

22222		Void <input type="checkbox"/>	a Employee's social security number 735-28-2355	For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) 83-1294174			1 Wages, tips, other compensation 27600.00		2 Federal income tax withheld
c Employer's name, address, and ZIP code FAANG SOLUTIONS LLC 2271 MOONLIGHT BAY FLOWERMOUND TX 75022			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial NAGENDRA		Last name MOKARA	Suff	11 Nonqualified plans	
f Employee's address and ZIP code 2271 MOONLIGHT BAY FLOWER MOUND TX 75022			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12
			14 Other		12b
					12c
					12d
15 State Employer's state ID number	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
0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Do Not Cut, Fold, or Staple Forms on This Page

REV QBDT

22222		Void <input type="checkbox"/>	a Employee's social security number	For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial		Last name	Suff	11 Nonqualified plans	
f Employee's address and ZIP code			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12
			14 Other		12b
					12c
					12d
15 State Employer's state ID number	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
0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Black-and-White Form W-2 (Revised 08/23)

22222		Void <input type="checkbox"/>	a Employee's social security number 735-28-2355	For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) 83-1294174			1 Wages, tips, other compensation 27600.00		2 Federal income tax withheld
c Employer's name, address, and ZIP code FAANG SOLUTIONS LLC 2271 MOONLIGHT BAY FLOWERMOUND TX 75022			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial NAGENDRA		Last name MOKARA	Suff	11 Nonqualified plans	
f Employee's address and ZIP code 2271 MOONLIGHT BAY FLOWER MOUND TX 75022			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12
			14 Other		12b
					12c
					12d
15 State Employer's state ID number	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
0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Do Not Cut, Fold, or Staple Forms on This Page

REV QBDT

22222		Void <input type="checkbox"/>	a Employee's social security number	For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial		Last name	Suff	11 Nonqualified plans	
f Employee's address and ZIP code			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12
			14 Other		12b
					12c
					12d
15 State Employer's state ID number	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
0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Black-and-White Form W-2 (Revised 08/23)

22222		Void <input type="checkbox"/>	a Employee's social security number 735-28-2355	For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 83-1294174			1 Wages, tips, other compensation 27600.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code FAANG SOLUTIONS LLC 2271 MOONLIGHT BAY FLOWERMOUND TX 75022			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial NAGENDRA		Last name MOKARA		Suff	11 Nonqualified plans	
f Employee's address and ZIP code 2271 MOONLIGHT BAY FLOWER MOUND TX 75022			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
			14 Other		12b	
					12c	
					12d	
15 State Employer's state ID number		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
0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Do Not Cut, Fold, or Staple Forms on This Page

REV QBDT

22222		Void <input type="checkbox"/>	a Employee's social security number	For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff	11 Nonqualified plans	
f Employee's address and ZIP code			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
			14 Other		12b	
					12c	
					12d	
15 State Employer's state ID number		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
0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Black-and-White Form W-2 (Revised 08/23)