Employee Reference Copy Wage and Tax Statement OMB No. 1545-0008 Copy C for employee's records. Control number Dept. Corp. Employer use only 0000003029 UA2 CC0034 CUWM E S 2391

c Employer's name, address, and ZIP code CYRACOM INTERNATIONAL INC 2650 E ELVIRA RD, STE 132 TUCSON, AZ 85756-7123

e/f Employee's name, address, and ZIP code SARASWATHI SEEMAKURTHI 1911 CANYON LN. MELISSA, TX 75454

b Employer's FED ID number 36-4036218	XXX-XX-5650
1 Wages, tips, other comp.	2 Federal income tax withheld
108250.00	17288.19
3 Social security wages	4 Social security tax withheld
108250.00	6711.50
5 Medicare wages and tips	6 Medicare tax withheld
108250.00	1569.63
7 Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret, plan 3rd party sick pay
15 State Employer's state ID no	o. 16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

2023 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus adjustments made by your employer.

GROSS PAY 108,250.00 SOCIAL SECURITY 6,711.50 TAX WITHHELD BOX 04 OF W-2 FED. INCOME MEDICARE TAX 17,288.19 1.569.63 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX SUI/SDI 0.00 0.00 BOX 17 OF W-2 LOCAL INCOME TAX BOX 14 OF W-2 0.00 BOX 19 OF W-2

> To change your employee W-4 profile information file a new W-4 with your payroll department

> > Social Security Number: XXX-XX-5650

2 Federal income tax withheld

13 Stat emp. Ret. plan 3rd party sick pay

17288.19

SARASWATHI SEEMAKURTHI 1911 CANYON LN. MELISSA, TX 75454

Fold and Detach Here



Wages, tips, other comp.

11 Nonqualified plans

14 Other

108250.00

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PAGE 1 OF 1

17288.19

6711.50

1569.63

Employer use only

E S 2391

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

1 Wages, tips, other of 108256		2 Federa	l income tax withheld 17288.19	1	Wages, tips, other of 108250	200 - 101 De 100 -	2 Federa	l inc
3 Social security wag 10825		4 Social:	security tax withheld 6711.50	3	Social security wag 108250		4 Social	secu
5 Medicare wages and 108250		6 Medica	re tax withheld 1569.63	5	Medicare wages and 108250		6 Medica	re ta
d Control number	Dept.	Corp.	Employer use only	d	Control number	Dept.	Corp.	Е
0000003029 UA2	CC0034	CUWM	E S 2391		0000003029 UA2	CC0034	CUWM	
c Employer's name,	p = 0, 000 00 0		1	С	Employer's name,		and ZIP co	de

2650 E ELVIRA RD, STE 132 TUCSON, AZ 85756-7123

b Employer's FED ID number 36-4036218	a Employee's SSA number XXX-XX-5650
7 Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address SARASWATHI SEEM 1911 CANYON LN. MELISSA. TX 75454	

15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Federal Filing Copy
Wage and Tax Statement Copy B to be filed with employee's Federal Inco

	SON, AZ 85756-71	123		
Empl	oyer's FED ID number 36-4036218	a Empl	oyee's SS XXX-X	XX-5650
Social	security tips		ated tips	
		·	endent ca	re benefits
1 Nonq	ualified plans	12a	1	
4 Other	•	12b	1	
		12c	1	
		12d	I	
		13 Stat en	np. Ret. plan	3rd party sick pa
	oyee's name, address			
	ASWATHI SEEM	AKURT	HI	
	CANYON LN. ISSA, TX 75454			
IVIEL	133A, 17 73434			
5 State	Employer's state ID no	. 16 Stat	e wages, t	ips, etc.
7 State	income tax	18 Loc	al wages,	tips, etc.
	income tax	20 Loc	ality name	
		4		
	. State Filing	Copy		

3	Social security wage 108250	4 Social security tax withheld 6711,50			
5	Medicare wages and 108250		6 Medica	re tax with	nheld 569.63
d	Control number	Dept.	Corp.	Employe	er use only
	0000003029 UA2	CC0034	CUWM	E S	2391
С	Employer's name, a CYRACOM INT 2650 E ELVIRA TUCSON, AZ 8	ERNAT	IONAL I E 132		
b	Employer's FED ID 36-403621	number 8	a Emplo	yee's SSA XXX-XX	number <-5650
7	Social security tips		8 Allocat	ed tips	
9			10 Depe	ndent care	benefits

12c 12d

-	e/f Empl	oyee's name,	address	and Z	IP co	de	L
Æ	SAR/ 1911	ASWATHI CANYON I SSA, TX 7	SEEMA LN.				
TACH HERE	15 State	Employer's s	tate ID no.	16 8	state w	ages, ti	ips, etc.
18							

15 State	Employer's state ID no.	16	State wages, tips, etc.
17 State	income tax	18	Local wages, tips, etc.
19 Local	income tax	20	Locality name
	- A	 .	

Wage and Tax Statement Copy 2 to be filed with employee's City or Local