other sanction may be imposed	11 Nongualified plans	13 Statutory Retirement Third-party
JENIL P RANAVAT	on you if this income is taxable and you fail to report it.		employee plan sick pay
3517 HAVASU LN	Copy C for Employee's	44.0%	
	Records (see notice to	14 Other	
	Employee on back.)		
MCKINNEY TX 75070	a Employee's soc. sec. no	-	
	788-07-7735	-	
f Employee's address and ZIP code			120 Lessity name
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
++++++		+	
Form W-2 Ware and Tax Statement	OMB # 1545-0008	l	Copy C For Employee's Records
Form W-2 Wage and Tax Statement $2023$ Department of the Treasury-Internal Revenue Service	Omb # 1545-0008		copy of or Employee's Records

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service