b Employer's Identification number 82-4305960	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	12193.08	1392.55
COBRAVISION LLC	12b	3 Social security wages	4 Social security tax withheld
CODRAVISION HIC	\$	12193.08	
	12c	5 Medicare wages and tips	6 Medicare tax withheld
2291 BOULDER ROAD	\$	12193.08	176.80
	12d	7 Social security tips	8 Allocated tips
CHANHASSEN MN 55317	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
15980907	This information is being furnished to the Internal Revenue Service		
TOMAT CATDA CITTANI		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
ISMAT SAIRA GILLANI 5094 HALE DRIVE	Copy B To Be Filed with		employee plan sick pay
JU94 HALL DRIVE	Employee's FEDERAL	14 Other	
	Tax Return		
COLUMBUS GA 31904	a Employee's soc. sec. no		
f Employee's address and ZIP code	185-43-5939		
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
<u>GA</u> <u>3573906-0Z</u> <u>12193.08</u> <u>620.60</u>		+	
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	With Employee's FEDERAL Tax Return

b Employer's Identification number c Employer's name, address, and ZIP code	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
	 \$	12193.08	1392.55	
COBRAVISION LLC		12b	3 Social security wages	4 Social security tax withheld
COBRAVISION LLC	ls	12193.08	755.97	
2291 BOULDER ROAD	12c	5 Medicare wages and tips	6 Medicare tax withheld	
	\$	12193.08	176.80	
		12d	7 Social security tips	8 Allocated tips
CHANHASSEN MN 55317		\$		
e Employee's first name and initial Last	t name		9	10 Dependent care benefits
	15980907			
		Conv 2 for State City or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
ISMAT SAIRA GILLANI		Copy 2 for State, City, or		employee plan sick pay
5094 HALE DRIVE		Local Tax Departments		
SU94 HALE DRIVE		14 Other		
COLUMBUS GA 31904			-	
COLOMBOD OF SIDOI		a Employee's soc. sec. no		
f Employee's address and ZIP code		185-43-5939		
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
GA 3573906-OZ	12193.08 62	20.60		
				1
Form W-2 Wage and Tax Statement 2023 Dep	partment of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments

REV 12/24/23 OSP b Employer's Identification number c Employer's name, address, and ZIP code 12a See instructions for Box 12 1 Wages, tips, other compensation 2 Federal income tax withheld 82-4305960 12193.08 1392.55 \$ 12b 3 Social security wages 4 Social security tax withheld COBRAVISION LLC 12193.08 755.97 \$ 12c 5 Medio es and tips ithheld 2291 BOULDER ROAD 12193.08 176.80 \$ 12d 7 Social security tips 8 Allocated tips CHANHASSEN MN 55317 \$ 0 Dependent care benefits e Employee's first name and initial Last name 15980907 11 Nongualified plans 13 Statutory employee Retirement Third-party ISMAT SAIRA GILLANI Copy 2 for State, City, or plan sick pay Local Tax Departments 5094 HALE DRIVE 14 Other COLUMBUS GA 31904 a Employee's soc. sec. no f Employee's address and ZIP code 15 State Employer's state I.D. No. GA 3573906-0Z 185-43-5939 16 State wages, tips, etc. ____12193.08 18 Local wages, tips, etc 19 Local income tax 20 Locality name 620.60 _ Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments OMB # 1545-0008

b Employer's Identification number 82-4305960	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	12193.08	
COBRAVISION LLC	12b	3 Social security wages	4 Social security tax withheld
COBRAVISION LLC	\$	12193.08	
2291 BOULDER ROAD	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	12193.08	176.80
	12d	7 Social security tips	8 Allocated tips
CHANHASSEN MN 55317	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
15980907	Internal Revenue Service. If you are required to file a tax return, a negligence		
ISMAT SAIRA GILLANI	penalty or other sanction may be imposed on you if this income is taxable and you	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
	fail to report it.		pian ack pay
5094 HALE DRIVE	Copy C for Employee's	14 Other	
	Records (see notice to	14 Other	
	Employee on back.)		
COLUMBUS GA 31904	a Employee's soc. sec. no		
	. ,	-	
f Employee's address and ZIP code	185-43-5939		
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
GA 3573906-OZ 12193.08 620.60)	L	

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service

Copy C For Employee's Records