

22222		Void <input type="checkbox"/>	a Employee's social security number 089-83-9114		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) 47-4616114			1 Wages, tips, other compensation 50000.00		2 Federal income tax withheld 5371.00	
c Employer's name, address, and ZIP code HONEYREY SOLUTIONS, INC 1400 NORTH COIT RD SUITE 801 MCKINNEY TX 75071			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	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial RAKESH		Last name VEMULA		Suff	11 Nonqualified plans	
f Employee's address and ZIP code 8875 CHAPARRAL WATER WAYS APT 21204 COPPELL TX 75019			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
			14 Other		12b	
					12c	
				12d		
15 State	Employer's state ID number	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
0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Do Not Cut, Fold, or Staple Forms on This Page

REV QBDT

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			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	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff	11 Nonqualified plans	
f Employee's address and ZIP code			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
			14 Other		12b	
					12c	
				12d		
15 State	Employer's state ID number	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
0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Black-and-White Form W-2 (Revised 08/23)