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ASHBURN VA 20147	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
7945463	Internal Revenue Service	11 Nonqualified plans	13 Statutory Retirement Third-party
PHANI SIVA KUMAR BODAPATI	Copy B To Be Filed with		13 Statutory Retirement Third-party employee plan sick pay
5318 CARNABY STREET, APT 364	Employee's FEDERAL	14 Other	
APT # 19303	Tax Return		
IRVING TX 75038	a Employee's soc. sec. no		
f Employee's address and ZIP code	713-75-4853	1	
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
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 Retur
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b Employer's Identification number c Employer's name, address, and ZIP code 46-1606305		1 Wages, tips, other compensation	
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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 ST	ATE, CITY, or LOCAL Tax Department
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