

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		2 Federal income tax withheld			
M9 CONSULTING INC 507, DENALI PASS DR, SUITE#603 SUITE # 603 CEDAR PARK TX 78613		1318796 LOKESWARA REDDY BHEEMAVARAM 3347 N CHATHAM RD APT L ELLICOTT CITY MD 21043		L \$ 6600.00		68968.96		5787.97			
				12b \$		68968.96		4276.08			
				12c \$		68968.96		1000.05			
				12d \$							
e Employee's first name and initial		Last name		This information is being furnished to the Internal Revenue Service Copy B To Be Filed with Employee's FEDERAL Tax Return		9		10 Dependent care benefits			
						11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay			
						14 Other					
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.			
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 B To Be Filed With Employee's FEDERAL Tax Return					

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e Employee's first name and initial		Last name		This information is being furnished to the Internal Revenue Service Copy 2 for State, City, or Local Tax Departments		9		10 Dependent care benefits			
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e Employee's first name and initial		Last name		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. Copy C for Employee's Records (see notice to Employee on back.)		9		10 Dependent care benefits			
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