

Void <input type="checkbox"/>		<b>a</b> Employee's social security number 853-41-7642			
<b>b</b> Employer identification number (EIN) 88-1356079			<b>1</b> Wages, tips, other compensation 22320.00	<b>2</b> Federal income tax withheld 2975.52	
<b>c</b> Employer's name, address and ZIP code Dataflake LLC 400 E Royal Ln Ste 206 Irving TX 75039			<b>3</b> Social security wages	<b>4</b> Social security tax withheld	
			<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	
			<b>7</b> Social security tips	<b>8</b> Allocated tips	
<b>d</b> Control number WA-49564057			<b>9</b>	<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial Mamatha Reddy		Last name Ramasahayam	Suff.	<b>11</b> Nonqualified plans	<b>12a</b> Local
753 George Street New Haven, CT 06511				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>12b</b> Local
				<b>14</b> Other CTPL 111.60	<b>12c</b> Local
					<b>12d</b> Local
<b>f</b> Employee's address and ZIP code					
<b>15</b> State CT	Employer's state ID number	<b>16</b> State wages, tips, etc. 22320.00	<b>17</b> State income tax 1560.16	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax
				<b>20</b> Locality name	

Department of the Treasury-Internal Revenue Service

Form **W-2** Wage and Tax Statement  
Copy D -- For Employer.

2023