| Copy BTo Be Filed With Emp<br>This information is being furnished to the   | •   | OMB No. 1545-0008                                | Copy 2To Be Filed With Empl<br>or Local Income Tax Return | loyee's State, City,  | OMB No. 1545-0008                               |
|--|---|--|---|---|---|
| a. Employee's social security number   | _   |  | a. Employee's social security number                      | 1. Wages, tips, other compensation 12000.00                         | 2. Federal income tax withheld 979.70           |
| 496876408  | 3. Social security wages  | 4. Social security tax withheld                  | 496876408   | 3. Social security wages  | 4. Social security tax withheld                 |
| b. Employer ID number (EIN)  |   |  | b. Employer ID number (EIN)                               |   |   |
| 82-1042384   | 5. Medicare wages and tips  | Medicare tax withheld                            | 82-1042384  | 5. Medicare wages and tips  | Medicare tax withheld                           |
| c. Employer's name, address, ar  | nd ZIP code   |  | c. Employer's name, address, an                           | nd ZIP code   |   |
| VIRAT SOLUTIONS INC 25663 Smotherman Rd Suite #202   |   |  | VIRAT SOLUTIONS INC 25663 Smotherman Rd Suite #202        |   |   |
| FRISCO, TX 75033   | Baree #202  |  | FRISCO, TX 75033  | Bullet #202   |   |
| d. Control number  |   |  | d. Control number   |   |   |
| e. Employee's name, address, a   | nd ZIP code   |  | e. Employee's name, address, ar                           | nd ZIP code   |   |
| HARIN JINAKALA   |   |  | HARIN JINAKALA  | 204   |   |
| 717 BERNARD ST APT<br>DENTON, TX 76201   | : 204   |  | 717 BERNARD ST APT 2<br>DENTON, TX 76201                  | 204   |   |
|  |   | 9. Verification Code                             |   | 8. Allocated tips 9. Verification Code                              |   |
| The Good and Good in young   | or, modatou upo   | er vermeasien eest                               | 7. Gooda occurry upo                                      | o. 7 modaloa upo  | o. Vollingalien Godo                            |
| 10. Dependent care benefits  | 11. Nonqualified plans  | 12a. Code See inst. for Box 12                   | 10. Dependent care benefits                               | 11. Nonqualified plans  | 12a. Code See inst. for Box 12                  |
| 13. Statutory employee   | 14. Other   | 12b. Code  | 13. Statutory employee                                    | 14. Other   | 12b. Code                                       |
| Retirement plan  |   | 12c. Code  | Retirement plan   |   | 12c. Code                                       |
| Third-party sick pay   |   | 12d. Code  | Third-party sick pay                                      |   | 12d. Code                                       |
|  |   |  |   |   |   |
| <ul><li>15. State   Employer's state ID</li><li>18. Local wages, tips, etc.   1</li></ul>  |   | s, tips, etc. 17.State income tax                | 15. State Employer's state ID 18. Local wages, tips, etc. | number 16. State wages, tips<br>19. Local income tax 20. Locality n |   |
| ,  |   | ,  | , ter access magacy spey con                              |   |   |
| Form W-2 Wage and Tax State  | ement 2023 Depar  | tment of the Treasury ~ Internal Revenue Service | Form W-2 Wage and Tax State                               | ment 2023 Departm   | nent of the Treasury ~ Internal Revenue Service |
| Copy C-For EMPLOYEE'S RECORD<br>This information is being turnished to the Interna<br>return, a negligence penalty or other sanction m<br>fail to report it. | S(See Notice to Employee.) If Revenue Service. If you are required to file a ta ay be imposed on you if this income is taxable an | x<br>d you OMB No. 1545-0008                     | Copy 2-To Be Filed With Emplor Local Income Tax Return    | loyee's State, City,  | OMB No. 1545-0008                               |
| a. Employee's social security number   | 1. Wages, tips, other compensation 12000.00   |  | a. Employee's social security number                      | 1. Wages, tips, other compensation 12000.00                         | 2. Federal income tax withheld 979.70           |
| 496876408  | 3. Social security wages  | 4. Social security tax withheld                  | 496876408   | 3. Social security wages  | 4. Social security tax withheld                 |
| b. Employer ID number (EIN)  |   | ·  | b. Employer ID number (EIN)                               |   | ·   |
| 82-1042384   | 5. Medicare wages and tips  | 6. Medicare tax withheld                         | 82-1042384  | 5. Medicare wages and tips  | Medicare tax withheld                           |
| c. Employer's name, address, a   | nd ZIP code   | •  | c. Employer's name, address, an                           | nd ZIP code   |   |
| VIRAT SOLUTIONS INC<br>25663 Smotherman Rd   | Suita #202  |  | VIRAT SOLUTIONS INC<br>25663 Smotherman Rd                | Suita #202  |   |
| FRISCO, TX 75033   | Suite #202  |  | FRISCO, TX 75033  | Builde #202   |   |
| d. Control number  |   |  | d. Control number   | -   |   |
| e. Employee's name, address, a   | nd ZIP code   |  | e. Employee's name, address, ar                           | nd ZIP code   |   |
| HARIN JINAKALA   |   |  | HARIN JINAKALA  |   |   |
| 717 BERNARD ST APT<br>DENTON, TX 76201   | 2 204   |  | 717 BERNARD ST APT<br>DENTON, TX 76201                    | 204   |   |
| 7. Social security tips  | 8. Allocated tips   | 9. Verification Code                             | 7. Social security tips                                   | 8. Allocated tips   | 9. Verification Code                            |
| 10. Dependent care benefits  | 11. Nonqualified plans  | 12a. Code See inst. for Box 12                   | 10. Dependent care benefits                               | 11. Nonqualified plans  | 12a. Code See inst. for Box 12                  |
| 13. Statutory employee   | 14. Other   | 12b. Code  | 13. Statutory employee                                    | 14. Other   | 12b. Code                                       |
| Retirement plan  |   | 12c. Code  | Retirement plan   |   | 12c. Code                                       |
| Third-party sick pay   |   | 12d. Code  | Third-party sick pay                                      |   | 12d. Code                                       |
| party slott pay  | <b>T</b>  | 1.23. 3345                                       | a party sion pay  | <b>T</b>  | 1.25.555  |
| 15. State Employer's state ID  | number 16. State wage   | es, tips, 17.State income tax                    | 15. State   Employer's state ID                           | number 16. State wages, tip   | os, 17.State income tax                         |
|  |   | lity name  | <del></del>   | Local income tax  | <u> </u>  |
|  |   |  |   |   |   |