



**W-2** Wage and Tax Statement **2023**  
 Copy C for employee's records. OMB No. 1545-0008

**Employee Reference Copy**

d Control number 000307 RN/8IT Dept. RN/8IT Corp. Employer use only 16

c Employer's name, address, and ZIP code  
**CSXTECH INC**  
 4975 PRESTON PARK BLVD STE 55  
 PLANO, TX 75093

Batch #90480

e/f Employee's name, address, and ZIP code  
**SAI NIMISHA RANI KAKARLA NAGA SA**  
 1110 SE OLSON DR  
 APT 204  
 WAUKEE, IA 50263

b Employer's FED ID number 46-4859679 a Employee's SSA number XXX-XX-2769

1 Wages, tips, other comp. 35000.00 2 Federal income tax withheld 5505.50

3 Social security wages 35000.00 4 Social security tax withheld 2170.00

5 Medicare wages and tips 35000.00 6 Medicare tax withheld 507.50

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12

14 Other 12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

15 State Employer's state ID no. 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	35,000.00	35,000.00	35,000.00
<b>Reported W-2 Wages</b>	<b>35,000.00</b>	<b>35,000.00</b>	<b>35,000.00</b>

2. Employee Name and Address.

**SAI NIMISHA RANI KAKARLA NAGA SA**  
 1110 SE OLSON DR  
 APT 204  
 WAUKEE, IA 50263

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**W-2** Wage and Tax Statement **2023**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

**Federal Filing Copy**

d Control number 000307 RN/8IT Dept. RN/8IT Corp. Employer use only 16

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**CSXTECH INC**  
 4975 PRESTON PARK BLVD STE 55  
 PLANO, TX 75093

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 1110 SE OLSON DR  
 APT 204  
 WAUKEE, IA 50263

15 State Employer's state ID no. 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

**State Reference Copy**

d Control number 000307 RN/8IT Dept. RN/8IT Corp. Employer use only 16

c Employer's name, address, and ZIP code  
**CSXTECH INC**  
 4975 PRESTON PARK BLVD STE 55  
 PLANO, TX 75093

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 APT 204  
 WAUKEE, IA 50263

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**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

**City or Local Reference Copy**

d Control number 000307 RN/8IT Dept. RN/8IT Corp. Employer use only 16

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**CSXTECH INC**  
 4975 PRESTON PARK BLVD STE 55  
 PLANO, TX 75093

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