1 ~3~3~3~3~3 \/_:-	nployee's social security number 1-91-7229	For Official Use Only ▶ OMB No. 1545-0008						
b Employer identification number (EIN) 83-1502624			1 Wage	es, tips, other compensation 85649.00	2 Federal income tax withheld 12994.00			
c Employer's name, address, and ZIP code TEK INTERNATIONAL INC			3 Socia	l security wages 85649.00		4 Social security tax withheld 5310.24		
811 N. BROAD STREET			5 Medic	care wages and tips 85649.00	6 Medicare tax withheld 1241.91			
SUITE 217 MIDDLETOWN DE 19709				I security tips	8 Allocat	8 Allocated tips		
d Control number			9		10 Deper	10 Dependent care benefits		
e Employee's first name and initial HARSHA VARDHAN	Last name AKUNUR I	Suff	11 Non	qualified plans	12a See i	12a See instructions for box 12		
			13 Statut emplo	ory Retirement Third-party yee plan sick pay	12b			
3033 E THUNDERBIRD RD APT 111 PHOENIX AZ 85032			14 Other		12c			
					12d			
f Employee's address and ZIP code								
15 State Employer's state ID number AZ 831502624	16 State wages, tips, etc. 85649.00	17 State income 3 0 8	e tax 83.39	18 Local wages, tips, etc.	19 Local inco	ome tax	20 Locality name	

Form W-2 Wage and Tax Statement

2023 0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.