OMB#	1545-0008	1 Wages, tips, other	compensation		income tax withheld
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Employee's State, City, or Income Tax Return	Local	3 Social security was	ges	4 Social se	ecurity tax withheld
		24400.00		1512.80	
a Employee's social security num	ber	5 Medicare wages and tips		6 Medicare tax withheld	
789-91-2894 c Employer's name, address and ZIP code		24400.00		353.80	
SYMANTRIX INC 5600 TENNYSON					
PLANO TX 75024					
d Control Number	Departm	ent	Corporation		Employer Use Only
SAHITYA TALLUF 1314 E MURIEL D PHOENIX AZ 850. f Employee's address and ZIP Ct b Employer Identification number 82-3734113 7 Social security tips	R 22 ode	9 10 Dependent care		12a 000 12b	_\\$ _\\$
7 Social security ups		11 Wonquailled piar	1S	8	,\$
8 Allocated tips 13 Statutory Retirement the plan shower plan shower than the plan shower that the plan shower than the plan shower than the plan shower th			12d 60 12d 12e		\$
15 State Employer's s AZ 823734		mber	16 State wages, t 24400.0		17 State income tax 602.80
18 Local wages, tips, etc.			19 Local income (ax	20 Locality name
. W-2 Wass and You		2023			

OMB# 154		other compensation		I income tax withheld	
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Employee's State, City, or Lo Income Tax Return	o oodial secul	3 Social security wages		security tax withheld	
message accesses		24400.00		2.80	
a Employee's social security number		5 Medicare wages and tips		re tax withheld	
789-91-2894	24400.0	24400.00		80	
c Employer's name, address and ZI SYMANTRIX INC 5600 TENNYSON F PLANO TX 75024		5			
d Control Number	epartment	ment Corporation		Employer Use Only	
e Employee's name					
PHOENIX AZ 85022	9		12a		
f Employee's address and ZIP Code	i .	1000) O	\$	
b Employer Identification number (E 82-3734113	IN) 10 Dependent	10 Dependent care benefits 11 Nonqualified plans 14 Other		\$	
7 Social security tips	11 Nonqualifie			\$	
8 Allocated lips				\$	
13 Statutory Retirement third- employee plan sick	party pay		12e	\$	
15 State Employer's stat 8237341		16 State wages, 24400.0		17 State income tax 602.80	
18 Local wages, tips, etc.		19 Local income		20 Locality name	

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

	OMB# 1545-00		other compensation	2 Federal income tax withheld		
	o Be Filed With	24400.0	24400.00		1986.99	
	DERAL Tax Return. Is being furnished to th	3 Social securit	3 Social security wages		4 Social security tax withheld	
Internal Revenue Service		24400.0	24400.00		1512.80	
a Employee's so	cial security number	5 Medicare was	5 Medicare wages and tips		6 Medicare tax withheld	
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RECORDS (See Notice Employee Below)	to	3 Social security wages		4 Social security tax withheld	
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789-91-2894		24400.00		353.80	
c Employer's name, address and ZIP code				303.80	
SYMANTRIX IN 5600 TENNYSO PLANO TX 7502	N PKW	Y STE 395			
d Control Number	Departm	ment Corporation			Employer Use Only
SAHITYA TALLU 1314 E MURIEL	DR				
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