

<b>b Employer's Identification number</b> 87-3828518		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>	
<b>c Employer's name, address, and ZIP code</b> MARSHALL TECHNOLOGIES INC 5100 POPLAR AVENUE, STE 2738, 27TH FLOOR MEMPHIS TN 38137		\$		29000.00		2604.30	
<b>e Employee's first name and initial</b> SATISH KUMAR POTUR 1218 OAK CREEK DR COLLIERVILLE TN 38017		<b>12b</b> \$		<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>	
<b>f Employee's address and ZIP code</b> 16630521		<b>12c</b> \$		<b>5 Medicare wages and tips</b>		<b>6 Medicare tax withheld</b>	
		<b>12d</b> \$		<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
				<b>9</b>		<b>10 Dependent care benefits</b>	
				<b>11 Nonqualified plans</b>		<b>13 Statutory employee</b> <input type="checkbox"/> <b>Retirement plan</b> <input type="checkbox"/> <b>Third-party sick pay</b> <input type="checkbox"/>	
				<b>14 Other</b>			
				<b>a Employee's soc. sec. no</b> 447-95-0807			
<b>15 State</b> MI <b>Employer's state I.D. No.</b> 87-3828518		<b>16 State wages, tips, etc.</b> 27500.00		<b>17 State income tax</b> 1143.75		<b>18 Local wages, tips, etc.</b>	
						<b>19 Local income tax</b>	
						<b>20 Locality name</b>	

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>b Employer's Identification number</b> 87-3828518		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>	
<b>c Employer's name, address, and ZIP code</b> MARSHALL TECHNOLOGIES INC 5100 POPLAR AVENUE, STE 2738, 27TH FLOOR MEMPHIS TN 38137		\$		29000.00		2604.30	
<b>e Employee's first name and initial</b> SATISH KUMAR POTUR 1218 OAK CREEK DR COLLIERVILLE TN 38017		<b>12b</b> \$		<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>	
<b>f Employee's address and ZIP code</b> 16630521		<b>12c</b> \$		<b>5 Medicare wages and tips</b>		<b>6 Medicare tax withheld</b>	
		<b>12d</b> \$		<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
				<b>9</b>		<b>10 Dependent care benefits</b>	
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				<b>14 Other</b>			
				<b>a Employee's soc. sec. no</b> 447-95-0807			
<b>15 State</b> MI <b>Employer's state I.D. No.</b> 87-3828518		<b>16 State wages, tips, etc.</b> 27500.00		<b>17 State income tax</b> 1143.75		<b>18 Local wages, tips, etc.</b>	
						<b>19 Local income tax</b>	
						<b>20 Locality name</b>	

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>b Employer's Identification number</b> 87-3828518		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>	
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				<b>14 Other</b>			
				<b>a Employee's soc. sec. no</b> 447-95-0807			
<b>15 State</b> MI <b>Employer's state I.D. No.</b> 87-3828518		<b>16 State wages, tips, etc.</b> 27500.00		<b>17 State income tax</b> 1143.75		<b>18 Local wages, tips, etc.</b>	
						<b>19 Local income tax</b>	
						<b>20 Locality name</b>	

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

<b>b Employer's Identification number</b> 87-3828518		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>	
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						<b>20 Locality name</b>	

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