



**W-2** Employee Reference Copy  
Wage and Tax Statement  
2023  
OMB No. 1545-0008

Copy C for employee's records.

|                  |       |       |                   |
|------------------|-------|-------|-------------------|
| d Control number | Dept. | Corp. | Employer use only |
| 000021 KU/F2T    |       |       | 6                 |

c Employer's name, address, and ZIP code

**TRUGIT LLC**  
600 E JOHN CARPENTER FWY  
STE 320  
IRVING, TX 75062

Batch #91368

e/f Employee's name, address, and ZIP code

**SAI TEJA NUNUGONDA**  
2506 FOREST POINT DR  
APT 416  
ARLINGTON, TX 76006

|                                  |                                           |
|----------------------------------|-------------------------------------------|
| b Employer's FED ID number       | a Employee's SSA number                   |
| 83-3894255                       | XXX-XX-1980                               |
| 1 Wages, tips, other comp.       | 2 Federal income tax withheld             |
| 43008.00                         | 6790.55                                   |
| 3 Social security wages          | 4 Social security tax withheld            |
| 43008.00                         | 2666.50                                   |
| 5 Medicare wages and tips        | 6 Medicare tax withheld                   |
| 43008.00                         | 623.62                                    |
| 7 Social security tips           | 8 Allocated tips                          |
|                                  |                                           |
| 9                                | 10 Dependent care benefits                |
|                                  |                                           |
| 11 Nonqualified plans            | 12a See instructions for box 12           |
|                                  |                                           |
| 14 Other                         | 12b                                       |
|                                  | 12c                                       |
|                                  | 12d                                       |
|                                  | 13 Stat emp. Ret. plan 3rd party sick pay |
|                                  |                                           |
| 15 State Employer's state ID no. | 16 State wages, tips, etc.                |
|                                  |                                           |
| 17 State income tax              | 18 Local wages, tips, etc.                |
|                                  |                                           |
| 19 Local income tax              | 20 Locality name                          |
|                                  |                                           |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                    | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 |
|--------------------|-------------------------------------------------|---------------------------------------|--------------------------------|
| Gross Pay          | 43,008.00                                       | 43,008.00                             | 43,008.00                      |
| Reported W-2 Wages | 43,008.00                                       | 43,008.00                             | 43,008.00                      |

2. Employee Name and Address.

**SAI TEJA NUNUGONDA**  
2506 FOREST POINT DR  
APT 416  
ARLINGTON, TX 76006

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|                                                                              |                                           |       |                   |
|------------------------------------------------------------------------------|-------------------------------------------|-------|-------------------|
| 1 Wages, tips, other comp.                                                   | 2 Federal income tax withheld             |       |                   |
| 43008.00                                                                     | 6790.55                                   |       |                   |
| 3 Social security wages                                                      | 4 Social security tax withheld            |       |                   |
| 43008.00                                                                     | 2666.50                                   |       |                   |
| 5 Medicare wages and tips                                                    | 6 Medicare tax withheld                   |       |                   |
| 43008.00                                                                     | 623.62                                    |       |                   |
| d Control number                                                             | Dept.                                     | Corp. | Employer use only |
| 000021 KU/F2T                                                                |                                           |       | 6                 |
| c Employer's name, address, and ZIP code                                     |                                           |       |                   |
| <b>TRUGIT LLC</b><br>600 E JOHN CARPENTER FWY<br>STE 320<br>IRVING, TX 75062 |                                           |       |                   |
| b Employer's FED ID number                                                   | a Employee's SSA number                   |       |                   |
| 83-3894255                                                                   | XXX-XX-1980                               |       |                   |
| 7 Social security tips                                                       | 8 Allocated tips                          |       |                   |
|                                                                              |                                           |       |                   |
| 9                                                                            | 10 Dependent care benefits                |       |                   |
|                                                                              |                                           |       |                   |
| 11 Nonqualified plans                                                        | 12a See instructions for box 12           |       |                   |
|                                                                              |                                           |       |                   |
| 14 Other                                                                     | 12b                                       |       |                   |
|                                                                              | 12c                                       |       |                   |
|                                                                              | 12d                                       |       |                   |
|                                                                              | 13 Stat emp. Ret. plan 3rd party sick pay |       |                   |
|                                                                              |                                           |       |                   |
| 15 State Employer's state ID no.                                             | 16 State wages, tips, etc.                |       |                   |
|                                                                              |                                           |       |                   |
| 17 State income tax                                                          | 18 Local wages, tips, etc.                |       |                   |
|                                                                              |                                           |       |                   |
| 19 Local income tax                                                          | 20 Locality name                          |       |                   |
|                                                                              |                                           |       |                   |

Federal Filing Copy  
**W-2** Wage and Tax Statement  
2023  
OMB No. 1545-0008  
Copy B to be filed with employee's Federal Income Tax Return.

