



W-2 Wage and Tax Statement **2023**
 Copy C for employee's records. OMB No. 1545-0008

d Control number 000008 KG/2BZ Dept. Corp. Employer use only

c Employer's name, address, and ZIP code
SASINFO INC
 10115 KINCEY AVENUE
 SUITE 146
 HUNTERSVILLE, NC 28078
 Batch #90984

e/f Employee's name, address, and ZIP code
PRASANNA JELLOJI
 1325 RIVER PINE DR
 COLLERVILLE, TN 38017

b Employer's FED ID number 87-2801578 **a** Employee's SSA number XXX-XX-5455

1 Wages, tips, other comp. 70080.00 **2** Federal income tax withheld 11030.20

3 Social security wages **4** Social security tax withheld

5 Medicare wages and tips **6** Medicare tax withheld

7 Social security tips **8** Allocated tips

9 **10** Dependent care benefits

11 Nonqualified plans **12a** See instructions for box 12

14 Other **12b** **12c** **12d** **13** Stat emp **Ret. plan** **3rd party sick pay**

15 State **Employer's state ID no.** **16** State wages, tips, etc.

17 State income tax **18** Local wages, tips, etc.

19 Local income tax **20** Locality name

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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	70,080.00	70,080.00	70,080.00
Reported W-2 Wages	70,080.00	0.00	0.00

2. Employee Name and Address.

PRASANNA JELLOJI
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W-2 Wage and Tax Statement **2023**
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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W-2 Wage and Tax Statement **2023**
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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W-2 Wage and Tax Statement **2023**
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

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