b Employer's Identification number c Employer's name, address, and ZIP code	12a See instructions for Box 12	1 Wages, tips, other compensation 38499,98	2 Federal income tax withheld
9M SOLUTIONS, INC.	12b	3 Social security wages	4 Social security tax withheld 2387.00
756 TYVOLA RD SUITE#143	\$ 12c	38499.98 5 Medicare wages and tips	6 Medicare tax withheld
	\$ 12d	38499.98 7 Social security tips	558.25 8 Allocated tips
CHARLOTTE NC 28217	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
1732035	Internal Revenue Service		
RAJESH PUVVADA	Copy B To Be Filed with	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
1516 VAN BUREN AVE SW	Employee's FEDERAL	14 Other	
CONCORD NC 28025	Tax Return		
f Employee's address and ZIP code	806-01-5542		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax   NC 600842577 38499.98 1225.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Vith Employee's FEDERAL Tax Return

	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 4057	\$	38499.98	
9M SOLUTIONS, INC.	12b	3 Social security wages	4 Social security tax withheld
JM SOLUTIONS, INC.	ls	38499.98	2387.00
	12c	5 Medicare wages and tips	6 Medicare tax withheld
756 TYVOLA RD SUITE#143	\$	38499.98	558.25
	12d	7 Social security tips	8 Allocated tips
CHARLOTTE NC 28217	<b> \$</b>		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1732035			
	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
RAJESH PUVVADA	••		employee plan sick pay
1516 VAN BUREN AVE SW	Local Tax Departments	14 Other	
1910 VAN DOREN AVE DW		14 Other	
CONCORD NG 00005			
CONCORD NC 28025	a Employee's soc. sec. no		
f Employee's address and ZIP code	806-01-5542		
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
NC 600842577 38499.98 1225.00			
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, CITY, or LOCAL Tax Departments

REV 12/24/23 OSP

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 45-1084057	\$	38499.98	
9M SOLUTIONS, INC.	12b	3 Social security wages	4 Social security tax withheld
JM SOLUTIONS, INC.	ls	38499.98	2387.00
756 TYVOLA RD SUITE#143	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	38499.98	558.25
	12d	7 Social security tips	8 Allocated tips
CHARLOTTE NC 28217	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1732035			
RAJESH PUVVADA	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
1516 VAN BUREN AVE SW	Local Tax Departments		
		14 Other	
CONCORD NC 28025			
CONCORD NC 28025	a Employee's soc. sec. no		
f Employee's address and ZIP code	806-01-5542	T	
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
NC 600842577 38499.98 1225.00		L	
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, CITY, or LOCAL Tax Departments

b Employer's Identification number 45-1684057	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	38499.98	
9M SOLUTIONS, INC.	12b	3 Social security wages	4 Social security tax withheld
JM BOHOTIONS, INC.	\$	38499.98	
756 TYVOLA RD SUITE#143	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	38499.98	558.25
	12d	7 Social security tips	8 Allocated tips
CHARLOTTE NC 28217	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
1732035	Internal Revenue Service. If you are required to file a tax return, a negligence		
RAJESH PUVVADA		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
1516 VAN BUREN AVE SW	Copy C for Employee's	14 Other	
	Records (see notice to		
CONCORD NC 28025	Employee on back.)		
CONCOLD NC 20025	a Employee's soc. sec. no		
f Employee's address and ZIP code	806-01-5542		
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
NC 600842577 38499.98 1225.00		1	
Form W-2 Wage and Tax Statement	OMB # 1545-0008	•	Conv C For Employee's Records

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