

FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of copy 2)

Dept. of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

These substitute W-2 Wages and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this page, separated by perforations. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

REISSUED STATEMENT

| | | | | | |
|---|---------------------------|---|---------------------|---|---|
| D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service | | 2023 OMB NO. 1545-0008 | | 1 WAGES, TIPS, OTHER COMPENSATION 16310.75 | 2 FEDERAL INCOME TAX WITHHELD 2090.12 |
| B. EMPLOYER IDENTIFICATION NUMBER 26-4550756 | | A. EMPLOYEE'S SOCIAL SECURITY NUMBER 637-17-4173 | | 3 SOCIAL SECURITY WAGES 17422.00 | 4 SOCIAL SECURITY TAX WITHHELD 1080.16 |
| C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE INFOLOB SOLUTIONS INC 1193 W JOHN CARPENTER FREEWAY IRVING, TX 75039 | | | | 5 MEDICARE WAGES AND TIPS 17422.00 | 6 MEDICARE TAX WITHHELD 252.62 |
| | | | | 7 SOCIAL SECURITY TIPS | 8 ALLOCATED TIPS |
| | | | | 9 | 10 DEPENDANT CARE BENEFITS |
| E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME KALYAN CHAKRAVA MARREY 11411 LUNA ROAD APT 23209 FARMERS BRANCH, TX 75234 | | | | 11 NONQUALIFIED PLANS | 12 a-d D 1111.25 |
| | | | | 14 OTHER DENTAL 32.05 HEALTH 1066.78 | |
| 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 | | | | | |

FOLD AND TEAR ALONG PERFORATION

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| 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 | | | | | |

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return
FORM W-2 Wage and Tax Statement

2023

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| 20 LOCALITY NAME | | | | | |

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Copy B To be filed with Employee's FEDERAL tax return
FORM W-2 Wage and Tax Statement

Visit www.irs.gov for e-file details.

W-2 AND WAGE SUMMARY

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