	a Employee's social security number XXX-XX-3214	OMB No. 1545-00	08	Safe, accurate, FAST! Use	√fi	/ · • • • • • • • • • • • • • • • • • •	the IRS Web Site	
b Employer identification number (EIN)				Wages, tips, other compensation	n 2 Federal income tax withheld			
87-4348310				13,750.00	0 41.67			
_C Employer's name, address, and ZIP code				Social security wages	4 Social security tax withheld			
Tek Rubix LLC				13,750.00	0 852.50			
3300 Dallas Pkwy				Medicare wages and tips	6 Medicare tax withheld			
Suite 200		13,750.00						
Plano, TX 75093			7 5	Social security tips	8 Allocated tips			
d Control number					10	Dependent care	benefits	
e Employee's first name and initia	al Last name	suff.	11 1	Nonqualified plans	12a	See instructions	for box 12	
					o d e			
Srinivasulu	Avula		13 Sta	tutory Retirement Third-party ployee plan sick pay	12b			
					o d e			
908 Atlantic Ave, Apt A				Other	12c			
					o d e			
Hoffman Estates, IL 60169					12d	1		
					o d e			
f Employee's address and ZIP co								
15 State Employer's state ID nur	mber 16 State wages, tips, etc.	17 State income ta	Х	18 Local wages, tips, etc.	19 Local	income tax	20 Locality name	
IL 87-4348310-	000 13,750.	00 680	.63				_	

Wage and Tax Statement

Copy B To Be Filed with Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

2023

Department of the Treasury- Internal Revenue Service

AWW2-BC

	' '	vee's social security number $X - XX - 3214$	OMB No. 1545-0	8000	Safe, accurate, FAST! Use	e -	file		the IRS Web Site ww.irs.gov.	
b Employer identification number				1	Wages, tips, other compensation		2 Feder	al income t	ax withheld	
87-4348310					13,750.00				41.67	
c Employer's name, address, and ZIP code				3	3 Social security wages 4 Social security tax withheld				ax withheld	
Tek Rubix LLC				13,750.00 852				852.50		
3300 Dallas Pkwy				5 Medicare wages and tips			6 Medicare tax withheld			
Suite 200					13,750.00			199.38		
Plano, TX 75093				7 Social security tips			8 Allocated tips			
d Control number							10 Donor	ndont care	honofite	
2				10 Dependent care benefits				belients		
e Employee's first name and initial Last name suff.			11 Nonqualified plans			12a See instructions for box 12				
Srinivasulu		Avula		13	tatutory Retirement Third-party mployee plan Sick pay		12b			
908 Atlantic Ave, Apt A					Other		12c			
Hoffman Estates, IL 60169							12d			
f Employee's address and ZIP code										
15 State Employer's state ID number	er	16 State wages, tips, etc.	17 State income ta	х	18 Local wages, tips, etc.	19	Local incom	e tax	20 Locality name	
IL 87-4348310-0	L 87-4348310-000 13,750.00 68		.6	3						