Copy B - For Employee's Federal Income Tax Return OMB No. 1545-0008							
a Employee's social security number	1 Wage	es, tips, other 460	comp. 062.00	2 Federal income tax withheld 6244.56			
069-89-0748 b Employer ID number	1		062.00	4 Social security tax withheld 2855.88			
47-1375858			nd tips 062.00	6 Medicare tax withheld 667.91			
c Employer's name, address, a Cequence Secu 100 S Murphy Ste 300 Sunnyvale, CA	rity Ave	Inc.					
d Control number 178988133							
e Employee's name, address, Rajesh Babanr 2225 TREEHOUS APT 108 CORONA, CA 92	av Sh E LN	inde					
Social security tips 8 Allocated tips		Allocated tips		9 Advar	nce EIC payment		
10 Dependent care benefits	11	Nonqualified	plans	lans			
12a C		88.08	13 Statutory empl	oyee Re	tirement plan 3rd	d-party sick pay	
DD 12c	519	6.72	14 Other CASDI-E 413.78				
12d							
N/A		1	N/A		N/A	•	
15 State Employer's State ID# 18 Local wages, tips, etc.		16 State wages, tips, etc. 19 Local income tax		17 State income tax 20 Locality name			
N/A		N/A		20 100	N/A		

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Copy 2 - For Employee	's State Incom	e Tax Return	[CA]	2023	OMB No. 1545-0008		
a Employee's social security number	1 Wages, tips, oth	er comp. 6062.00	2 Federa	held 44.56			
069-89-0748 b Employer ID number	3 Social security v	wages 6062.00	4 Social security tax withheld 2855.88				
47-1375858	5 Medicare wages	and tips 6062.00	6 Medicare tax withheld 6 6 7 . 9		67.91		
c Employer's name, address, and Cequence Secur 100 S Murphy A Ste 300 Sunnyvale, CA	rity Inc. we						
d Control number 178988133							
Rajesh Babanra 2225 TREEHOUSE APT 108 CORONA, CA 928	LN 379-6168			ance EIC paymen			
, .	8 Allocated ti			ance EIC paymen	it.		
10 Dependent care benefits	11 Nonqualifi	ed plans					
12a C	88.08	13 Statutory empl	13 Statutory employee Retirement plan 3rd-party sick p				
12c DD 12d	5196.72	14 Other CASD	I-E 413	.78			
CA 036-4518-1		46062.00		2	2651.48		
15 State Employer's State ID# 18 Local wages, tips, etc.		16 State wages, tips, etc.		17 State income tax 20 Locality name			
N/A	15 LOCAL	N/A		N/A			

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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Copy C - FOR EMP	LOYI	EE'S RE	CORDS ON	LY	2023	OMB No. 1545-0008		
a Employee's social security number	1 Wage	es, tips, other of 460	comp. 062.00	2 Federa	Federal income tax withheld 6244.56			
069-89-0748	3 Social security wages 4 Social security tax withheld				held			
b Employer ID number	0 00010	46062.00			2855.88			
47-1375858	5 Medicare wages and tips 6 Medica				are tax withheld			
		46062.00		667.91				
c Employer's name, address, and	d ZIP co	de						
Cequence Secur	ity	Inc.						
100 S Murphy Ave								
Ste 300								
Sunnyvale, CA 94086								
d Control number 178988133								
e Employee's name, address, an	d ZIP co	ode						
Rajesh Babanrav Shinde								
2225 TREEHOUSE LN								
APT 108								
CORONA, CA 92879-6168								
7 Social security tips 8 A		Allocated tips		9 Adv	9 Advance EIC payment			
10 Dependent care benefits 11 N		Nonqualified plans						
^{12a} C	8	88.08	13 Statutory employee Retirement plan 3rd-party sick					
12b DD	510	06.72	1100					
	J 1 3	70.72	14 Other _{CASD}	I-E 413	3.78			
12c								
12d			1					
		1						
CA 036-4518-1			46062.00			2651.48		
15 State Employer's State ID#		16 State wages, tips, etc.			17 State income tax			

N/A

Form W-2 Wage and Tax Statement

N/A

Dept. of the Treasury - IRS

N/A