

b Employer's Identification number		83-3379603		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code		INBOUND-PARTNERS, LLC		\$		66750.03		8880.39			
30 N MICHIGAN AVE. STE 1820		CHICAGO IL 60620		12b		3 Social security wages		4 Social security tax withheld			
				\$		66750.03		4138.50			
				12c		5 Medicare wages and tips		6 Medicare tax withheld			
				\$		66750.03		967.88			
				12d		7 Social security tips		8 Allocated tips			
				\$							
e Employee's first name and initial		Last name		This information is being furnished to the Internal Revenue Service Copy B To Be Filed with Employee's FEDERAL Tax Return a Employee's soc. sec. no 175-88-0628		9		10 Dependent care benefits			
NIKHIL R KUNDURU		11403279				11 Nonqualified plans		13 Statutory employee		Retirement plan	
224 ROUTH CT APT 308		SCHAUMBURG IL 60195						<input type="checkbox"/>		<input type="checkbox"/>	
								<input type="checkbox"/>		<input type="checkbox"/>	
f Employee's address and ZIP code											
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.		19 Local income tax		20 Locality name			
IL	83-3379603000	66750.03	3304.17								

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer's Identification number		83-3379603		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code		INBOUND-PARTNERS, LLC		\$		66750.03		8880.39			
30 N MICHIGAN AVE. STE 1820		CHICAGO IL 60620		12b		3 Social security wages		4 Social security tax withheld			
				\$		66750.03		4138.50			
				12c		5 Medicare wages and tips		6 Medicare tax withheld			
				\$		66750.03		967.88			
				12d		7 Social security tips		8 Allocated tips			
				\$							
e Employee's first name and initial		Last name		Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no 175-88-0628		9		10 Dependent care benefits			
NIKHIL R KUNDURU		11403279				11 Nonqualified plans		13 Statutory employee		Retirement plan	
224 ROUTH CT APT 308		SCHAUMBURG IL 60195						<input type="checkbox"/>		<input type="checkbox"/>	
								<input type="checkbox"/>		<input type="checkbox"/>	
f Employee's address and ZIP code											
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.		19 Local income tax		20 Locality name			
IL	83-3379603000	66750.03	3304.17								

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 12/24/23 OSP

b Employer's Identification number		83-3379603		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code		INBOUND-PARTNERS, LLC		\$		66750.03		8880.39			
30 N MICHIGAN AVE. STE 1820		CHICAGO IL 60620		12b		3 Social security wages		4 Social security tax withheld			
				\$		66750.03		4138.50			
				12c		5 Medicare wages and tips		6 Medicare tax withheld			
				\$		66750.03		967.88			
				12d		7 Social security tips		8 Allocated tips			
				\$							
e Employee's first name and initial		Last name		Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no 175-88-0628		9		10 Dependent care benefits			
NIKHIL R KUNDURU		11403279				11 Nonqualified plans		13 Statutory employee		Retirement plan	
224 ROUTH CT APT 308		SCHAUMBURG IL 60195						<input type="checkbox"/>		<input type="checkbox"/>	
								<input type="checkbox"/>		<input type="checkbox"/>	
f Employee's address and ZIP code											
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.		19 Local income tax		20 Locality name			
IL	83-3379603000	66750.03	3304.17								

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

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				12c		5 Medicare wages and tips		6 Medicare tax withheld			
				\$		66750.03		967.88			
				12d		7 Social security tips		8 Allocated tips			
				\$							
e Employee's first name and initial		Last name		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. Copy C for Employee's Records (see notice to Employee on back.) a Employee's soc. sec. no 175-88-0628		9		10 Dependent care benefits			
NIKHIL R KUNDURU		11403279				11 Nonqualified plans		13 Statutory employee		Retirement plan	
224 ROUTH CT APT 308		SCHAUMBURG IL 60195						<input type="checkbox"/>		<input type="checkbox"/>	
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15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.		19 Local income tax		20 Locality name			
IL	83-3379603000	66750.03	3304.17								

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records