

| Copy B To Be Filed With Employee's FEDERAL Tax Return.   |   | 2023<br>OMB No. 1545-0008                 |       |
|--|---|---|-------|
| a Employee's SSN<br>200-19-7979  | 1 Wages, tips, other comp.<br>235680.03   | 2 Federal income tax withheld<br>43687.00 |       |
|  | 3 Social security wages<br>160200.00  | 4 Social security tax withheld<br>9932.40 |       |
| b Employer ID no. (EIN)<br>77-0561842  | 5 Medicare wages and tips<br>235680.03  | 6 Medicare tax withheld<br>3738.48        |       |
|  | c Employer's name, address, and ZIP code<br>SRIVEN INFO INC<br><br>400 S OYSTER BAY RD<br>SUITE # 303A<br>HICKSVILLE NY 11801 |   |       |
| d Control number   |   |   |       |
| e Employee's name, address, and ZIP code<br>SRIKANTH KASAMOLU<br>4447 NW WOODGATE AVE<br>PORTLAND OR 97229 |   |   | Suff. |
| 7 Social security tips   | 8 Allocated tips  | 9   |       |
| 10 Dependent care benefits   | 11 Nonqualified plans   | 12a Code See inst. for box 12             |       |
| 13 Statutory employee<br><br>Retirement Plan<br><br>Third-party sick pay                                   | 14 Other  | 12b Code                                  |       |
|  |   | 12c Code                                  |       |
|  |   | 12d Code                                  |       |
| OR 1386284-9   | 235680.03   | 19989.00                                  |       |
| 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  
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

| Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.                                |   | 2023<br>OMB No. 1545-0008                 |       |
|--|---|---|-------|
| a Employee's SSN<br>200-19-7979  | 1 Wages, tips, other comp.<br>235680.03   | 2 Federal income tax withheld<br>43687.00 |       |
|  | 3 Social security wages<br>160200.00  | 4 Social security tax withheld<br>9932.40 |       |
| b Employer ID no. (EIN)<br>77-0561842  | 5 Medicare wages and tips<br>235680.03  | 6 Medicare tax withheld<br>3738.48        |       |
|  | c Employer's name, address, and ZIP code<br>SRIVEN INFO INC<br><br>400 S OYSTER BAY RD<br>SUITE # 303A<br>HICKSVILLE NY 11801 |   |       |
| d Control number   |   |   |       |
| e Employee's name, address, and ZIP code<br>SRIKANTH KASAMOLU<br>4447 NW WOODGATE AVE<br>PORTLAND OR 97229 |   |   | Suff. |
| 7 Social security tips   | 8 Allocated tips  | 9   |       |
| 10 Dependent care benefits   | 11 Nonqualified plans   | 12a Code See inst. for box 12             |       |
| 13 Statutory employee<br><br>Retirement Plan<br><br>Third-party sick pay                                   | 14 Other  | 12b Code                                  |       |
|  |   | 12c Code                                  |       |
|  |   | 12d Code                                  |       |
| OR 1386284-9   | 235680.03   | 19989.00                                  |       |
| 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

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

REV 12/19/23 QBDT

| Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).  |   | 2023<br>OMB No. 1545-0008                 |       |
|--|---|---|-------|
| a Employee's SSN<br>200-19-7979  | 1 Wages, tips, other comp.<br>235680.03   | 2 Federal income tax withheld<br>43687.00 |       |
|  | 3 Social security wages<br>160200.00  | 4 Social security tax withheld<br>9932.40 |       |
| b Employer ID no. (EIN)<br>77-0561842  | 5 Medicare wages and tips<br>235680.03  | 6 Medicare tax withheld<br>3738.48        |       |
|  | c Employer's name, address, and ZIP code<br>SRIVEN INFO INC<br><br>400 S OYSTER BAY RD<br>SUITE # 303A<br>HICKSVILLE NY 11801 |   |       |
| d Control number   |   |   |       |
| e Employee's name, address, and ZIP code<br>SRIKANTH KASAMOLU<br>4447 NW WOODGATE AVE<br>PORTLAND OR 97229 |   |   | Suff. |
| 7 Social security tips   | 8 Allocated tips  | 9   |       |
| 10 Dependent care benefits   | 11 Nonqualified plans   | 12a Code See inst. for box 12             |       |
| 13 Statutory employee<br><br>Retirement Plan<br><br>Third-party sick pay                                   | 14 Other  | 12b Code                                  |       |
|  |   | 12c Code                                  |       |
|  |   | 12d Code                                  |       |
| OR 1386284-9   | 235680.03   | 19989.00                                  |       |
| 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

Dept. of the Treasury - IRS

| Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.                                |   | 2023<br>OMB No. 1545-0008                 |       |
|--|---|---|-------|
| a Employee's SSN<br>200-19-7979  | 1 Wages, tips, other comp.<br>235680.03   | 2 Federal income tax withheld<br>43687.00 |       |
|  | 3 Social security wages<br>160200.00  | 4 Social security tax withheld<br>9932.40 |       |
| b Employer ID no. (EIN)<br>77-0561842  | 5 Medicare wages and tips<br>235680.03  | 6 Medicare tax withheld<br>3738.48        |       |
|  | c Employer's name, address, and ZIP code<br>SRIVEN INFO INC<br><br>400 S OYSTER BAY RD<br>SUITE # 303A<br>HICKSVILLE NY 11801 |   |       |
| d Control number   |   |   |       |
| e Employee's name, address, and ZIP code<br>SRIKANTH KASAMOLU<br>4447 NW WOODGATE AVE<br>PORTLAND OR 97229 |   |   | Suff. |
| 7 Social security tips   | 8 Allocated tips  | 9   |       |
| 10 Dependent care benefits   | 11 Nonqualified plans   | 12a Code See inst. for box 12             |       |
| 13 Statutory employee<br><br>Retirement Plan<br><br>Third-party sick pay                                   | 14 Other  | 12b Code                                  |       |
|  |   | 12c Code                                  |       |
|  |   | 12d Code                                  |       |
| OR 1386284-9   | 235680.03   | 19989.00                                  |       |
| 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

Dept. of the Treasury - IRS