b Employer's Identification number 37-1659258	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Endoral income tax withhold
b Employer's Identification number c Employer's name, address, and ZIP code 37–1659258	1. I.		
	\$	14909.16	
APPS CONSULTANTS INC	12b	3 Social security wages	4 Social security tax withheld
	\$	14909.16	924.37
4700 SHERIDAN ST STE J	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	14909.16	216.18
	12d	7 Social security tips	8 Allocated tips
HOLLYWOOD FL 33021	\$		
e Employee's first name and initial Last name	-	9	10 Dependent care benefits
1918284	This information is being furnished to the Internal Revenue Service		
		11 Nongualified plans	13 Statutory Retirement Third-party
PRASANTH SUJANAMULK			13 Statutory Retirement Third-party plan sick pay
98 BUFORD DAM RD APT 2106	Copy B To Be Filed with		
96 BUFURD DAM RD API 2100	Employee's FEDERAL	14 Other	
	Tax Return		
CUMMING GA 30040			
COMMING GA JUOTO	a Employee's soc. sec. no		
f Employee's address and ZIP code	328-75-1566		
15 State Employee's state I.D. No. 16 State wages, tips, etc. 17 State income tax		19 Local income tax	20 Locality name
GA 7833374-ER 14909.16 750.06	To Loour mages, tips, etc.		20 200dilly Hamo
		+	
Form W-2 Ware and Tax Statement	OMB # 1545-0008	Conv B To Be Filed V	Vith Employee's FEDERAL Tax Return
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	Omb # 1545-0008	copy b to be thed	The Employee STEDERAL Tax Return

	12a See Instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 57-1059258	\$	14909.16	1467.52
APPS CONSULTANTS INC	12b	3 Social security wages	4 Social security tax withheld
APPS CONSULTANTS INC	ls	14909.16	924.37
	12c	5 Medicare wages and tips	6 Medicare tax withheld
4700 SHERIDAN ST STE J	\$	14909.16	216.18
	12d	7 Social security tips	8 Allocated tips
HOLLYWOOD FL 33021	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1918284			
		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
PRASANTH SUJANAMULK	Copy 2 for State, City, or		employee plan sick pay
00 DIEODO DAM DO ADE 2106	Local Tax Departments		
98 BUFORD DAM RD APT 2106		14 Other	
CUMMING GA 30040			
COMMING GA 50040	a Employee's soc. sec. no		
f Employee's address and ZIP code	328-75-1566		
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 7833374-ER 14909.16 750.06			
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments

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b Employer's Identification number 37-1659258	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 57-1059250	s	14909.16	1467.52
APPS CONSULTANTS INC	12b	3 Social security wages	4 Social security tax withheld
APPS CONSULTANTS INC	ls	14909.16	924.37
4700 SHERIDAN ST STE J		5 Medicare wages and tips	6 Medicare tax withheld
	\$	14909.16	216.18
	12d	7 Social security tips	8 Allocated tips
HOLLYWOOD FL 33021	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1918284			
PRASANTH SUJANAMULK	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
98 BUFORD DAM RD APT 2106	Local Tax Departments		
		14 Other	
CUMMING GA 30040			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	328-75-1566	1	
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 7833374-ER 14909.16 750.06		+	
Earne M A Wares and Tax Otatemant			
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments

b Employer's Identification number 37-1659258	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	14909.16	1467.52
APPS CONSULTANTS INC	12b	3 Social security wages	4 Social security tax withheld
AFF5 CONSULTANTS INC	\$	14909.16	924.37
	12c	5 Medicare wages and tips	6 Medicare tax withheld
4700 SHERIDAN ST STE J	\$	14909.16	216.18
	12d	7 Social security tips	8 Allocated tips
HOLLYWOOD FL 33021	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
1918284	Internal Revenue Service. If you are required to file a tax return, a negligence		
PRASANTH SUJANAMULK	penalty or other sanction may be imposed on you if this income is taxable and you	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
98 BUFORD DAM RD APT 2106	fail to report it.		
36 BUFURD DAM RD API 2100	Copy C for Employee's	14 Other	
	Records (see notice to		
CUMMING GA 30040	Employee on back.)		
COMMING GR JU040	a Employee's soc. sec. no		
f Employee's address and ZIP code	328-75-1566		
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 7833374-ER 14909.16 750.06		L	
Form W-2 Wage and Tax Statement	OMB # 1545-0008		Copy C For Employee's Records

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