a Employee's social				2023	1545-0008	
security number	1 Wages, tips, other o	comp. 146.45	2 Federal income tax withheld 4638.66			
701-69-0090 Employer ID number	3 Social security wag	es 908.01	4 Social security tax withheld 1978.29			
20-2902922	5 Medicare wages an	nd tips 908.01	6 Medica	6 Medicare tax withheld 462.68		
Columbia, Mi Control number 11171 998 Employee's name, addre Monika Kalat 2102 Hidde I Apt c	ess, and ZIP code n Lake Dr					
Stow, OH 442	2.2. <del>4</del>					
7 Social security tips	8 Allocated tips		9 Adva	ance E <b>I</b> C payment	:	
	8 Allocated tips	plans	9 Adva	ance EIC payment		
0 Dependent care benefi	8 Allocated tips		+	ance EIC payment Etirement plan 3 X		
10 Dependent care benefit	8 Allocated tips 11 Nonqualified 24.57 1461.56		+	etirement plan 3		
0 Dependent care benefit  2a C  2b D	8 Allocated tips 11 Nonqualified 24.57	13 Statutory er	+	etirement plan 3		
0 Dependent care benefit  2a C  2b D	8 Allocated tips 11 Nonqualified 24.57 1461.56 3055.14	13 Statutory er	+	etirement plan 3	rd-party sick pa	
10 Dependent care benefit  12a C 12b D 12c DD 12d N/A 15 State Employer's State	8 Allocated tips 11 Nonqualified 24.57 1461.56 3055.14  ID# 16 State wag	13 Statutory er  14 Other	nployee R	ate income tax	rd-party sick pa	
12b D 12c DD 12d	8 Allocated tips  11 Nonqualified  24.57  1461.56  3055.14  A N  ID# 16 State wag 19 Local inco	13 Statutory er  14 Other	nployee R	etirement plan 3 X	rd-party sick pa	

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

Dept. of the Treasury - IRS

Copy 2 - For Employee's State Income Tax Return OMB No. 1545-0008 2023 [OH] a Employee's social security number 30446.45 4638.66 701-69-0090 31908.01 withhe**l**d 1978.29 b Employer ID number 20-2902922 31908.01 462.68 c Employer's name, address, and ZIP code GCOM Software LLC 9175 Guilford Rd Ste 101 Columbia, MD 21046 Control number 11171 998 e Employee's name, address, and ZIP code Monika Kalam 2102 Hidde Lake Dr Apt c Stow, OH 44224 9 Advance EIC payment 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 13 Statutory employee 12a Retirement plan 3rd-party sick pay С 24.57 Χ 12b D 1461.56 14 Other DD 3055.14 12d он 54-179088 30446.45 15 State Employer's State ID# 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name N/A N/AN/A

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy C - F	OR EMPL	OYE	E'S RE	CORDS ON	LY	2023	OMB No. 1545-0008	
a Employee's social security number		1 Wages, tips, other comp. 30446.45			2 Federal income tax withheld 4638.66			
		3 Social security wages			4 Social security tax withheld			
b Employer ID number		31908.01			1978.29			
20-2902922		5 Medicare wages and tips 31908.01			6 Medicare tax withheld 462.68			
c Employer's name GCOM Sof 9175 Gui Ste 101 Columbia	tware Li lford Ro	DL d	ie					
d Control number	98							
e Employee's name Monika K 2102 Hid Apt c Stow, OH	alam de Lake		de					
7 Social security tip	os	8 Allocated tips			9 Adv	9 Advance EIC payment		
10 Dependent care benefits		11	11 Nonqualified plans					
12a C		24.57		13 Statutory employee F		Retirement plan 🤾	3rd-party sick pay	
12b D		1461.56		14 Other				
12c DD		3055.14						
12d								
OH 54-1	79088			30446.45				
15 State Employer's State ID#			16 State wages, tips, etc.			17 State income tax		
18 Local wages, tips, etc.			19 Local income tax		20 Lo	20 Locality name		
N/A			N/A			N/A		

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS