| Copy B To Be Fil FEDERAL Tax Re | led w | rith Emp | oloyee's | 2023 OMB N | lo. 1545-0008 | Copy City, | y 2 To Be F or Local In | iled W come | /ith Em Tax Re | ployee's Stat turn. | | 023 MB No. 1 | 545-0008 |
|---|------------------|---------------------------------|--|---|---------------------------------------|---------------|---|----------------|-------------------|-----------------------------------|------------|------------------------|------------------------|
| a Employee's SSN | 1 Wag | | | 2 Federal in | come tax withheld | a Emp | oloyee's SSN | 1 Wag | jes, tips, o | ther comp. | | ral incom | ne tax withheld |
| 346-75-5157 | 2 Soci | al security | 56807.72 | 1 Coolal coo | 7517.00 urity tax withheld | 346 | -75-5157 | 2 500 | ial security | 56807.72 | | l coourity | 7517.00 y tax withheld |
| | 3 300 | | 56807.72 | 4 Social Sec | 3522.08 | | | - 3 300 | iai security | 56807.72 | | a security | 3522.08 |
| b Employer ID no. (EIN) | 5 Med | | | 6 Medicare t | | | loyer ID no. (EIN) | 5 Med | licare wag | es and tips | | care tax | |
| 83-3304493 | | | 56807.72 | | 823.71 | 83- | 3304493 | | Ü | 56807.72 | | | 823.71 |
| c Employer's name, add ENGINEERIN | dress, a IG S | ind ZIP co QUARI | de E LLC | | | | oloyer's name, ac IGINEERI | | | | • | | |
| 39560 STEV | ENS | ON PI | LACE, SUI | ΓE 112 | | 39 | 560 STE | VENS | SON P | LACE, SU | ITE 1 | 12 | |
| FREMONT | | | | CA S | 94539 | FR | EMONT | | | | CA | 94 | 539 |
| d Control number | | | | | | d Con | trol number | | | | | | |
| e Employee's name, add SAI RAGHUR 13675 NOEL | MAS | OGIRA | ALA | | Suff. | SA | oloyee's name, a LI RAGHU: 675 NOE: | RAM | OGIR. | ALA | | | Suff. |
| DALLAS | | | | | 75240 | DA | LLAS | | | | ТХ | 75 | 240 |
| 7 Social security tips | | 8 Allocate | ed tips | 9 | | 7 Soci | al security tips | | 8 Alloca | ted tips | 9 | | |
| 10 Dependent care benefit | its | 11 Nonqua | alified plans | 12a Code | See inst. for box 12 | 10 Dep | endent care bene | efits | 11 Nonqu | alified plans | 12a | Code Se | e inst. for box 12 |
| | | | | DD | 1637.28 | | | | | | | DD | 1637.28 |
| 13 | 14 Ot | her | | 12b Code | | 13 | | 140 | ther | | 12b | Code | |
| Statutory employee | | | | 12c Code | | Statutory | y employee | | | | 40- | Code | |
| Retirement Plan | | | | 126 Code | | Retireme | ent Plan | | | | 126 | Code | |
| | | | | 12d Code | ı | | | | | | 12d | Code | |
| Third-party sick pay | | | | | | Third-pa | rty sick pay | | | 1 | | _ | |
| | | | | | | | | | | | | | |
| 15 State Employer's sta | ate ID r | umber | 16 State wages, tip | s, etc. 17 | State income tax | 15 State | Employer's sta | te ID nu | mber | 16 State wages, | tips, etc. | 17 Sta | te income tax |
| 18 Local wages, tips, etc. | | 19 Local i | ncome tax | 20 Locality | name | 18 Loc | al wages, tips, et | c. | 19 Local | income tax | 20 Loca | lity name | |
| Form W-2 Wage and Tax This information is being furnish | Stater | nent ne Internal Ri | evenue Service | De | pt. of the Treasury - IRS | Form V | V-2 Wage and Ta | ax State | l ment | | | Dept. c | of the Treasury - IRS |
| This information is being furnish penalty or other sanction may t | hed to th | ne Internal Ro sed on you if | evenue Service. If you ar this income is taxable an | e required to file d you fail to rep 2023 | a tax return, a negligence ort it. | Con | v 2 To Be F | iled W | | EV 12/19/23 QBDT plovee's Stat | e 2 | 023 | |

| OMB No. 1545-0008 eral income tax withheld 7517.00 ial security tax withheld 3522.08 dicare tax withheld 823.71 112 A 94539 | | | | | | | |
|--|--|--|--|--|--|--|--|
| 7517.00 ial security tax withheld 3522.08 dicare tax withheld 823.71 | | | | | | | |
| ial security tax withheld 3522.08 dicare tax withheld 823.71 | | | | | | | |
| 3522.08 dicare tax withheld 823.71 | | | | | | | |
| dicare tax withheld 823.71 | | | | | | | |
| 823.71 112 | | | | | | | |
| 112 | | | | | | | |
| | | | | | | | |
| A 94539 | | | | | | | |
| 1 21332 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| e Employee's name, address, and ZIP code SAI RAGHURAM OGIRALA 13675 NOEL RD, APT 352 | | | | | | | |
| X 75240 | | | | | | | |
| | | | | | | | |
| 12a Code See inst. for box 12 | | | | | | | |
| DD 1637.28 | | | | | | | |
| 12b Code | | | | | | | |
| 42 - Cada | | | | | | | |
| 12c Code | | | | | | | |
| 12d Code | | | | | | | |
| d Code | | | | | | | |
| d Code | | | | | | | |
| d Code | | | | | | | |
| d Code | | | | | | | |
| | | | | | | | |
| 20 | | | | | | | |

| Copy 2 To Be Fi | | | , 202 | 23 | | | | |
|--|-------------------|---------------|---|----------------------------|--|--|--|--|
| City, or Local Inc | | | | B No. 1545-0008 | | | | |
| a Employee's SSN | 1 Wages, tips, o | ther comp. | 2 Federal income tax withheld | | | | | |
| | | 56807.72 | 7517.00 | | | | | |
| 346-75-5157 | 3 Social security | wages | 4 Social security tax withheld | | | | | |
| b Employer ID no. (EIN) | | 56807.72 | 3522.08 | | | | | |
| Z Employer is not (Em) | 5 Medicare wag | es and tips | 6 Medicare tax withheld | | | | | |
| 83-3304493 | | 56807.72 | 823.71 | | | | | |
| c Employer's name, and ENGINEERI | NG SQUAR | E LLC | TE 11 | .2 | | | | |
| FREMONT | | | CA | CA 94539 | | | | |
| d Control number | | | | | | | | |
| e Employee's name, ad SAI RAGHU | RAM OGIR | ALA | | Suff. | | | | |
| 13675 NOEL RD, APT 352 DALLAS TX 75240 | | | | | | | | |
| | 1 | | | | | | | |
| 7 Social security tips | 8 Allocat | ted tips | 9 | | | | | |
| 10 Dependent care bene | efits 11 Nonqu | alified plans | 12a Code See inst. for box 12 DD 1637.28 | | | | | |
| 13 | 14 Other | | 12b Code | | | | | |
| Statutory employee | | | 42- 0 | | | | | |
| Retirement Plan | | | 12c Code | | | | | |
| | | | 12d Code | | | | | |
| Third-party sick pay | | | | | | | | |
| | | | | | | | | |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax | | | | | | | | |
| 18 Local wages, tips, etc | c. 19 Local i | income tax | 20 Locality name | | | | | |
| Form W-2 Wage and Ta | x Statement | | I | Dept. of the Treasury - IR | | | | |