| b Employer's Identification number 86-2362435 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
|---|--|-----------------------------------|--|
| c Employer's name, address, and ZIP code | \$ | 89062.61 | 10360.64 |
| APPLIXA TECHNOLOGIES LLC | 12b | 3 Social security wages | 4 Social security tax withheld |
| | ls | 89062.61 | 5521.88 |
| 13800 COPPERMINE ROAD 2ND FLOOR, SUITE # 250 | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
| ISOUU COPPERMINE ROAD ZND FLOOR, SUITE # 250 | \$ | 89062.61 | 1291.41 |
| | 12d | 7 Social security tips | 8 Allocated tips |
| HERNDON VA 20171 | IS | | |
| e Employee's first name and initial Last name | - | 9 | 10 Dependent care benefits |
| 15767315 | This information is being furnished to the Internal Revenue Service | | |
| | | 11 Nonqualified plans | 13 Statutory Retirement Third-party plan sick pay |
| SAKTHIVEL MARKASAGAYA RAJAN | Copy B To Be Filed with | | employee plan sick pay |
| 805 PARK RIDGE CIRCLE | Employee's FEDERAL | 14 Other | |
| | Tax Return | TT OUTCI | |
| MARIETTA GA 30068 | Tax Return | | |
| MARIEITA GA 50000 | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code | 370-45-7536 | - | |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| GA 3548611-LH 81312.61 4252.82 | | | |
| IL 86-2362435000 7750.00 383.62 | | | |
| Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy B To Be Filed V | With Employee's FEDERAL Tax Return |
| | | | |
| | | | |
| b Employer's Identification number a Employer's name, address, and 70 early 86 - 2362435 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| c Employer's name, address, and ZIP code 00-2302433 | s | 89062.61 | 10360.64 |
| APPLIXA TECHNOLOGIES LLC | 12b | 3 Social security wages | 4 Social security tax withheld |
| | Is | 89062.61 | 5521.88 |
| | 120 | E Modicaro wagos and ting | 6 Modicaro tax withhold |

| 12000 CODEDMINE DOLD OND BLOOD CUITER # 250 | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
|--|----------------------------|---------------------------------------|---|
| 13800 COPPERMINE ROAD 2ND FLOOR, SUITE # 250 | \$ | 89062.61 | 1291.41 |
| | 12d | 7 Social security tips | 8 Allocated tips |
| HERNDON VA 20171 | \$ | | |
| e Employee's first name and initial Last name | - | 9 | 10 Dependent care benefits |
| 15767315 | | | |
| | Copy 2 for State, City, or | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| SAKTHIVEL MARKASAGAYA RAJAN | | | |
| 805 PARK RIDGE CIRCLE | Local Tax Departments | 14 Other | |
| | | | |
| MARIETTA GA 30068 | | | |
| MARIEITA GA 50008 | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code | 370-45-7536 | | |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| GA 3548611-LH 81312.61 4252.82 | | | |
| TL [86-2362435000]7750.00 [383.62 |] | [| |
| Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy 2 To Be Filed With Employee's ST | ATE, CITY, or LOCAL Tax Departments |

| REV 12/24/23 OSP | | | |
|--|---------------------------------|---------------------------------------|--|
| b Employer's Identification number 5 Employer's Identification number 6 6-2362435 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| c Employer's name, address, and ZIP code 80-2302435 | \$ | 89062.61 | 10360.64 |
| APPLIXA TECHNOLOGIES LLC | 12b | 3 Social security wages | 4 Social security tax withheld |
| | ls | 89062.61 | 5521.88 |
| 13800 COPPERMINE ROAD 2ND FLOOR, SUITE # 250 | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | \$ | 89062.61 | 1291.41 |
| | 12d | 7 Social security tips | 8 Allocated tips |
| HERNDON VA 20171 | \$ | | |
| e Employee's first name and initial Last name | | 9 | 10 Dependent care benefits |
| 15767315 | | | |
| SAKTHIVEL MARKASAGAYA RAJAN | Copy 2 for State, City, or | 11 Nongualified plans | 13 Statutory Retirement Third-party plan sick pay |
| | Local Tax Departments | | |
| 805 PARK RIDGE CIRCLE | Local lax Departments | 14 Other | |
| | | | |
| MARIETTA GA 30068 | | | |
| | a Employee's soc. sec. no | _ | |
| f Employee's address and ZIP code | 370-45-7536 | | |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| GA 3548611-LH 81312.61 4252.82 | | + | |
| II 86-2362435000 7750.00 383.62 | | | |
| Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy 2 To Be Filed With Employee's ST | ATE, CITY, or LUCAL Tax Departments |

| | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
|--|---|-----------------------------------|--|
| c Employer's name, address, and ZIP code | \$ | 89062.61 | 10360.64 |
| APPLIXA TECHNOLOGIES LLC | 12b | 3 Social security wages | 4 Social security tax withheld |
| | Is | 89062.61 | 5521.88 |
| 13800 COPPERMINE ROAD 2ND FLOOR, SUITE # 250 | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | \$ | 89062.61 | 1291.41 |
| | 12d | 7 Social security tips | 8 Allocated tips |
| HERNDON VA 20171 | \$ | | |
| e Employee's first name and initial Last name | This information is being furnished to the | 9 | 10 Dependent care benefits |
| 15767315 | Internal Revenue Service. If you are required to file a tax return, a negligence | | |
| SAKTHIVEL MARKASAGAYA RAJAN | on you if this income is taxable and you | 11 Nongualified plans | 13 Statutory Retirement Third-party plan sick pay |
| 805 PARK RIDGE CIRCLE | fail to report it. | | |
| 000 TANK KIDGE CINCIE | Copy C for Employee's | 14 Other | |
| MARIETTA GA 30068 | Records (see notice to Employee on back.) | | |
| | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code | 370-45-7536 | | |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| GA 3548611-LH 81312.61 4252.82 | | | |
| IL 86-2362435000 7750.00 383.62 | | | |
| Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | · · | Copy C For Employee's Records |