26-0452051	12a See Instructions for Box 12	1 Wades, tips, other compensation	2 rederal income tax withheid
c Employer's name, address, and ZIP code	\$	12784.61	749.98
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld
	ls		
	12c	5 Medicare wages and tips	6 Medicare tax withheld
360 BLOOMFIELD AVE #301	\$		
	12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
13246370	This information is being furnished to the Internal Revenue Service		
NOIDIT ON TARKAN		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
MOUNICA JAKKAM	Copy B To Be Filed with		employee plan sick pay
418 ATLANTIC ST # B			
		14 Other CT PFML	63.93
	Tax Return	CI PFML	03.93
BRIDGEPORT CT 06604	- · ·		
	a Employee's soc. sec. no		
f Employee's address and ZIP code	880-35-2156		
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
CT 42937714-000 12784.61 256.05			
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
2025			

b Employer's Identification number	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	12784.61	749.98
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld
	\$		
360 BLOOMFIELD AVE #301	12c	5 Medicare wages and tips	6 Medicare tax withheld
200 PROOMETERD AVE #201	\$		
WINDOOD OF OCOOF	12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
13246370			
MOUNICA JAKKAM	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
	Local Tax Departments		
418 ATLANTIC ST # B		14 Other	
		CT PFML	63.93
BRIDGEPORT CT 06604			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	880-35-2156		
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
CT 42937714-000 12784.61 256.05			
	OND # 4545 0000	Conv. 2 To Do Filed With Employeds ST	
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, CITT, or LOCAL Tax Departments

REV 12/24/23 OSP

b Employer's Identification number 26-0452051	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	12784.61	749.98
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld
	ls		
260 BLOOMETELD NUE 201	12c	5 Medicare wages and tips	6 Medicare tax withheld
360 BLOOMFIELD AVE #301	\$		
	12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
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MOUNICA JAKKAM	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
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418 ATLANTIC ST # B	Local Tax Departments	14 Other	
		CT PFML	63.93
BRIDGEPORT CT 06604			
	a Employee's soc. sec. no	1	
f Employee's address and ZIP code	880-35-2156		
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
CT 42937714-000 12784.61 256.05		+	
Form W 2 Ware and Tay Statement Department of the Traceury Internal Payonus Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	TE CITY of LOCAL Tax Deportmente
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OWD # 1545-0008	Copy 2 to be riled with Employee's STA	ATE, OT 1, OF LOCAL Tax Departments

b Employer's Identification number 26-0452051		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		\$	12784.61	749.98
SOFTWARE ENTERPRISE, LLC		12b	3 Social security wages	4 Social security tax withheld
SOFIWARE ENTERPRISE, EDC		\$		
		12c	5 Medicare wages and tips	6 Medicare tax withheld
360 BLOOMFIELD AVE #301		\$		
		12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095		\$		
e Employee's first name and initial Last name		This information is being furnished to the	9	10 Dependent care benefits
132463	70	Internal Revenue Service. If you are required to file a tax return, a negligence		
MOUNICA JAKKAM			11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
418 ATLANTIC ST # B		Copy C for Employee's		
		Records (see notice to	14 Other CT PFML	63.93
BRIDGEPORT CT 06604		Employee on back.)		03.93
f Employee's address and ZIP code		880-35-2156		
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
CT 42937714-000 12784.61	256.05			

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service