a Employee's social security number XXX-XX-5572	Copy B To Be Filed With Employee's FEDERAL Tax Return									
c Employer's name, address, and ZIP code			7,019.84 850.43							
STATE OF MARYLAND			1 Wages, tips, other compensation				2 Federal income tax withheld			
CENTRAL PAYROLL BUREAU			3 Social security wages				4 Social security tax withheld			
P.O. BOX 2396										
						C. Madiana Association In				
ANNAPOLIS, MD 21404-2396		5 Medicare wages and tips 7 Social security tips			6 Medicare tax withheld 8 Allocated tips					
S.S.# 69-0520001L		, , , ,					ľ			
d Control number										
MD129357			10 Dependent care benefits			11 Nonqualified plans		12a C	ode See Inst. for box 12	
Employee's first name and initial, last name and suffix			12b Code			12c Code		<b>12d</b> C	ode	
f Employee's address and ZIP code			10							
SAI NAGA VEN BANDARU			13			14 Other				
4802 GRENVILLE SQUARE			Statutory employee							
WESTLAND GARDENS			Retirement plan							
ARBUTUS MD 21227			Third-party sick pay							
			state income tax 18 Local wages, tips, etc.			19 Local income	tav	20 Locality name		
To State Employer's state in number 10 State wages, tips, etc. 17 C			To Eoodi Wages, ups, etc			ragoo, upo, oto.	,			
L L	_									
MD 50,6000000	7.010.04		457.44							
MD 52-6002033	7,019.84		457.44							
Form W-2 Wage and Tax S	tatement 2023	2FI	SSUED STATE	ИFN	т	Depa	rtment of the Trea	asury –	Internal Revenue Service	
Form W-2 Wage and Tax Statement 2023 This information is being furnished to the Internal Revenue Service.  REISSUED STATEMENT  Department of the Treasury – Internal Revenue Service										
a Employee's social security number	<b>b</b> Employer identification nur	nber	Copy 2 To Be	File	d W	ith Employ	/ee's		OMB No. 1545-0008	
XXX-XX-5572	52-6002033		State, City, or	Loc	al T	ax Return				
c Employer's name, address, and ZIF	code		,			7,019.84			850.43	
STATE OF MARYLAND			1 Wages, tips, other co	mpensa	ation	7,010.04	2 Federal income	tax with		
			3 Social security wages	i			4 Social security	ax withh	neld	
CENTRAL PAYROLL BUREAU										
P.O. BOX 2396										
ANNAPOLIS, MD 21404-2396			<ul><li>Medicare wages and</li><li>Social security tips</li></ul>	tips		Allocated tips	6 Medicare tax wi	care tax withheld		
S.S.# 69-0520001L			7 Social security tips	/ Social security tips			8 Allocated tips		9	
<b>d</b> Control number										
MD129357			10 Dependent care ben	efits		11 Nonqualified p	lans	12a C	ode See Inst. for box 12	
Employee's first name and initial, last name and suffix			- <b>12b</b> Code			12c Code		12d Code		
f Employee's address and ZIP code										
SAI NAGA VEN BANDARU			13	_	.	14 Other				
4802 GRENVILLE SQUARE	Statutory employee									
WESTLAND GARDENS	Retirement plan									
ARBUTUS MD 21227	Third-party sick pay									
15 State Employer's state ID number	16 State wages, tips, etc.	17	State income tax	18 Lo	ocal w	/ages. tips. etc.	19 Local income	tax	20 Locality name	
	3.1, 1, 1, 1					3 , , , , , ,			, , , , ,	
<u> </u>	_									
MD   52-6002033	7,019.84		457.44							
MD 52-6002033	7,019.04		457.44							
Form W-2 Wage and Tax S	tatement 2023 R	FIS	SUED STATEM	FNT	•	Depa	rtment of the Trea	asury –	Internal Revenue Service	
a Employee's social security number	<b>b</b> Employer identification nur	nber	Copy C For E	mnlc	Vec	's Record	(See Notice on Bad	k of Cor	ov "B") OMB No. 1545-0008	
XXX-XX-5572	52-6002033		This information is being	furnish	ned to	the IRS. If you are	e required to file a ta	ax return	ı, a negligence	
	) and a		penalty or other sanction	n may b	e impo		income is taxable a	nd you f		
c Employer's name, address, and ZIF			1 Wages, tips, other co	mnenea	ation	7,019.84	2 Federal income	tay with	850.43	
STATE OF MARYL	3 Social security wages				4 Social security tax withheld					
CENTRAL PAYROLL BUREAU										
P.O. BOX 2396										
ANNAPOLIS, MD 21404-2396			5 Medicare wages and tips			6 Medicare tax w				
S.S.# 69-0520001L			7 Social security tips			8 Allocated tips		9		
d Control number										
MD129357			10 Dependent care ben	efits		11 Nonqualified p	lans	12a C	ode See Inst. for box 12	
Employee's first name and initial, last name and suffix			12b Code			12c Code		12d Code See Hist. for box 12		
f Employee's address and ZIP code										
SAI NAGA VEN BANDARU			13 14 Other							
4802 GRENVILLE SQUARE			Statutory employee							
WESTLAND GARDENS			Retirement plan							
ARBUTUS MD 21227	Third-party sick pay									
15 State Employer's state ID number	16 State wages, tips, etc.	17	State income tax	<b>18</b> Lo	ocal w	/ages, tips. etc	19 Local income	tax	20 Locality name	
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MD 52-6002033	7,019.84		457.44							
NID 32-0002033	7,019.04		457.44							