1						Federal Box 1	Soc. Sec. I	30x 3 & 7	Medicare Box 5	i	
To th	e right is information w	which shows your total wages any deferred compensation a	Gross Wages Txbl Benefits		136591.68	1365	91.68	136591.68	3		
other	pretax deductions that s to arrive at your W-2	it were subtracted from total	Group Term Life		82.24	;	82.24	82.24	ļ		
of the	ral instructions for the e letter codes used in trate document.	se forms, including an explan pox 12, are available on a	Adoption Deferred Comp Section 125		(2045.00) (2018.64)	(201	8.64)	(2018.64)	1		
)				Other Pretax/Wag W-2 Wages	ge Limit	t 132610.28	1346	55.28	134655.28	3	
a Employe	e's social security number	b Employer identification number (EIN	d Control number	. ,							
XXX-XX-9558 20-3469219 c Employer's name, address, and ZIP code				000538068801	1 Wages, tips, other compensation			OMB No. 1545-000			
	R (US), LLC	de		i wage	132610.		suerai income i	ax withheld	11177.16		
1356 Suite	0 Morris Road 4100			3 Social	I security wages 134655.	- 1	ocial security ta	x withheld	8348.63		
Alpha	iretta GA 30004				5 Medic	are wages and tips	- 1	ledicare tax with	nheld	1952.50	
e Employee's first name and initial Last name Krishna Jampana			Su	Suff.		134655. I security tips	-	llocated tips		1932.30	
3565 Ballybandon Ct Cumming GA 30040 USA							10	Dependent care	benefits		
f Employe	e's address and ZIP code			11 Nonc	qualified plans	Cod	See instruction	ons for box 12	82.24		
15 State GA	Employer's state ID Number 3073982-OP	16 State wages, tips, etc. 132610.28	17 State i	ncome tax 6764.30	13 S	Statutory Retirement Third-par mployee plan sick Pay		de D		2045.00	
18 Local w	rages, tips, etc.	19 Local income tax	20 Locali	ty name	14 Othe	0 0	Cod	de DD		18084.00	
						•	12 0				
Form W-2	Wage and Tax Statemen	•					Departme	ent of the Tres	sury-Internal	Revenue Sen	
	or EMPLOYEE'S RECORDS			2023	1	This information is being furni negligence penalty or other sand	shed to the Int	ternal Revenue Sen	vice. If you are requi	ired to file a tax retu	
	ee's social security number XX-9558	b Employer identification number (EIN 20-3469219	1)	d Control number 000538068801					OME	3 No. 1545-000	
c Employe	r's name, address, and ZIP co	de			1 Wage	s, tips, other compensation 132610.		ederal income t	ax withheld	11177.16	
1356	R (US), LLC 0 Morris Road			3 Social	I security wages	_	ocial security ta	x withheld	11177110		
	4100 retta GA 30004				5 Medic	134655. are wages and tips	-	ledicare tax with	nheld	8348.63	
e Employee's first name and initial Last name Suf				ff.	7 Social	134655. I security tips		llocated tips		1952.50	
Krishna Jampana 3565 Ballybandon Ct											
Cumming GA 30040 USA				9			10	10 Dependent care benefits			
f Employe	e's address and ZIP code				11 None	qualified plans		See instruction	ns for box 12	82.24	
			ncome tax	13 S	itatutory Retirement Third-par mployee plan sick Pay		de D		2045.00		
GA	3073982-OP	132610.28		6764.30		X	120			18084.00	
18 Local w	rages, tips, etc.	19 Local income tax	20 Locali	ty name	14 Othe	г	120 Coo	i		10004.00	
	Wage and Tax Statemen Be Filed With Employee's FE			2023			Departm	ent of the Trea	asury - Internal	Revenue Serv	
	e's social security number XX-9558	b Employer identification number (EIN 20-3469219	1)	d Control number 000538068801	f				OME	3 No. 1545-000	
	r's name, address, and ZIP co	de		1 Wage	s, tips, other compensation 132610.		ederal income t	ax withheld	11177.16		
INFOR (US), LLC 13560 Morris Road Suite 4100					3 Social	I security wages 134655.	- 1	ocial security ta	x withheld	8348.63	
Alpha	iretta GA 30004				5 Medic	are wages and tips		ledicare tax with	nheld	1952.50	
e Employee's first name and initial Last name Suf Krishna Jampana 3565 Ballybandon Ct Cumming GA 30040 USA				ff.	7 Social	I security tips		Illocated tips		1932.30	
					9			10 Dependent care benefits			
					11 None	qualified plans		See instruction	ons for box 12		
f Employee's address and ZIP code					45 8	Statutory Retirement Third-par		de C		82.24	
15 State GA	Employer's state ID Number 3073982-OP	16 State wages, tips, etc. 132610.28	1/ State i	ncome tax 6764.30	13 e	mployee plan sick Pay	·,	de D		2045.00	
18 Local w	rages, tips, etc.	19 Local income tax	20 Locali	ty name	14 Othe			de DD		18084.00	

Form W-2 Wage and Tax Statement Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return