						Federal Box 1	Soc. Sec.	Box 3 & 7	Medicare Box 5		
		which shows your total wages	Gross Wages		110516.80	1105	516.80	110516.80			
W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.				Txbl Benefits  Group Term Life		54.72		54.72	54.72		
Gene	ral instructions for the	se forms, including an explan	Adoption								
	e letter codes used in la	box 12, are available on a	Deferred Comp Section 125		(834.24)	(83	34.24)	(834.24)			
				Other Pretax/Wag	ge Limit	100727 20	100-	227.20	100727 20		
				W-2 Wages		109737.28	1097	737.28	109737.28		
a Employe	e's social security number	b Employer identification number (EIN	N)	d Control number	I						
XXX-XX-9926 04-2437166				000819525701						No. 1545-000	
	's name, address, and ZIP co	de		1 Wages, tips,	other compensation 109737		Federal income ta	x withheld	18414.84		
7950	DATA Americas, Inc Legacy Dr			3 Social securi			Social security ta	x withheld			
Suite Plano	TX 75024			109737.28 5 Medicare wages and tips			6803.71 6 Medicare tax withheld				
e Employe	e's first name and initial	Last name	Su	ff.		109737	$\overline{}$			1591.19	
PRATA		DESAI		7 Social security tips		87	Allocated tips				
	ester MA 01604	eet		9		10	Dependent care	benefits			
					11 Nonqualified	d plans	12	a See instruction	ns for box 12		
f Employee	e's address and ZIP code					Co	de C		54.72		
15 State MA	Employer's state ID Number 042-437-166*01*	16 State wages, tips, etc. 109737.28	17 State i	ncome tax 5386.43	13 Statutory	y Retirement Third-p e plan sick Pa	y Co	ode DD		5705.28	
							12 Co		- 1		
18 Local w	ages, tips, etc.	19 Local income tax	20 Localit	ty name	14 Other		<b>12</b> Co				
	Wage and Tax Statemen or EMPLOYEE'S RECORDS	t		2023	Ti	nis information is being fur		ent of the Treas ternal Revenue Servi	,		
					negl	ligence penalty or other sa	anction may be	mposed on you if thi	s income is taxable	and you fail to repo	
a Employe	e's social security number	b Employer identification number (EIN	N)	d Control number							
XXX-XX-9926 04-2437166 000819525701						OMB No. 1545-0008  1 Wages, tips, other compensation  2 Federal income tax withheld					
	's name, address, and ZIP co	de			1 wages, tips,	other compensation 109737		ederal income ta	ix withheld	18414.84	
	OATA Americas, Inc Legacy Dr 1100				3 Social securi	ty wages 109737	I	Social security ta	x withheld	6803.71	
	TX 75024				5 Medicare wag			Medicare tax with	held	0803.71	
e Employe	e's first name and initial	Last name	Su	ff.	7 Social acquiri	109737		Allocated tips		1591.19	
PRATA #09-9	AP K 923, 285 Plantation Stre		7 Social security tips 8 Allocated tips								
	ester MA 01604				9		10	Dependent care	benefits		
					11 Nonqualified	d plans		a See instruction	ns for box 12		
f Employee's address and ZIP code  15 State Employer's state ID Number 16 State wages, tips, etc. 17 State in:					Statutory Retirement Third-party			de C		54.72	
15 State MA	042-437-166*01*	16 State wages, tips, etc. 109737.28	17 State I	ncome tax 5386.43	13 employe	e plan sick Pa		ode DD		5705.28	
18 Local w	ages, tips, etc.	19 Local income tax	20 Localit	tv name	14 Other		Co	ode			
			ļ		14 Guilli		<b>12</b> Co	d ode			
- M 2	Maga and Tay Statemen	<u> </u>		_			Denartm	nent of the Trea	sun/ - Internal	Revenue Serv	
	Wage and Tax Statemen Be Filed With Employee's FE			2023			Departii	ient of the frea	sury - Internal	rtevenue Serv	
	e's social security number	b Employer identification number (EIN	N)	d Control number	í						
	(X-9926 's name, address, and ZIP co	04-2437166 de		000819525701	1 Wages, tips,	other compensation	2 1	Federal income ta		No. 1545-000	
	OATA Americas, Inc				109737	_			18414.84		
Suite				3 Social securi	ty wages 109737		Social security ta	x withheld	6803.71		
Plano	TX 75024				5 Medicare wag	-		Medicare tax with	held		
e Employee's first name and initial Last name Suff.					7 Social securi	109737 ty tips		Allocated tips		1591.19	
	923, 285 Plantation Stre										
	ester MA 01604				9		10	Dependent care	benefits		
					11 Nonqualified	i plans		a See instruction	ns for box 12		
f Employee's address and ZIP code				noomo tov	3 Statutory Retirement Third-party			de C		54.72	
15 State MA	Employer's state ID Number 042-437-166*01*	16 State wages, tips, etc. 109737.28	1/ State I	ncome tax 5386.43	13 Statutory employe	e plan sick Pa		ode DD		5705.28	
18 Local w	ages, tips, etc.	19 Local income tax	20 Localit	tv name	14 Other		Co	ode			
. J Ecoui W	-g, upo, oto.		20 2000	.,	14 Other		12	d ode			