

22222		a Employee's social security number XXX-XX-2467		OMB No. 1545-0008	
b Employer identification number (EIN) 83-3750719			1 Wages, tips, other compensation 13,275.00		2 Federal income tax withheld 645.51
c Employer's name, address, and ZIP code THINKLUSIVE INC THINKLUSIVE INC 1100 CORNWALL RD MONMOUTH JUNCTION, NJ 08852			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number 122					10 Dependent care benefits
e Employee's first name and initial Last name suff. Pranitha Challa 5729 W Getty Dr Phoenix, AZ 85043			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
					12d
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
AZ	83-3750719	13,275.00	199.14		

Form **W-2** Wage and Tax Statement
 Copy 1- For State, City, or Local Tax Department

2023

Department of the Treasury- Internal Revenue Service

AWW2-1

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld
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