|                                                                              |                                           |       |                   |
|------------------------------------------------------------------------------|-------------------------------------------|-------|-------------------|
| 1 Wages, tips, other comp.                                                   | 2 Federal income tax withheld             |       |                   |
| 43008.00                                                                     | 6790.55                                   |       |                   |
| 3 Social security wages                                                      | 4 Social security tax withheld            |       |                   |
| 43008.00                                                                     | 2666.50                                   |       |                   |
| 5 Medicare wages and tips                                                    | 6 Medicare tax withheld                   |       |                   |
| 43008.00                                                                     | 623.62                                    |       |                   |
| d Control number                                                             | Dept.                                     | Corp. | Employer use only |
| 000021 KU/F2T                                                                |                                           |       | 6                 |
| c Employer's name, address, and ZIP code                                     |                                           |       |                   |
| <b>TRUGIT LLC</b><br>600 E JOHN CARPENTER FWY<br>STE 320<br>IRVING, TX 75062 |                                           |       |                   |
| b Employer's FED ID number                                                   | a Employee's SSA number                   |       |                   |
| 83-3894255                                                                   | XXX-XX-1980                               |       |                   |
| 7 Social security tips                                                       | 8 Allocated tips                          |       |                   |
|                                                                              |                                           |       |                   |
| 9                                                                            | 10 Dependent care benefits                |       |                   |
|                                                                              |                                           |       |                   |
| 11 Nonqualified plans                                                        | 12a                                       |       |                   |
|                                                                              |                                           |       |                   |
| 14 Other                                                                     | 12b                                       |       |                   |
|                                                                              | 12c                                       |       |                   |
|                                                                              | 12d                                       |       |                   |
|                                                                              | 13 Stat emp. Ret. plan 3rd party sick pay |       |                   |
|                                                                              |                                           |       |                   |
| 15 State Employer's state ID no.                                             | 16 State wages, tips, etc.                |       |                   |
|                                                                              |                                           |       |                   |
| 17 State income tax                                                          | 18 Local wages, tips, etc.                |       |                   |
|                                                                              |                                           |       |                   |
| 19 Local income tax                                                          | 20 Locality name                          |       |                   |
|                                                                              |                                           |       |                   |

State Reference Copy  
**W-2** Wage and Tax Statement  
2023  
OMB No. 1545-0008  
Copy 2 to be filed with employee's State Income Tax Return.

|                                                                              |                                           |       |                   |
|------------------------------------------------------------------------------|-------------------------------------------|-------|-------------------|
| 1 Wages, tips, other comp.                                                   | 2 Federal income tax withheld             |       |                   |
| 43008.00                                                                     | 6790.55                                   |       |                   |
| 3 Social security wages                                                      | 4 Social security tax withheld            |       |                   |
| 43008.00                                                                     | 2666.50                                   |       |                   |
| 5 Medicare wages and tips                                                    | 6 Medicare tax withheld                   |       |                   |
| 43008.00                                                                     | 623.62                                    |       |                   |
| d Control number                                                             | Dept.                                     | Corp. | Employer use only |
| 000021 KU/F2T                                                                |                                           |       | 6                 |
| c Employer's name, address, and ZIP code                                     |                                           |       |                   |
| <b>TRUGIT LLC</b><br>600 E JOHN CARPENTER FWY<br>STE 320<br>IRVING, TX 75062 |                                           |       |                   |
| b Employer's FED ID number                                                   | a Employee's SSA number                   |       |                   |
| 83-3894255                                                                   | XXX-XX-1980                               |       |                   |
| 7 Social security tips                                                       | 8 Allocated tips                          |       |                   |
|                                                                              |                                           |       |                   |
| 9                                                                            | 10 Dependent care benefits                |       |                   |
|                                                                              |                                           |       |                   |
| 11 Nonqualified plans                                                        | 12a                                       |       |                   |
|                                                                              |                                           |       |                   |
| 14 Other                                                                     | 12b                                       |       |                   |
|                                                                              | 12c                                       |       |                   |
|                                                                              | 12d                                       |       |                   |
|                                                                              | 13 Stat emp. Ret. plan 3rd party sick pay |       |                   |
|                                                                              |                                           |       |                   |
| 15 State Employer's state ID no.                                             | 16 State wages, tips, etc.                |       |                   |
|                                                                              |                                           |       |                   |
| 17 State income tax                                                          | 18 Local wages, tips, etc.                |       |                   |
|                                                                              |                                           |       |                   |
| 19 Local income tax                                                          | 20 Locality name                          |       |                   |
|                                                                              |                                           |       |                   |

City or Local Reference Copy  
**W-2** Wage and Tax Statement  
2023  
OMB No. 1545-0008  
Copy 2 to be filed with employee's City or Local Income Tax Return.