



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

**d** Control number 000006 LC/3DN Dept. LC/3DN Corp. A Employer use only 6

**c** Employer's name, address, and ZIP code  
**PRAISE CONSULTING LLC**  
 27022 KEYSTONE BROOKWAY  
 KATY, TX 77494

Batch #92245

**e/f** Employee's name, address, and ZIP code  
**VAIBHAV SAINATH REDDY NAMIREDDY**  
 25007 LAKECREST GLEN DR  
 KATY, TX 77493

**b** Employer's FED ID number 81-5238182 **a** Employee's SSA number XXX-XX-6349

**1** Wages, tips, other comp. 30000.00 **2** Federal income tax withheld 2730.00

**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	30,000.00	30,000.00	30,000.00
<b>Reported W-2 Wages</b>	<b>30,000.00</b>	<b>0.00</b>	<b>0.00</b>

2. Employee Name and Address.

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 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 City or Local Income Tax Return. OMB No. 1545-0008

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