b Employer's Identification number c Employer's name, address, and ZIP code	\$	1 Wages, tips, other compensation 90000.00	
SAJIX INC	12b \$	<u>3 Social security wages</u> 90000.00	4 Social security tax withheld 5580.00
990 LAGUNA CREEK LANE	\$	5 Medicare wages and tips 90000.00	6 Medicare tax withheld 1305.00
PLEASANTON CA 94566	12d \$	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name 2298765	This information is being furnished to the Internal Revenue Service		10 Dependent care benefits
SHRAVAN GAVVA 4141 STEVENSON PLACE APT 321 FREMONT CA 94538	Copy B To Be Filed with Employee's FEDERAL Tax Return a Employee's soc. sec. no	11 Nonqualified plans 14 Other CA SDI	13 Statuony Retirement Third-party employee
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax CA 315-6346-3 90000.00 90000.00 4949.64	742-98-7391 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	Vith Employee's FEDERAL Tax Return

	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	90000.00	12060.48
SAJIX INC	12b	3 Social security wages	4 Social security tax withheld
SAUIX INC	\$	90000.00	5580.00
	12c	5 Medicare wages and tips	6 Medicare tax withheld
990 LAGUNA CREEK LANE	\$	90000.00	1305.00
	12d	7 Social security tips	8 Allocated tips
PLEASANTON CA 94566	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
2298765			
SHRAVAN GAVVA	Copy 2 for State, City, or Local Tax Departments	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
4141 STEVENSON PLACE		14 Other	
APT 321		CA SDI	810.00
FREMONT CA 94538	a Employee's soc. sec. no		
f Employee's address and ZIP code	742-98-7391		
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
CA 315-6346-3 90000.00 4949.64			
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 12/24/23 OSP

b Employer's Identification number 20 – 5684656	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 20-5084050	ls	90000.00	12060.48
SAJIX INC	12b	3 Social security wages	4 Social security tax withheld
DAO IN INC	ls	90000.00	5580.00
990 LAGUNA CREEK LANE	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	90000.00	1305.00
	12d	7 Social security tips	8 Allocated tips
pleasanton ca 94566	IS		
e Employee's first name and initial Last name		9	10 Dependent care benefits
2298765			
SHRAVAN GAVVA	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
			employee plan sick pay
4141 STEVENSON PLACE	Local Tax Departments	14 Other	
APT 321		CA SDI	810.00
FREMONT CA 94538			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	742-98-7391		
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
CA 315-6346-3 90000.00 4949.64			
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 STA	ATE, CITY, or LOCAL Tax Departments

b Employer's Identification number 20-5684656	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	90000.00	12060.48
SAJIX INC	12b	3 Social security wages	4 Social security tax withheld
DRUIX INC	\$	90000.00	5580.00
	12c	5 Medicare wages and tips	6 Medicare tax withheld
990 LAGUNA CREEK LANE	\$	90000.00	1305.00
	12d	7 Social security tips	8 Allocated tips
PLEASANTON CA 94566	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
2298765	Internal Revenue Service. If you are required to file a tax return, a negligence		
SHRAVAN GAVVA		11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
4141 STEVENSON PLACE	fail to report it.		
		14 Other	
APT 321	Records (see notice to	CA SDI	810.00
FREMONT CA 94538	Employee on back.)		
	a Employee's soc. sec. no		
f Employee's address and ZIP code	742-98-7391		
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
CA 315-6346-3 90000.00 4949.64			

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