

| Copy B To Be Filed With Employee's FEDERAL Tax Return. | | 41-0852411 OMB No. 1545-0008 | |
|--|---|---|--|
| a Employee's soc sec no 852-81-9743 | 1 Wages, tips, other comp. 87607.27 | 2 Federal income tax withheld 11192.74 | |
| | 3 Social security wages 87607.27 | 4 Social security tax withheld 5431.65 | |
| b Employer ID number 46-2205219 | 5 Medicare wages and tips 87607.27 | 6 Medicare tax withheld 1270.31 | |
| | c Employer's name, address, and ZIP code Cognowiz LLC 44679 Endicott Drive Suite 300-778 Ashburn, VA 20147 | | |
| d Control number 002120239743 | | | |
| e Employee's name, address, and ZIP code Abhii Lam 6 HIGHPOINT CIRCLE,#APT 307 Quincy, MA 02169 | | | |
| 7 Social security tips | 8 Allocated tips | 9 | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 | |
| 13 Statutory employee Retirement plan Third-party sick pay | 14 Other MAPFML 307.15 Health 2822.38 | 12b Code | |
| | | 12c Code | |
| | | 12d Code | |
| MA WTH-19291631-002 | 90429.65 | 4516.21 | |
| 15 State Employer's state ID number | 16 State wages, tips, 90429.65 | 17 State income tax 4516.21 | |
| 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name | |

Form W-2 Wage and Tax Statement **2023** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

| Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return. | | 41-0852411 OMB No.1545-0008 | |
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Form W-2 Wage and Tax Statement **2023** Dept. of the Treasury -- IRS

| Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.) | | 41-0852411 OMB No. 1545-0008 | |
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Form W-2 Wage and Tax Statement **2023** Dept. of the Treasury -- IRS
This information is being furnished to the IRS. 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.

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