

OMB# 1545-0008

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

1 Wages, tips, other compensation 92021.17		2 Federal income tax withheld 12137.02	
3 Social security wages 92021.17		4 Social security tax withheld 5705.31	
a Employee's social security number 301-97-6256		6 Medicare tax withheld 1334.31	
c Employer's name, address, and ZIP code SINFRALOGIX LLC 12100 FORD RD STE B358 DALLAS TX 75234-7243			
e Employee's name VENKATARAMANA JALA 5907 PARK CRESTE DR GLEN ALLEN VA 23059			
f Employee's address and ZIP code		9	12a \$
b Employer identification number (EIN) 85-4227974		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory Retirement Third-party sick employee t plan pay			12e \$
15 State VA	Employer's state ID number 30-854227974F-001	16 State wages, tips, etc. 92021.17	17 State income tax 4513.94
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 2 - To Be Filed With
Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 92021.17		2 Federal income tax withheld 12137.02	
3 Social security wages 92021.17		4 Social security tax withheld 5705.31	
a Employee's social security number 301-97-6256		6 Medicare tax withheld 1334.31	
c Employer's name, address, and ZIP code SINFRALOGIX LLC 12100 FORD RD STE B358 DALLAS TX 75234-7243			
e Employee's name VENKATARAMANA JALA 5907 PARK CRESTE DR GLEN ALLEN VA 23059			
f Employee's address and ZIP code		9	12a \$
b Employer identification number (EIN) 85-4227974		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory Retirement Third-party sick employee t plan pay			12e \$
15 State VA	Employer's state ID number 30-854227974F-001	16 State wages, tips, etc. 92021.17	17 State income tax 4513.94
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 92021.17		2 Federal income tax withheld 12137.02	
3 Social security wages 92021.17		4 Social security tax withheld 5705.31	
a Employee's social security number 301-97-6256		6 Medicare tax withheld 1334.31	
c Employer's name, address, and ZIP code SINFRALOGIX LLC 12100 FORD RD STE B358 DALLAS TX 75234-7243			
e Employee's name VENKATARAMANA JALA 5907 PARK CRESTE DR GLEN ALLEN VA 23059			
f Employee's address and ZIP code		9	12a See instructions for box 12 \$
b Employer identification number (EIN) 85-4227974		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory Retirement Third-party sick employee t plan pay			12e \$
15 State VA	Employer's state ID number 30-854227974F-001	16 State wages, tips, etc. 92021.17	17 State income tax 4513.94
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 negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1 Wages, tips, other compensation 92021.17		2 Federal income tax withheld 12137.02	
3 Social security wages 92021.17		4 Social security tax withheld 5705.31	
a Employee's social security number 301-97-6256		6 Medicare tax withheld 1334.31	
c Employer's name, address, and ZIP code SINFRALOGIX LLC 12100 FORD RD STE B358 DALLAS TX 75234-7243			
e Employee's name VENKATARAMANA JALA 5907 PARK CRESTE DR GLEN ALLEN VA 23059			
f Employee's address and ZIP code		9	12a See instructions for box 12 \$
b Employer identification number (EIN) 85-4227974		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory Retirement Third-party sick employee t plan pay			12e \$
15 State VA	Employer's state ID number 30-854227974F-001	16 State wages, tips, etc. 92021.17	17 State income tax 4513.94
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



Department of the Treasury
Internal Revenue Service
PHILADELPHIA, PA 19255

313458.553920.25200.13338 1 AV 0.498 372



VENKATRAMANA JALA & S YALLAVULA
5907 PARK CRESTE DR
GLEN ALLEN VA 23059-2565

313458

Form 1099-INT (Rev. 10-2013)

Statement Showing Interest Income from the Internal Revenue Service (Please keep this copy for your records)	Calendar Year 2023
Recipient's Identification Number XXX-XX-6256	Total Interest Paid or Credited \$42.74
PAYER'S Federal Identification Number 38-1798424 (INTERNAL REVENUE USE ONLY)	

THIS IS NOT A TAX BILL. It shows the taxable interest paid to you during the calendar year by the Internal Revenue Service. If you are required to file a tax return, report this interest as income on your return. This amount may represent interest on an overpayment for more than one year, or more than one kind of tax. This interest may have been paid with your tax refund or part or all may have been applied against other taxes you owed.