a Employee's SSN	b Employer identification number	Copy B To Be Filed With OMB No. 1545-000						
789-67-9438	26-0208000	Employee's FEDERAL Tax Return						
937 FRITZTOWN ROAD		1 Wages, tips, other compensation 96363.38			2 Federal income tax withheld 13473.00			
		3 Social security wages	103900.88	4 Social security tax withheld 6441.85				
		5 Medicare wages and tips 103900.88			6 Medicare tax withheld 1506.56			
		7 Social security tips 8 Allocated tip						
d Control number		10 Dependent care benefits 11		11 Nonqualified plans		12a Code See inst. for box 12		
11000		12b Code 12c		•		D 23 12d Code	7537.50	
e Employee's name, address, ar	nd ZIP code							
HIMABINDU KATIPALL	13 14 Other UI			/WF/SWF 72.16				
7651 FENN WAY	Statutory employee		DI			23.80		
INDIAN LAND, SC 29707		Retirement plan	Х	NJ FLI 10				
		Third-party sick pay						
15 State Employer's state I.	D. no. 16 State wages, tips, etc	. 17 State income tax	18 Loc	cal wages, tips, et	tc. 19 Local income tax		20 Locality name	
NJ 26020800000	0 15283.48	683.16	ļ 					
SC	81079.90	4116.23						

Form W-2 Wage and Tax Statement 2023

Department of the Treasury - Internal Revenue Service

a Employe	e's SSN	b Employer ider	ntification number	Copy 2 To Be Filed With Employee's OMB No. 1545-000						
789-67	'-9438	26-020800	0	State, City, or Local Tax Return						
c Employer's name, address, and ZIP code		1 Wages, tips, other compensation			2 Federal income tax withheld					
937 FRITZTOWN ROAD		96363.38					13473.00			
		3 Social security wages 103900.88			4 Social securi	6441.85				
		5 Medicare wages and tips			6 Medicare tax withheld					
	·		103900.8		103900.88			1506.56		
		7 Social security tips 8 Allocated tip		8 Allocated tips		9				
d Control number		10 Dependent care benefits		11 Nonqualified	plans	12a Code				
11000						D 23	7537.50			
e Employee's name, address, and ZIP code		12b Code		12c Code		12d Code				
HIMABINDU KATIPALLI		13 14 Other UI		WF/SWF		72.16				
7651 FENN WAY			Statutory employee		DI			23.80		
INDIAN LAND, SC 29707		Retirement plan	Х	NJ FLI			10.20			
	,			Third-party sick pay						
15 State	Employer's state I.	D. no.	16 State wages, tips, etc.	17 State income tax	18 Lo	ocal wages, tips, etc. 19 Local income tax 20 Locality			0 Locality name	
NJ	26020800000)	15283.48	683.16	ļ					
SC			81079.90	4116.23						

Form W-2 Wage and Tax Statement 2023

Department of the Treasury - Internal Revenue Service

a Employe		b Employer ide	ntification number	Copy C For EMPLOYEE'S RECORDS (See Notice to Emp. on back of Copy B.) OMB No. 1545-0008 This information is being furnished to the IRS. If you are required to file at ax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fall to report it.						
c Employer's name, address, and ZIP code BROADMOOR SOLUTIONS INC 937 FRITZTOWN ROAD		1 Wages, tips, other compensation 96363.38			2 Federal income tax withheld 13473.00					
		3 Social security wages 103900.88			4 Social security tax withheld 6441.85					
SINKIN	SINKING SPRING, PA 19608		5 Medicare wages and tips 103900.88			6 Medicare tax withheld 1506.56				
			7 Social security tips 8 Allocated tip		8 Allocated tips		9			
d Control n	d Control number		10 Dependent care benefits 11 N				12a Code See inst. for box 12 D 23 7537.50			
11000		12b Code 12c Code		12c Code	12d Code		7337.30			
e Employee's name, address, and ZIP code HIMABINDU KATIPALLI		13 14 Other U		14 Other UI/\	/WF/SWF		72.16			
7651 FENN WAY			Statutory employee		DI 23			23.80		
INDIAN LAND, SC 29707		Retirement plan Third-party sick pay	Х	NJ FLI 1			10.20			
15 State	Employer's state I.	.D. no.	16 State wages, tips, etc.	17 State income tax	18 Lo	cal wages, tips, etc. 19 Local income tax		me tax	20 Locality name	
NJ	26020800000	0	15283.48	683.16	ļ					
SC			81079.90	4116.23						