b Employer's identification number 26 – 3644382	12a See instructions for Box 12	11 Wades, tips, other compensation	2 Federal income tax withheid
c Employer's name, address, and ZIP code	L \$ 6600.00	68968.96	
M9 CONSULTING INC	12b	3 Social security wages	4 Social security tax withheld
My consulting inc	\$	68968.96	
	12c	5 Medicare wages and tips	6 Medicare tax withheld
507, DENALI PASS DR, SUITE#603	\$	68968.96	1000.05
SUITE # 603	12d	7 Social security tips	8 Allocated tips
CEDAR PARK TX 78613	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1318796	This information is being furnished to the Internal Revenue Service		
		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
LOKESWARA REDDY BHEEMAVARAM	Copy B To Be Filed with		employee plan sick pay
3347 N CHATHAM RD			
	Employee's FEDERAL	14 Other	
APT L	Tax Return		
ELLICOTT CITY MD 21043			
	a Employee's soc. sec. no		
	746-17-6381		
f Employee's address and ZIP code			
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
MD 15588724 68968.96 53	56.97	L	
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

<u>b Employer's Identification number</u> <u>c Employer's name address and ZIP code</u> 26-3644382	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	L \$ 6600.00	68968.96	5787.97
M9 CONSULTING INC	12b	3 Social security wages	4 Social security tax withheld
My consoliting the	\$	68968.96	
	12c	5 Medicare wages and tips	6 Medicare tax withheld
507, DENALI PASS DR, SUITE#603	\$	68968.96	1000.05
SUITE # 603	12d	7 Social security tips	8 Allocated tips
CEDAR PARK TX 78613	Is		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1318796			
LOKESWARA REDDY BHEEMAVARAM	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
3347 N CHATHAM RD	Local Tax Departments	14 Other	
APT L			
ELLICOTT CITY MD 21043	a Employee's soc. sec. no		
f Employee's address and ZIP code	746-17-6381		
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
MD 15588724 68968.96 5356.97			
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, CITT, or LOCAL Tax Departments

REV 01/10/24 OSP

b Employer's Identification number c Employer's name address and ZIP code 26-3644382	12a See instructions for Box 12	1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code 20-3044382	L \$ 6600.00	68968.96	5787.97
M9 CONSULTING INC	12b	3 Social security wages	4 Social security tax withheld
Hy consoliting the	\$	68968.96	4276.08
507, DENALI PASS DR, SUITE#603	12c	5 Medicare wages and tips	6 Medicare tax withheld
· · · ·	\$	68968.96	1000.05
	12d	7 Social security tips	8 Allocated tips
CEDAR PARK TX 78613	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1318796			
LOKESWARA REDDY BHEEMAVARAM	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
3347 N CHATHAM RD	Local Tax Departments	14 Other	
APT L			
ELLICOTT CITY MD 21043	- F		
	a Employee's soc. sec. no 746–17–6381	4	
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax		19 Local income tax	20 Locality name
MD 15588724 68968.96 5356.97			
			
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 26-3644382	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	L \$ 6600.00	68968.96	5787.97
M9 CONSULTING INC	12b	3 Social security wages	4 Social security tax withheld
My consoliting the	\$	68968.96	
	12c	5 Medicare wages and tips	6 Medicare tax withheld
507, DENALI PASS DR, SUITE#603	\$	68968.96	1000.05
SUITE # 603	12d	7 Social security tips	8 Allocated tips
CEDAR PARK TX 78613	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
1318796	Internal Revenue Service. If you are required to file a tax return, a negligence		
	penalty or other sanction may be imposed	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
LOKESWARA REDDY BHEEMAVARAM	on you if this income is taxable and you fail to report it.		employee plan sick pay
3347 N CHATHAM RD	Copy C for Employee's		
APT L	Records (see notice to	14 Other	
	Employee on back.)		
ELLICOTT CITY MD 21043			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	746-17-6381		
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
MD 15588724 68968.96 5356.97		L	