	10.0 : : : : : : .		
b Employer's Identification number c Employer's name, address, and ZIP code 83-4618317	12a See instructions for Box 12	1 Wages, tips, other compensation * * * * * * * * * * * *	2 Federal income tax withheld * * * * * * * * * * * *
ENGENCIC INC	\$ 12b	3 Social security wages	4 Social security tax withheld
TANGENSIS INC	Is	*****	******
800 W AIRPORT FREEWAY SUITE 1100	12c	5 Medicare wages and tips	6 Medicare tax withheld
000 W AIRPORT FREEWAT SOTTE 1100	\$ 12d	******	******
IRVING TX 75062	120	7 Social security tips * * * * * * * * * * * *	8 Allocated tips * * * * * * * * * * * *
e Employee's first name and initial Last name	\$	9	10 Dependent care benefits
11919801	This information is being furnished to the Internal Revenue Service	*****	******
DHRUVA KRISHNA		11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
2450 W PECOS ROAD, BLDG -9, APT# 2069,	Copy B To Be Filed with	*****	
2100 11 12000 110112 2220 3 1111 1003	Employee's FEDERAL	14 Other	
CHANDLER AZ 85224	Tax Return		
	a Employee's soc. sec. no		
f Employee's address and ZIP code **DUPLICATE - DO NOT FILE**	063-83-1502	10 Lead income toy	20 Locality name
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax MI 83-4618317 26384.00 1121.32	18 Local wages, tips, etc.	19 Local income tax	20 Locality Hame
	1		
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
b Employer's Identification number 0.2 4.6.1.9.2.1.7	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 83-4618317	\$	99924.00	14243.86
TANGENSIS INC	12b	3 Social security wages	4 Social security tax withheld
THINDHID THE	 \$	99924.00	6195.29
800 W AIRPORT FREEWAY SUITE 1100	12c	5 Medicare wages and tips	6 Medicare tax withheld
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IRVING TX 75062	I\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
11919801		11 Nonqualified plans	40
DHRUVA KRISHNA	Copy 2 for State, City, or	Ti Nonquamica piano	13 Statutory Retirement Third-party employee plan sick pay
2450 W PECOS ROAD, BLDG -9, APT# 2069,	Local Tax Departments	14 Other	
		14 Other	
CHANDLER AZ 85224	a Employee's soc. sec. no		
f Employee's address and ZIP code	063-83-1502		
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
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Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	I Copy 2 To Be Filed With Employee's STA	TE CITY or LOCAL Tay Department
2023	52 <i>ii</i> 10.10 0000		,,
REV 12/24/23 OSP	12a Can instructions for Bay 12	4 10/	0 F-dlin tith-h-ld
b Employer's Identification number c Employer's name, address, and ZIP code 83-4618317	\$	1 Wages, tips, other compensation 99924.00	14243.86
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DHRUVA KRISHNA	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
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CHANDLER AZ 85224			
	a Employee's soc. sec. no		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	063-83-1502 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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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	ALE, CILT, OF LOCAL TAX Department
b Employer's Identification number c Employer's name, address, and ZIP code 83-4618317	12a See instructions for Box 12	1 Wages, tips, other compensation * * * * * * * * * * * *	2 Federal income tax withheld
	\$ 12b	3 Social security wages	* * * * * * * * * * * * * * * * * * *
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000 W ATDDODT EDEEWAY CITTE 1100	12c	5 Medicare wages and tips	6 Medicare tax withheld
800 W AIRPORT FREEWAY SUITE 1100	\$ 12d	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *
IRVING TX 75062	le le	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
11919801	Internal Revenue Service. If you are required to file a tax return, a negligence	******	*****
DHRUVA KRISHNA	penalty or other sanction may be imposed on you if this income is taxable and you	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
2450 W PECOS ROAD, BLDG -9, APT# 2069,	fail to report it. Copy C for Employee's	* * * * * * * * * * * * * * * * * * *	
	Records (see notice to	17 Julie	
CHANDLER AZ 85224	Employee on back.)		
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15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	063-83-1502 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	<u> </u>	Copy C For Employee's Records
2023			