		a Employe	e's social security number C-XX-0818	OMB No. 1545-00	08	Safe, accurate, FAST! Use	vf	e		the IRS Web Site vw.irs.gov.	
b Employer identification number (EIN)					1 Wages, tips, other compensation 2 Federal income tax				ax withheld		
87-4348310					61,600.00 6,1				178.06		
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Tek Rubix LLC						61,600.00)	3,819.20			
3300 Dallas Pkwy					5 Medicare wages and tips			6 Medicare tax withheld			
Suite 200					61,600.00			893.20			
Plano, TX 75093					7 Social security tips			8 Allocated tips			
d Control nun	nber						10	Dependen	nt care I	benefits	
e Employee's first name and initial Last name			Last name	suff.	11	Nonqualified plans	12a	12a See instructions for box 12			
Uma]	Nemalidinne		13 ^S	tatutory Retirement Third-party nployee plan sick pay	12k)			
908 Atlantic Ave, Apt A					14	Other	120				
Juanticia Ave, Apt A							C				
Hoffman Estates, IL 60169							120	d d			
		,					C o d				
f Employee's address and ZIP code											
15 State Emp	5 State Employer's state ID number 1		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
IL 87-	4348310-0	000	61,600.00	3,049	.20)					

Form W-2 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

		ree's social security number	OMB No. 1545-0	0008	Safe, accurate, FAST! Use	B -1	file		he IRS Web Site	
b Employer identification number					Wages, tips, other compensation		2 Federal i			
87-4348310					61,600.00)		6,	178.06	
c Employer's name, address, and ZIP code					Social security wages		4 Social security tax withheld			
Tek Rubix LLC					61,600.00 3,8				819.20	
3300 Dallas Pkwy					Medicare wages and tips		6 Medicare tax withheld			
Suite 200					61,600.00)	893.20			
Plano, TX 75093					Social security tips	8 Allocated tips				
d Control number							10 Depende	nt care l	oenefits	
3	3									
e Employee's first name and initial Last name suff.					Nonqualified plans		12a See instructions for box 12			
Uma	Uma Nemalidinne			13 Statutory Retirement Third-party sick pay			12b			
							o d e			
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 numb	er	16 State wages, tips, etc.	17 State income ta	X	18 Local wages, tips, etc.	19	Local income ta	Χ	20 Locality name	
IL 87-4348310-0	00	61,600.00	3,049	. 2	0					

W-2 Wage and Tax Statement

Department of the Treasury- Internal Revenue Service