22222	Void	a Employee's social securit 735-28-2355	,	r Official U IB No. 154	Use Only ► 45-0008							
Employer identifi 83-1294		N)		1 Wag	es, tips, other compensation 27600.00	2 Federal incom	ne tax withheld					
c Employer's name, address, and ZIP code FAANG SOLUTIONS LLC						al security wages	4 Social security	tax withheld				
2271 MOONLIGHT BAY						care wages and tips	6 Medicare tax	withheld				
FLOWERMOUND TX 75022						al security tips	8 Allocated tips					
d Control number					9		10 Dependent ca	ire benefits				
	nployee's first name and initial Last name NAGENDRA MOKARA			Suff	11 Non	qualified plans	12a See instructions for box 12					
2271 MC FLOWER			5022		13 Statu emplo		12b					
15 State Employer		16 State wages,	tips, etc. 17 St	ate income	tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality nam				
	l Security Admin	Tax Statement istration - Send this entire paginistration; photocopies are no	e with t acceptable.	023 000/ 1	030[	For	f the Treasury - Inter Privacy Act and Pa Notice, see the se	aperwork Reduction				
22222	Void	a Employee's social security	y number For	Official U	se Only ▶	•						
Employer identification number (EIN)					Wages, tips, other compensation     Federal income tax withheld							

22222	Void	a Employee's social security number	For Official I	ial Use Only ▶ 1545-0008					
b Employer identifi	cation number (E	EIN)	1 Wa	come tax withheld					
c Employer's nam	e, address, and Z	ZIP code	3 Soc	ial security wages	4 Social secu	urity tax withheld			
				5 Me	dicare wages and tips	6 Medicare t	ax withheld		
				7 Soc	ial security tips	8 Allocated to	ips		
d Control number				9		10 Dependent care benefits			
e Employee's first n	Employee's first name and initial Last name				nqualified plans	12a See instructions for box 12			
				13 Sta	tutory Retirement Third-party sloyee plan sick pay	12b			
				14 Ot	her	12c			
						12d			
f Employee's addres	ss and ZIP code state ID number	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips, etc.	19 Local income	tax 20 Locality name		

Wage and Tax Statement

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22222	Void	a Employee's social			For Official Use Only ► OMB No. 1545-0008							
	Employer identification number (EIN) 83-1294174							mpensation 7600.00		·2 Federal income tax withheld		
c Employer's name, address, and ZIP code FAANG SOLUTIONS LLC						3 Social security wages 5 Medicare wages and tips			4 Social	security tax	withheld	
2271 MOONLIGHT BAY									6 Medicare tax withheld			
FLOWERM		т	X 75022		7 So	cial sec	urity tips		8 Allocat	ted tips		
d Control number	TOUND	1	13022		9.				10 Deper	ndent care b	enefits	
e Employee's first NAGENDE		Last name MOKARA		S	uff 11 N	onqualif	fied plans		12a 'See i	nstructions	for box 12	
					13 St	atutory ployee	Retirement plan	Third-party sick pay	12b			
2271 MC FLOWER	OONLIGHT E	AY	X 75022		14 0	ther			12c	1		
12011210									12d			
f Employee's addr	ess and ZIP code											
15 State Employer	's state ID number	16 Stat	e wages, tips, etc.	17 State inc	ome tax	18	Local wages	, tips, etc.	19 Local inco	ome tax	20 Locality name	

Wage and Tax Statement

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22222	Void	a Employee's social security number	For Official OMB No. 15					
b Employer identific	cation number (El	N)	1 Wag	es, tips, other compensation	2 Federal income	2 Federal income tax withheld		
c Employer's name, address, and ZIP code					al security wages	4 Social security t	ax withheld	
				5 Med	icare wages and tips	6 Medicare tax wi	thheld	
				7 Soc	al security tips	8 Allocated tips		
d Control number			9		10 Dependent care benefits			
e Employee's first na	e Employee's first name and initial Last name				nqualified plans	12a See instructions for box 12		
				13 Sta	tutory Retirement Third-party loyee plan sick pay	12b		
				14 Ot	ner	12c		
f Employee's addres	ss and ZIP code					12d		
15 State Employer's state ID number 16 State wages, tip		16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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22222	Void		ee's social se 8-2355	curity number	For Official Use Only DOMB No. 1545-0008							
Employer identification number (EIN) 83-1294174							1 Wages, tips, other compensation 2 Federal income tax with 27600.00				ax withheld	
c Employer's name FAANG S	e, address, and 2 OLUTIONS					3 S	ocial se	curity wage	es	4 Soci	al security ta	x withheld
2271 MO	ONLIGHT E	BAY				5 N	ledicare	wages and	d tips	6 Medi	icare tax with	hheld
FLOWERM	OUND		TX	75022		7 S	ocial se	curity tips		8 Alloc	ated tips	
d Control number						9				10 Dep	endent care	benefits
e Employee's first in NAGENDR			t name KARA		Suff	11	Nonqua	lified plans		12a See	instructions	for box 12
						13	Statutory imployee	Retirement plan	Third-party sick pay	12b	1	
2271 MO FLOWER	ONLIGHT E	BAY	TX	75022		14	Other			12c	1	
				.5022						12d	1	
f Employee's addre	ess and ZIP code					1					The Lates	
15 State Employer's	s state ID number		16 State wa	ges, tips, etc.	17 State incom	e tax	18	Local wage	es, tips, etc.	19 Local in	come tax	20 Locality name
111.0	Wago and	T 04-4			000	_						I Barrara Sanda

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22222 Voi	d 🔲	a Employee's social security number	For Officia OMB No. 1		y <b>&gt;</b>				
b Employer identification	number (EIN	)		1 W	ages, tips, other compensation	on 2 Federal inc	2 Federal income tax withheld		
c Employer's name, add	ress, and ZIF	P code	3 Sc	ocial security wages	4 Social seco	urity tax withheld			
				5 M	edicare wages and tips	6 Medicare t	ax withheld		
				7 Sc	ocial security tips	8 Allocated t	ips		
d Control number			9		10 Depender	10 Dependent care benefits			
e Employee's first name a	e Employee's first name and initial Last name			ff 11 N	lonqualified plans	12a See instr	12a See instructions for box 12		
				13 8	Statutory Retirement Third-party mployee plan Third-party sick pay	12b			
				14 (	Other	12c			
						12d			
f Employee's address and 15 State Employer's state II	-	16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income	tax 20 Locality name		
l									

W-2 Wage and Tax Statement

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