5 Medicare wages and tips 44532.15 6 Medicare tax withheld 645.72	Copy B To Be Filed FEDERAL Tax Retu	rn.	U-0223/UA223/14/202	o. 1545-0008	Copy City,	/ 2 To Be F or Local In	iled With come Tax	Employee's State Return.		23 3 No. 1545-0008
20 3 3 3 3 3 3 3 3 3	a Employee's SSN 1 V	Vages, tips, other comp. 44532 15	2 Federal inco	AV HOLD COUNTY COUNTY CONTY	a Emp	loyee's SSN	1 Wages, t			
b Employer ID no. (EIN) 74-2681419 5 Medicare wages and tips 44532.15 2760.99 645.72 74-2681419 5 Medicare wages and tips 44532.15 6 Medicare tax withheld 645.72 74-2681419 74-26814	720-64-3100 3 s	ocial security wages	4 Social secu	AND	720	-64-3100	3 Social se			
74-2681419 74-268	b Employer ID no. (EIN)			2760.99	b Empl	over ID no. (EIN)		44532.15		2760.99
c Employer's name, address, and ZIP code OSS, INC. 481 NORTH FREDERICK AVENUE SUITE 200 GAITHERSBURG MD 20877 d Control number e Employee's name, address, and ZIP code VAIRAMANI MUTHU VAIRAM 9805 LAKESHORE DRIVE GAITHERSBURG MD 20886 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee Retirement Plan Third-party sick pay MD 10336218 44532.15 3423.30 15 State Employer's state ID number 16 State wages, tips, etc. 19 Local income tax 20 Locality name c Employer's name, address, and ZIP code OSS, INC. 481 NORTH FREDERICK AVENUE SUITE 200 GAITHERSBURG MD 20877 d Control number e Employer's name, address, and ZIP code VAIRAMANI MUTHU VAIRAM 9805 LAKESHORE DRIVE GAITHERSBURG MD 20886 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee Retirement Plan Third-party sick pay MD 10336218 44532.15 3423.30	74-2681419 5 N		6 Medicare ta		000000000000000000000000000000000000000	A STATE OF THE PARTY OF THE PAR	5 Medicare			re tax withheld 645.72
GAITHERSBURG d Control number e Employee's name, address, and ZIP code VAIRAMANI MUTHU VAIRAM 9805 LAKESHORE DRIVE GAITHERSBURG MD 20886 Focial security tips B Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statulory employee Retirement Plan Third-party sick pay MD 10336218 44532.15 3423.30 15 State Employee's state ID number 16 State wages, tips, etc. 19 Local income tax 20 Locality name MD 20877 d Control number e Employee's name, address, and ZIP code VAIRAMANI MUTHU VAIRAM 9805 LAKESHORE DRIVE GAITHERSBURG MD 20886 Focial security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statulory employee Retirement Plan Third-party sick pay MD 10336218 44532.15 3423.30 MD 10336218 44532.15 3423.30 MD 10336218 44532.15 3423.30	OSS, INC. 481 NORTH FI				0S 48	S, INC. 1 NORTH		IP code		
e Employee's name, address, and ZIP code VAIRAMANI MUTHU VAIRAM 9805 LAKESHORE DRIVE GAITHERSBURG MD 20886 T Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee Retirement Plan Third-party sick pay MD 10336218 44532.15 3423.30 15 State Employer's state ID number 16 State wages, tips, etc. 19 Local income tax 20 Locality name Suff. Suff. VAIRAMANI MUTHU VAIRAM 9805 LAKESHORE DRIVE GAITHERSBURG MD 20886 T Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee Retirement Plan Third-party sick pay MD 10336218 44532.15 3423.30 MD 10336218 44532.15 3423.30 MD 10336218 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name	GAITHERSBURG	G	MD 2	0877			URG		MD	20877
MD 10336218	VAIRAMANI MT 9805 LAKESHO GAITHERSBURO 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement Plan	UTHU VAIRAM DRE DRIVE G 8 Allocated tips 11 Nonqualified plans	12a Code 3 12b Code 12c Code	0886	e Emp VA 9 8 GA 7 Socia 10 Depa 13 Statutory Retireme	Iloyee's name, ac IRAMANI 05 LAKE: ITHERSBI al security tips endent care beneated	MUTHU SHORE URG 8 A	VAIRAM DRIVE	9 12a Cc 12b Cc 12c Cc	ode See inst. for box 12
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 20 Locality name		1153	2 15	2422 20			10	1.45	20 15	2400 00
					1		70.90			3423.30 17 State income tax
Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS	18 Local wages, tips, etc.	19 Local income tax	20 Locality r	name	18 Loca	al wages, tips, et	c. 19 L	ocal income tax	20 Locality	name
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence					Form W	/-2 Wage and Ta	x Statement		Ji j	Dept. of the Treasury - IR

penalty or other sanction may be imposed on you if this income is to Copy C For EMPLOYEE'S RECORDS. 2023

(See Notice to Em	Diovees).	CORDS.	202 OME	23 3 No. 1545-0008		
a Employee's SSN 1		income tax withheld				
a Linployee's 3314		44532.15	6420.00			
720-64-3100 3	Social security	wages	4 Social security tax withheld			
b Employer ID no. (EIN)		44532.15		2760.99		
5	Medicare wage	s and tips	6 Medicar	e tax withheld		
74-2681419		44532.15		645.72		
o Employer's name, addr OSS, INC. 481 NORTH I SUITE 200 GAITHERSBUI	FREDERI(MD	20877		
d Control number						
VAIRAMANI I 9805 LAKESI GAITHERSBUI 7 Social security tips	HORE DR	IVE	MD	20886		
. costar occurry apo	O / MIOGEN	od ups	3			
0 Dependent care benefit	s 11 Nonqu	alified plans	12a Code See inst. for box 12			
13	14 Other		12b Code			
Statutory employee						
Retirement Plan			12c Cc	ode		
Third-party sick pay			12d Co	ode		
MD 10336218		4453	32.15	3423.30		
15 State Employer's state	ID number	16 State wages, ti	ps, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local i	ncome tax	20 Locality			

	led With Employ		20:	23 B No. 1545-0008		
a Employee's SSN	1 Wages, tips, other co		2 Federal income tax withheld 6420.00			
a Employee's SSIN	44	532.15				
720-64-3100	3 Social security wage		4 Social security tax withheld			
b Employer ID no. (EIN)	44	532.15	2760.99			
Employer to no. (Env)	5 Medicare wages and	tips 6	6 Medicare tax withheld			
74-2681419	44.	532.15		645.72		
c Employer's name, ad OSS, INC. 481 NORTH SUITE 200 GAITHERSBI	FREDERICK	AVENUE	MD	20877		
G Control number						
	MUTHU VAIR SHORE DRIVE		MD	suff. 20886		
7 Social security tips	8 Allocated tip:	S	9			
0 Dependent care bene	fits 11 Nonqualified	plans	12a Code See inst. for box 12			
13	14 Other		12b Code			
Statutory employee Retirement Plan Third-party sick pay			12c C	***		
MD 1033621	.8	44532		3423.30		
	Table 1	Wilder Sales				
		tate wages, tips,		17 State income tax		
15 State Employer's stat 18 Local wages, tips, et			, etc. O Localit			