

a Employee's SSN 765-57-6058		b Employer identification number (EIN) 20-0324158			OMB No. 1545-0008	
c Employer's name, address, and ZIP code EMINENCE IT SOLUTIONS, INC EMINENCE IT SOLUTIONS, INC. 1135 KILDAIRE FARM RD SUITE 311-3 CARY NC 27511		1 Wgs, tips, other compn 27605.04	2 Fed inc tax withheld 3494.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. YOUSHITA GOUD PABATHI 1000 BLOOM RD APT#1404 CARY NC 27519		13 Statutory employee . <input type="checkbox"/>	14 Other	12b		
		Retirement plan . . <input type="checkbox"/>		12c		
		Third-party sick pay <input type="checkbox"/>		12d		
15 State NC	Employer's state ID number 600479587	16 State wages, tips, etc 27605.04	17 State income tax 1051.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2023

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

REV 12/19/23 QBDT

Department of the Treasury — IRS

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Form **W-2**
Wage and Tax Statement
2023

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 12/19/23 QBDT

a Employee's SSN 765-57-6058		b Employer identification number (EIN) 20-0324158			OMB No. 1545-0008	
c Employer's name, address, and ZIP code EMINENCE IT SOLUTIONS, INC EMINENCE IT SOLUTIONS, INC. 1135 KILDAIRE FARM RD SUITE 311-3 CARY NC 27511		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
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Form **W-2**
Wage and Tax Statement
2023

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)

REV 12/19/23 QBDT