

OMB# 1545-0008
COPY 2 - To Be Filed With
 Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 94080.00	2 Federal income tax withheld 11668.16
3 Social security wages 94080.00	4 Social security tax withheld 5832.96
5 Medicare wages and tips 94080.00	6 Medicare tax withheld 1364.16

a Employee's social security number
830-30-6833

c Employer's name, address, and ZIP code
ZEST CONSULTING LLC
5000 HOPYARD ROAD, SUITE 165,
PLEASANTON CA 94588

e Employee's name
SRIDHAR VUDATHA
15096 BERRY BROOK DR
CONROE TX 77302

g	12a	\$
f Employee's address and ZIP code	12b	\$
b Employer identification number (EIN) 32-0507529	12c	\$
7 Social security tips	12d	\$
8 Allocated tips	12e	\$
13 Statutory employee Retirement employee plan 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.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

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1 Wages, tips, other compensation 94080.00	2 Federal income tax withheld 11668.16
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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** Department of the Treasury-Internal Revenue Service

OMB# 1545-0008
COPY B - To Be Filed With
 Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

1 Wages, tips, other compensation 94080.00	2 Federal income tax withheld 11668.16
3 Social security wages 94080.00	4 Social security tax withheld 5832.96
5 Medicare wages and tips 94080.00	6 Medicare tax withheld 1364.16

a Employee's social security number
830-30-6833

c Employer's name, address, and ZIP code
ZEST CONSULTING LLC
5000 HOPYARD ROAD, SUITE 165,
PLEASANTON CA 94588

e Employee's name
SRIDHAR VUDATHA
15096 BERRY BROOK DR
CONROE TX 77302

g	12a See instructions for box 12	\$
f Employee's address and ZIP code	12b	\$
b Employer identification number (EIN) 32-0507529	12c	\$
7 Social security tips	12d	\$
8 Allocated tips	12e	\$
13 Statutory employee Retirement employee plan 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.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

OMB# 1545-0008
COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a refund may be available and you may be eligible for a credit or refund. If you are unable to report it, you may be eligible for a refund.

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3 Social security wages 94080.00	4 Social security tax withheld 5832.96
5 Medicare wages and tips 94080.00	6 Medicare tax withheld 1364.16

a Employee's social security number
830-30-6833

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5000 HOPYARD ROAD, SUITE 165,
PLEASANTON CA 94588

e Employee's name
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15096 BERRY BROOK DR
CONROE TX 77302

g	12a See instructions for box 12	\$
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b Employer identification number (EIN) 32-0507529	12c	\$
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8 Allocated tips	12e	\$
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service