<u>b Employer's Identification number</u> 45–1684057	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	50000.00	4550.40
9M SOLUTIONS, INC.	12b	3 Social security wages	4 Social security tax withheld
JM BOHOTIONS, INC.	ls		
	12c	5 Medicare wages and tips	6 Medicare tax withheld
756 TYVOLA RD SUITE#143	\$		
	12d	7 Social security tips	8 Allocated tips
CHARLOTTE NC 28217	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1732035	This information is being furnished to the Internal Revenue Service		
		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
RAMAKRISHNA K TANAGALA			employee plan sick pay
2250 HOLLY HALL ST	Copy B To Be Filed with		
	Employee's FEDERAL	14 Other	
	Tax Return		
HOUSTON TX 77054			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	363-75-3528		
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
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

a Employer's identification number 45–1684057	12a See Instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	s	50000.00	4550.40
9M SOLUTIONS, INC.	12b	3 Social security wages	4 Social security tax withheld
	ls		
756 TYVOLA RD SUITE#143	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$		
	12d	7 Social security tips	8 Allocated tips
CHARLOTTE NC 28217	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1732035			
	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
RAMAKRISHNA K TANAGALA			employee plan sick pay
2250 HOLLY HALL ST	Local Tax Departments	14 Other	
HOHOMON WY 770F4			
HOUSTON TX 77054	a Employee's soc. sec. no		
f Employee's address and ZIP code	363-75-3528		
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
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 c Employer's name, address, and ZIP code 45-1684057		1 Wages, tips, other compensation	
9M SOLUTIONS, INC.	12b	50000.00 3 Social security wages	4550.40 4 Social security tax withheld
M SOLUTIONS, INC.	ls		
756 TYVOLA RD SUITE#143	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$ 12d	7 Social security tips	8 Allocated tips
CHARLOTTE NC 28217	120	7 Social Security lips	o Anocateu lips
e Employee's first name and initial Last name	-	9	10 Dependent care benefits
1732035			
RAMAKRISHNA K TANAGALA	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
2250 HOLLY HALL ST	Local Tax Departments	14 Other	
		14 Other	
HOUSTON TX 77054			
	a Employee's soc. sec. no	-	
f Employee's address and ZIP code	363-75-3528		
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
+++++		+	
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

b Employer's Identification number c Employer's name, address, and ZIP code	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
	\$	50000.00	4550.40	
9M SOLUTIONS, INC.		12b	3 Social security wages	4 Social security tax withheld
SOLUTIONS, INC.		\$		
756 TYVOLA RD SUITE#143		12c	5 Medicare wages and tips	6 Medicare tax withheld
		\$		
		12d	7 Social security tips	8 Allocated tips
CHARLOTTE NC 28217		\$		
e Employee's first name and initial Last name		This information is being furnished to the	9	10 Dependent care benefits
1732035		Internal Revenue Service. If you are required to file a tax return, a negligence		
			11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
RAMAKRISHNA K TANAGALA		on you if this income is taxable and you fail to report it.		employee plan sick pay
2250 HOLLY HALL ST				
			14 Other	
		Records (see notice to		
HOUSTON TX 77054	Employee on back.)			
	a Employee's soc. sec. no			
f Employee's address and ZIP code		363-75-3528		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State	ate income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Inte	ernal Revenue Service	OMB # 1545-0008		Copy C For Employee's Records
2020				