

| Copy B--To Be Filed With Employee's FEDERAL Tax Return                     |                                    | OMB No. 1545-0008               |                          |
|--|------------------------------------|---------------------------------|--------------------------|
| This information is being furnished to the Internal Revenue Service.       |                                    |                                 |                          |
| a. Employee's social security number                                       | 1. Wages, tips, other compensation | 2. Federal income tax withheld  |                          |
| 851012058  | 24660.00                           | 1401.11                         |                          |
| b. Employer ID number (EIN)  | 3. Social security wages           | 4. Social security tax withheld |                          |
|  | 84-2891401                         | 5. Medicare wages and tips      | 6. Medicare tax withheld |
| c. Employer's name, address, and ZIP code                                  |                                    |                                 |                          |
| CIS TECHNOLOGIES INC<br>7200 W. University Suite 150<br>McKinney, TX 75071 |                                    |                                 |                          |
| d. Control number  |                                    |                                 |                          |
| e. Employee's name, address, and ZIP code                                  |                                    |                                 |                          |
| KARTHIK GONA<br>9025 HAMPTON CT<br>MCKINNEY, TX 75071                      |                                    |                                 |                          |
| 7. Social security tips  | 8. Allocated tips                  | 9. Verification Code            |                          |
|  |                                    |                                 |                          |
| 10. Dependent care benefits  | 11. Nonqualified plans             | 12a. Code See inst. for Box 12  |                          |
|  |                                    |                                 |                          |
| 13. Statutory employee   | 14. Other                          | 12b. Code                       |                          |
| Retirement plan  |                                    | 12c. Code                       |                          |
| Third-party sick pay   |                                    | 12d. 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               | 20. Locality name               |                          |

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

| Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return |                                    | OMB No. 1545-0008               |                          |
|---|------------------------------------|---------------------------------|--------------------------|
| This information is being furnished to the Internal Revenue Service.        |                                    |                                 |                          |
| a. Employee's social security number  | 1. Wages, tips, other compensation | 2. Federal income tax withheld  |                          |
| 851012058   | 24660.00                           | 1401.11                         |                          |
| b. Employer ID number (EIN)   | 3. Social security wages           | 4. Social security tax withheld |                          |
|   | 84-2891401                         | 5. Medicare wages and tips      | 6. Medicare tax withheld |
| c. Employer's name, address, and ZIP code                                   |                                    |                                 |                          |
| CIS TECHNOLOGIES INC<br>7200 W. University Suite 150<br>McKinney, TX 75071  |                                    |                                 |                          |
| d. Control number   |                                    |                                 |                          |
| e. Employee's name, address, and ZIP code                                   |                                    |                                 |                          |
| KARTHIK GONA<br>9025 HAMPTON CT<br>MCKINNEY, TX 75071                       |                                    |                                 |                          |
| 7. Social security tips   | 8. Allocated tips                  | 9. Verification Code            |                          |
|   |                                    |                                 |                          |
| 10. Dependent care benefits   | 11. Nonqualified plans             | 12a. Code See inst. for Box 12  |                          |
|   |                                    |                                 |                          |
| 13. Statutory employee  | 14. Other                          | 12b. Code                       |                          |
| Retirement plan   |                                    | 12c. Code                       |                          |
| Third-party sick pay  |                                    | 12d. 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               | 20. Locality name               |                          |

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

| Copy C--For EMPLOYEE'S RECORDS(See Notice to Employee)   |                                    | OMB No. 1545-0008               |                          |
|--|------------------------------------|---------------------------------|--------------------------|
| 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. |                                    |                                 |                          |
| a. Employee's social security number   | 1. Wages, tips, other compensation | 2. Federal income tax withheld  |                          |
| 851012058  | 24660.00                           | 1401.11                         |                          |
| b. Employer ID number (EIN)  | 3. Social security wages           | 4. Social security tax withheld |                          |
|  | 84-2891401                         | 5. Medicare wages and tips      | 6. Medicare tax withheld |
| c. Employer's name, address, and ZIP code  |                                    |                                 |                          |
| CIS TECHNOLOGIES INC<br>7200 W. University Suite 150<br>McKinney, TX 75071   |                                    |                                 |                          |
| d. Control number  |                                    |                                 |                          |
| e. Employee's name, address, and ZIP code  |                                    |                                 |                          |
| KARTHIK GONA<br>9025 HAMPTON CT<br>MCKINNEY, TX 75071  |                                    |                                 |                          |
| 7. Social security tips  | 8. Allocated tips                  | 9. Verification Code            |                          |
|  |                                    |                                 |                          |
| 10. Dependent care benefits  | 11. Nonqualified plans             | 12a. Code See inst. for Box 12  |                          |
|  |                                    |                                 |                          |
| 13. Statutory employee   | 14. Other                          | 12b. Code                       |                          |
| Retirement plan  |                                    | 12c. Code                       |                          |
| Third-party sick pay   |                                    | 12d. 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               | 20. Locality name               |                          |

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

| Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return |                                    | OMB No. 1545-0008               |                          |
|---|------------------------------------|---------------------------------|--------------------------|
| This information is being furnished to the Internal Revenue Service.        |                                    |                                 |                          |
| a. Employee's social security number  | 1. Wages, tips, other compensation | 2. Federal income tax withheld  |                          |
| 851012058   | 24660.00                           | 1401.11                         |                          |
| b. Employer ID number (EIN)   | 3. Social security wages           | 4. Social security tax withheld |                          |
|   | 84-2891401                         | 5. Medicare wages and tips      | 6. Medicare tax withheld |
| c. Employer's name, address, and ZIP code                                   |                                    |                                 |                          |
| CIS TECHNOLOGIES INC<br>7200 W. University Suite 150<br>McKinney, TX 75071  |                                    |                                 |                          |
| d. Control number   |                                    |                                 |                          |
| e. Employee's name, address, and ZIP code                                   |                                    |                                 |                          |
| KARTHIK GONA<br>9025 HAMPTON CT<br>MCKINNEY, TX 75071                       |                                    |                                 |                          |
| 7. Social security tips   | 8. Allocated tips                  | 9. Verification Code            |                          |
|   |                                    |                                 |                          |
| 10. Dependent care benefits   | 11. Nonqualified plans             | 12a. Code See inst. for Box 12  |                          |
|   |                                    |                                 |                          |
| 13. Statutory employee  | 14. Other                          | 12b. Code                       |                          |
| Retirement plan   |                                    | 12c. Code                       |                          |
| Third-party sick pay  |                                    | 12d. 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               | 20. Locality name               |                          |

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