2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Employer use only

Control number K9/EPI Employer's name, address, and ZIP code

SUNRAISE TECHNOLOGIES 9516 A LEE HWY FAIRFAX, VA 22031

Batch #92063

e/f Employee's name, address, and ZIP code PRAVEEN KUMAR KOLLIPARA 547 NORTHWEST HWY APT 3201

IRVING, TX 75039-4363 b Employer's FED ID number Employee's SSA number 82-1026416 XXX-XX-0536 Wages, tips, other comp. Federal income tax withheld 127588.57 20706.17 Social security wages Social security tax withheld 134140.57 8316.72 Medicare wages and tips 6 Medicare tax withheld 134140.57 1945.04 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 D I 6552.00 12b 14 Other 4539 43 SEC125 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. OH 54-094042 6 66905.63 17 State income tax 18 Local wages, tips, etc. 2399.71 19 Local income tax 20 Locality name

Wages, tips, other con 127588.57 20706.17 Social security wages 134140.57 Social security tax withheld 8316.72 Medicare wages and tips 134140.57 Medicare tax withheld 1945.04 Dept. Employer use only 000017 15 K9/EPI

Employer's name, address, and ZIP code SUNRAISE TECHNOLOGIES INC 9516 A LEE HWY FAIRFAX, VA 22031

b Empl	loyer's FED ID number 82-1026416	a Emplo	oyee's SS XXX-X	A number X-0536			
7 Socia	al security tips	8 Alloca	ated tips				
9		10 Deper	dent care	benefits			
11 Nong	ualified plans	12a See D	instruction	s for box 12 6552.00			
14 Othe	r	12b	l				
	4539.43 SEC125	12c	l				
		12d					
		13 Stat en	np. Ret. plan	3rd party sick pay			
e/f Emp	loyee's name, address ar	nd ZIP cod	e/f Employee's name, address and ZIP code				

PRAVEEN KUMAR KOLLIPARA 547 NORTHWEST HWY APT 3201

IRVING, TX 75039-4363

15 State OH Employer's state ID no. 16 State wages, tips, etc. 66905.63 17 State income tax 18 Local wages, tips, etc. 2399.71 19 Local income tax 20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other	Social Security	Medicare	OH. State Wages,	
	Compensation	Wages	Wages	Tips, Etc.	
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2	
Gross Pay	138,680.00	138,680.00	138,680.00	75,600.00	
Less Other Cafe 125	4,539.43	4,539.43	4,539.43	2,142.37	
Less 401(k) (D-Box 12) Reported W-2 Wages	6,552.00	N/A	N/A	6,552.00	
	127,588.57	134,140.57	134,140.57	66,905.63	

2. Employee Name and Address.

PRAVEEN KUMAR KOLLIPARA 547 NORTHWEST HWY APT 3201 IRVING, TX 75039-4363

© 2023 ADP, Inc.

1 Wages, tips, other comp. 127588.57			2 Federal income tax withheld 20706.17			
3 Social security wages 134140.57			4 Social security tax withheld 8316.72			
5 Medicare wages and tips 134140.57		6 Medicare tax withheld 1945.04				
d Control number Dept.		Corp.	Employer	use only		
00	0017	K9/EPI			Α	15
c Employer's name, address, and ZIP code						

SUNRAISE TECHNOLOGIES INC 9516 A LEE HWY FAIRFAX, VA 22031

b	Employer's FED ID number 82-1026416	a Employee's SSA number XXX-XX-0536
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a D 6552.00
14	Other	12b
	4539.43 SEC125	12c
	4005.40 SEC120	12d
		13 Stat emp. Ret. plan 3rd party sick pay
e/f	Employee's name address	and ZIP code

PRAVEEN KUMAR KOLLIPARA 547 NORTHWEST HWY APT 3201 IRVING, TX 75039-4363

15 Sta	te Employer's state ID no. 54-094042 6	16	State wages, tips, etc. 66905.63
17 Sta	te income tax	18	Local wages, tips, etc.
	2399.71		
19 Lo	cal income tax	20	Locality name

OH.State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return

1	Wages,	tips, other c		2	Federal	income tax	withheld 706.17
3	3 Social security wages 134140.57			4	4 Social security tax withheld 8316.72		
5	5 Medicare wages and tips 134140.57			6	Medica	re tax withhe	945.04
d	Control	number	Dept.		Corp.	Employer	use only
00	0017	K9/EPI				Α	15
С	Employe	r's name a	ddress ar	'n	ZIP code	9	

SUNRAISE TECHNOLOGIES INC 9516 A LEE HWY FAIRFAX, VA 22031

b	Employer's FED ID number 82-1026416	a Employee's SSA number XXX-XX-0536				
7	Social security tips	8 Allocated tips				
9		10 Depen	dent	care	benefits	
11	Nonqualified plans	^{12a} D		6	5552.0	0
14	Other	12b	l			
	4539.43 SEC125	12c	1			
		12d	1			
		13 Stat er	mp.R	et. plan	3rd party	sick pay

e/f Employee's name, address and ZIP code

PRAVEEN KUMAR KOLLIPARA 547 NORTHWEST HWY APT 3201 IRVING, TX 75039-4363

15 State Employer's state ID no. 54-094042 6	16 State wages, tips, etc. 66905.63
17 State income tax	18 Local wages, tips, etc.
2399.71	
19 Local income tax	20 Locality name

OH.State Filing Copy Wage and Tax Statement

Copy 2 to be filed with employee's State Income Tax Return