

a Employee's social security number XXX-XX-8045		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS Web Site at www.irs.gov.		
b Employer identification number (EIN) 85-3040537				1 Wages, tips, other compensation 31,656.00		2 Federal income tax withheld 2,566.20				
c Employer's name, address, and ZIP code SKILLMAZE INC 5005 W Royal Ln., Ste #100 Irving, TX 75063				3 Social security wages 31,656.00		4 Social security tax withheld 1,962.67				
				5 Medicare wages and tips 31,656.00		6 Medicare tax withheld 459.01				
				7 Social security tips		8 Allocated tips				
d Control number 54						10 Dependent care benefits				
e Employee's first name and initial Vamsi Krishna		Last name Mullapudi		suff.		11 Nonqualified plans		12a See instructions for box 12		
3341, Chapel Oaks Dr Coppell, TX 75019				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
f Employee's address and ZIP code										
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

Form **W-2** Wage and Tax Statement

**2023**

Department of the Treasury- Internal Revenue Service

Copy B To Be Filed with Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

AWW2-BC

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Form **W-2** Wage and Tax Statement

**2023**

Department of the Treasury- Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).