Dept. of the Treasury - Internal Revenue Service

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

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	е 2023 омв	NO. 1545-0008	1 WAGES	, TIPS, OTHER COMPENSATION 16310.75		2 FEDERAL INCO	ME TAX WITHHELD 2090.12	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 26-4550756 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			5 MEDICARE WAGES AND TIPS 17422.00			6 MEDICARE TAX WITHHELD 252.62		
1193 W JOHN CARPENTER FREEWAY IRVING, TX 75039 13 Statutory Retirement Third-Party		7 SOCIAL SECURITY TIPS			8 ALLOCATED TIPS			
	Employee Plan		9			10 DEPENDANT C	CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME KALYAN CHAKRAVA MARREY				11 NONQUALIFIED PLANS			^{12 a-d} D 1111.25	
11411 LUNA ROAD APT 23209 FARMERS BRANCH, TX 75234		14 OTHER DENTAL 32.05 HEALTH 1066.78						
F. EMPLOYEE'S ADDRESS AND ZIPCODE 15 STATE EMPLOYER'S STATE I.D. NO.	16 STATE WAGES, TIPS,ETC.	17 STATE INCOME	TAX	18 LOCAL WAGES, TIPS, ETC.	19 LOCA	L INCOME TAX	20 LOCALITY NAME	
					FOLD A	ND TEAR ALON	G PERFORATION	
D. CONTROL NUMBER This information is being fu	ırnished	0.4545.0000	1 WAGES,	TIPS, OTHER COMPENSATION	. OLD A	2 FEDERAL INCO		
to the Internal Revenue Se	A. EMPLOYEE'S SOCIAL SECURIT	O. 1545-0008 TY NUMBER	3 SOCIALS	16310.75 SECURITY WAGES		4 SOCIAL SECUR	2090.12 RITY TAX WITHHELD	
26-4550756 C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE	637-17-4173	3	5 MEDICAR	17422.00		6 MEDICARE TA	1080.16	
INFOLOB SOLUTIONS INC				17422.00		8 ALLOCATED T	252.62	
				7 SOCIAL SECURITY TIPS			IPS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME KALYAN CHAKRAVA MARREY	ALIFIED PLANS		10 DEPENDANT CA	RE BENEFITS				
11411 LUNA ROAD APT 23209 FARMERS BRANCH, TX 75234			14 OTHER	DENTAL HEALTH	32.05 1066.78	13 Statutory	Retirement Third-Party	
F. EMPLOYEE'S ADDRESS AND ZIPCODE 15 STATE EMPLOYER'S STATE I.D. NO.	16 STATE WAGES, TIPS,ETC.	17 STATE INCOME 1	TAX	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	Employee	Plan X Sick pay 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 Dept. of the Treasury - Internal Revenue Service FOLD AND TEAR ALONG PERFORATION							- Internal Revenue Service	
FORM W-2 Wage and Tax State		FOLD AN		PERFORATION				
D. CONTROL NUMBER This information is being futo the Internal Revenue Se	ervice OMB N	O. 1545-0008		TIPS, OTHER COMPENSATION 16310.75		2 FEDERAL INCOM	2090.12	
B. EMPLOYER IDENTIFICATION NUMBER 26-4550756	A. EMPLOYEE'S SOCIAL SECURIT		3 SOCIAL S	ECURITY WAGES 17422.00		4 SOCIAL SECUR	1080.16	
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE			5 MEDICAR	5 MEDICARE WAGES AND TIPS		6 MEDICARE TAX WITHHELD 252.62		
INFOLOB SOLUTIONS INC 1193 W JOHN CARPENTER FREEWAY IRVING, TX 75039				17422.00 ECURITY TIPS		8 ALLOCATED TI		
TIVATING' IV 12022			9			10 DEPENDANT CA	RE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME	REISSUED	STATEMENT SUFF.	11 NONQUA	LIFIED PLANS		^{12 a-d} D	1111.25	
KALYAN CHAKRAVA MARREY 11411 LUNA ROAD APT 23209					22.25	-		
FARMERS BRANCH, TX 7523	4			DENTAL HEALTH	32.05 L066.78			
F. EMPLOYEE'S ADDRESS AND ZIPCODE 15 STATE EMPLOYER'S STATE I.D. NO. 1	6 STATE WAGES, TIPS,ETC.	17 STATE INCOME T	AY	18 LOCAL WAGES, TIPS, ETC.	19 1 0 C A I	13 Statutory Employee	Retirement X Third-Party Sick pay	
Emilia En En Cara Contra institución	0 0 m 2 m 6 2 5, m 6, 2 7 6.	61.112 11.001112 1		10 2007 E 1770 C 20, 111 0, 210.				
Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement Dept. of the Treasury - Internal Revenue Service FOLD AND TEAR ALONG PERFORATION								
D. CONTROL NUMBER This information is being fut to the Internal Revenue Se	urnished ervice OMB NO	O. 1545-0008	1 WAGES,	TIPS, OTHER COMPENSATION 16310.75		2 FEDERAL INCOM	ME TAX WITHHELD 2090.12	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER			3 SOCIAL SECURITY WAGES			4 SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE			17422.00 5 MEDICARE WAGES AND TIPS		1080.16 6 MEDICARE TAX WITHHELD			
INFOLOB SOLUTIONS INC 1193 W JOHN CARPENTER FREEWAY IRVING, TX 75039			17422.00 7 SOCIAL SECURITY TIPS			8 ALLOCATED TI		
REISSUED STATEMENT				9			10 DEPENDANT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME KALYAN CHAKRAVA MARREY 11.4.1.1 LINIA DOAD APRIL 22.2000				LIFIED PLANS		^{12 a-d} D	1111.25	
FARMERS BRANCH, TX 75234				DENTAL	32.05			

Copy B To be filed with Employee's FEDERAL tax return

16 STATE WAGES, TIPS,ETC.

FORM W-2 Wage and Tax Statement

F. EMPLOYEE'S ADDRESS AND ZIPCODE
15 STATE EMPLOYER'S STATE I.D. NO.

Dept. of the Treasury - Internal Revenue Service

32.05 1066.78

17 STATE INCOME TAX

DENTAL HEALTH

18 LOCAL WAGES, TIPS, ETC.

Retirement X Third-Party Sick pay