b Employer's Identification number c Employer's name, address, and ZIP code	12a See instructions for Box 12	1 Wages, tips, other compensation 43576,40	2 Federal income tax withheld 5717.05
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5700 TENNYSON PKWY STE 300 OFC 106	12c \$	5 Medicare wages and tips	6 Medicare tax withheld
	12d	7 Social security tips	8 Allocated tips
PLANO TX 75024 [e Employee's first name and initial Last name	\$	Q	10 Dependent care benefits
17176313	This information is being furnished to the Internal Revenue Service		To Department dure serients
NIKITA PENMATSA		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
1832 TROTTER TRL	Copy B To Be Filed with		
	Employee's FEDERAL Tax Return	14 Other	
AUBREY TX 76227			
	a Employee's soc. sec. no 694 - 96 - 8249		
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
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	 Vith Employee's FEDERAL Tax Retur
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1832 TROTTER TRL	Local Tax Departments	14 Other	
AUBREY TX 76227	a Employee's soc. sec. no		
f Employee's address and ZIP code	694-96-8249		1001
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
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 STA	ATE, CITY, or LOCAL Tax Department
REV 12/24/23 OSP	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Endoral income tay withhold
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