Form W-2 Wage and Tax Statement 2023

	3						Conv	C for	employee's reco	ards		
, ,				d Control number 0033-17165519 0000088856 -				Void	Department of the Treasury - Internal Revenue Servi OMB No. 1545-0008			
416 N	DGEIT INC ICCULLOUGH DRIVE STE RLOTTE NC 28262		nployer identification	number (EIN)	a Employee's social security numbe 818-31-0221		r	1 Wages, tips, other of	1 Wages, tips, other compensation 20325.00		vithheld 2536.62	
3.7.4.23.1.2.1.0.20202				Statutory employee		ement Third-party an sick pay		3 Social security wages 20325.00		4 Social security tax w	ithheld 1260.15	
e Employee's name, address, and ZIP code RAMAKRISHNA REDDY AARE 11256 CYPRESS VIEW DR			12 S	12 See instructions for box 12		14 Other			5 Medicare wages an	d tips 20325.00	6 Medicare tax withhel	d 294.71
									7 Social Security Tips		8 Allocated Tips	
CHARLOTTE NC 28262								10 Dependent care benefits		11 Nonqualified plans		
										_		
15 State NC	Employer's state ID number 601131607	16 State wages, tips, etc. 20325.00	17 State income	tax 831.00	18 Local wa	ges, tips, etc.	19 Lo	cal income	etax	20 Locality name	Э	
140	001101001	20020.00		001.00								
Form	This information is being furnished to the Internal R	, ,	tax return, a neglige	ence penalty or other	sanction may t	oe imposed on yo	u if this income is tax	able and y	you fail to report it.	· · · · · ·		

Form W-2 Wage and	l Tax	: Statemen	t 2023
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Form w-2 wage and Tax Stateme	ent 2023					Copy	/ B, to b	e filed with emp	loyee's FEDE	RAL tax return	
c Employer's name, address, and ZIP code VBRIDGEIT INC 416 MCCULLOUGH DRIVE STE 130 CHARLOTTE NC 28262			d Control number 0033-17165519 000008856 - b Employer identification number (EIN) a Employee's social security numb					Department of to OMB No. 1545-	he Treasury - Internal Revenue Service 0008		
			81-4671623	, ,	818-31-0221			1 Wages, tips, other o	ompensation 20325.00	2 Federal income tax with	hheld 2536.62
		Ī	13 Statutory Re employee		rement lan	Third-party sick pay		3 Social security wages		4 Social security tax withheld	
e Employee's name, address, and ZIP code		-	12 See instructions for bo	x 12	14 Other			5 Medicare wages and	20325.00 I tips	6 Medicare tax withheld	1260.15
									20325.00		294.71
RAMAKRISHNA REDDY AARE 11256 CYPRESS VIEW DR								7 Social Security Tips		8 Allocated Tips	
CHARLOTTE NC 28262								10 Dependent care ber	nefits	11 Nonqualified plans	
15 State Employer's state ID number 16 State wages		7 State inco		18 Local wa	ges, tips, etc.	19 L	ocal income	tax	20 Locality name		
NC 601131607	20325.00		831.00								

Form W-2 Wage and Tax Statement 2023

1 0111	i w-z wage and rax s	otatement 2025					Co	py 2, to be	filed with empl	oyee's tax re	turn for NC	
C Employer's name, address, and ZIP code VBRIDGEIT INC 416 MCCULLOUGH DRIVE STE 130 CHARLOTTE NC 28262			d Control number Voi 0033-17165519 0000088856 - b Employer identification number (EIN) a Employee's social security number					Department of the Treasury - Internal Revenue Serv OMB No. 1545-0008			Service	
			81-4671623		31-0221	3111201	1 Wages, tips, other o	ompensation 20325.00	2 Federal income tax w	vithheld 2536.62		
			13 Statutory Retirement Third- employee plan sick		party pay	3 Social security wages 20325,00		4 Social security tax wi	1260.15			
e Employee	's name, address, and ZIP code			12 See instructions for bo	x 12	14 Other			5 Medicare wages and	l tips	6 Medicare tax withheld	i
DAM	VENCUMA BEDDY AABE									20325.00		294.71
11256	RAMAKRISHNA REDDY AARE 11256 CYPRESS VIEW DR							7 Social Security Tips		8 Allocated Tips		
CHAF	RLOTTE NC 28262								10 Dependent care ber	nefits	11 Nonqualified plans	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State in	come tax	18 Local wa	ges, tips, etc.	19	9 Local income	tax	20 Locality name	9	
NC	601131607	20325.00		831.00								

This information is being furnished to the Internal Revenue Service. 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.

Form W-2 Wage and Tax Statement 2023

c Employer's name, address, and ZIP code	d Control number	d Control number					he Treasury - Internal Revenue Servio 0008		
		b Employer identification	n number (EIN) a Employee's social security numb			nber	1 Wages, tips, other co	ompensation	2 Federal income tax withheld
	13 Statutory employee	13 Statutory Retirement Third-p employee plan sick p		arty ay	3 Social security wages		4 Social security tax withheld		
e Employee's name, address, and ZIP code		12 See instructions for b	12 See instructions for box 12		14 Other		5 Medicare wages and tips		6 Medicare tax withheld
							7 Social Security Tips		8 Allocated Tips
							10 Dependent care ben	nefits	11 Nonqualified plans
15 State Employer's state ID number 16 Sta	ate wages, tips, etc. 17 St	tate income tax	18 Local wa	ges, tips, etc.	19	Local income	e tax	20 Locality nam	е