Void <b>a</b> Employe	e's social security number							
Void   271-35	-9287							
b Employer identification number (EIN)			1 Wages, tips, other compensation			2 Federal income tax withheld		
88-1356079			15210.00			2056.28		
c Employer's name, address and ZIP code			3 Social security wages			4 Social security tax withheld		
Dataflake LLC								
400 E Royal Ln			5 Medicare wages and tips			6 Medicare tax withheld		
Ste 206								
Irving TX 75039			7 Social security tips			8 Allocated tips		
d Control number			9			10 Dependent care benefits		
WA-48894584								
<b>e</b> Employee's first name and initial Last name Suff.						<b>12a</b>   C		
Phani Rupa Mamidala						g e		
			13 Statu	tory Retirement plan	Third-party sick pay	<b>12b</b>	ĺ	
						d e		
753 George Street, Unit II			14 Other			12c		
New Haven, CT 06511			CTPL 76.05			d e		
						<b>12d</b>	1	
						g e		
f Employee's address and ZIP code								
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages	s, tips, etc.	19 Local inc	come tax	20 Locality name
CT	15210.00	106	63.18					

Form **W-2** Wage and Tax Statement

2023

Department of the Treasury-Internal Revenue Service

Copy D -- For Employer.