

<b>Copy B - To Be Filed with Employee's FEDERAL Tax Return.</b>		OMB No. 1545-0008	
<b>a</b> Employee's soc. sec. no xxx-xx-5215	<b>1</b> Wages, tips, other comp \$34379.48	<b>2</b> Federal income tax withheld \$4523.46	
	<b>3</b> Social security wages \$34379.48	<b>4</b> Social security tax withheld \$2131.53	
<b>b</b> Employer ID number (EIN) 32-0676241	<b>5</b> Medicare wages and tips \$34379.48	<b>6</b> Medicare tax withheld \$498.50	
	<b>c</b> Employer's name, address, and ZIP code NEO INFOTECH INC 4101 MCEWEN RD STE 230 DALLAS, TX 75244-5266		
<b>d</b> Control number			
<b>e</b> Employee's name, address, and ZIP code MURALI KALAVAKURI 800 GREENFORD MNR NORTHLAKE, TX 76247-7071			
<b>7</b> Social security tips \$0.00	<b>8</b> Allocated tips \$0.00	<b>9</b>	
<b>10</b> Dependent care benefits \$0.00	<b>11</b> Nonqualified plans \$0.00	<b>12a</b> Code \$0.00	
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>14</b> Other	<b>12b</b> Code \$0.00	
		<b>12c</b> Code \$0.00	
		<b>12d</b> Code \$0.00	
<b>15</b> State Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

**Form W-2 Wage and Tax Statement 2023** Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service.

<b>Copy 2 - To Be Filed with Employee's State, City, or Local Income Tax Return</b>		OMB No. 1545-0008	
<b>a</b> Employee's soc. sec. no xxx-xx-5215	<b>1</b> Wages, tips, other comp \$34379.48	<b>2</b> Federal income tax withheld \$4523.46	
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<b>d</b> Control number			
<b>e</b> Employee's name, address, and ZIP code MURALI KALAVAKURI 800 GREENFORD MNR NORTHLAKE, TX 76247-7071			
<b>7</b> Social security tips \$0.00	<b>8</b> Allocated tips \$0.00	<b>9</b>	
<b>10</b> Dependent care benefits \$0.00	<b>11</b> Nonqualified plans \$0.00	<b>12a</b> Code \$0.00	
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>14</b> Other	<b>12b</b> Code \$0.00	
		<b>12c</b> Code \$0.00	
		<b>12d</b> Code \$0.00	
<b>15</b> State Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

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<b>Copy C - For EMPLOYEE'S RECORDS</b>		OMB No. 1545-0008	
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		<b>12c</b> Code \$0.00	
		<b>12d</b> Code \$0.00	
<b>15</b> State Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

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