a Employee's SSN 109-37-8022	b Employer identification n	b Employer identification number (EIN) 47-1900517		
C Employer's name, address, and ZIP code S9 TECHNOLOGIES INC	1 Wgs, tips, other compn 7333.33	Fed inc tax withheld 126.91	3 Social security wages 7333.33	Form W-2
4640 VALAIS COURT	4 SS tax withheld 454.67	5 Medicare wages & tips 7333.33	6 Medicare tax withheld 106.33	Wage and Tax
SUITE 205 JOHNS CREEK GA 30022	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	Jalement
G Softer Humber	Depart care serions	T Tronquamoa pians		2023
e Employee's name, address, and ZIP code Suff.	13 Statutory employee.	14 Other	12b	
SAI KIRAN MIKKILINENI			12c	Copy B To Be Filed with Employee's FEDERAL
- 2872 CROSS CREEK DRIVE	Retirement plan		10.1	Tax Return This information is being
CUMMINGS GA 30040	Third-party sick pay		12d 	furnished to the Internal Revenue Service.
15 State Employer's state ID number 16 State wages, tips, etc 1 GA 3154222-QL 7333.33	7 State income tax 181.42	18 Local wages, tips, etc	19 Local income tax	20 Locality name
REV 12/19/23 QBDT				rtment of the Treasury — IRS
a Employee's SSN 109-37-8022	b Employer identification r	number (EIN) 47 – 19	00517	OMB No. 1545-0008
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4640 VALAIS COURT	4 SS tax withheld 454.67	5 Medicare wages & tips 7333.33	6 Medicare tax withheld 106.33	Wage and Tax
SUITE 205	7 Social security tips	8 Allocated tips	9	
JOHNS CREEK GA 30022	10 Depdnt care benefits	11 Nonqualified plans	 12a	Statement
a control number	Deputit care benefits	11 Nonqualified plans		2023
e Employee's name, address, and ZIP code Suff.	13 Statutory employee	14 Other	12b	Copy 2 To Be
SAI KIRAN MIKKILINENI			12c	Filed With Employee's State,
- 2872 CROSS CREEK DRIVE	Retirement plan		12d	City, or Local
CUMMINGS GA 30040	Third-party sick pay		120	Return.
15 State Employer's state ID No. 16 State wages, tips, etc GA 3154222 - QL 7333.33	7 State income tax181.42	18 Local wages, tips, etc	19 Local income tax	20 Locality name
a Employee's SSN 109-37-8022 C Employer's name, address, and ZIP code	b Employer identification r This information is being furn other sanction may be innov	number (EIN) 47-19	equired to file a tax return, a ne	OMB No. 1545-0008 egligence penalty or
S9 TECHNOLOGIES INC	1 Wgs, tips, other compn 7333.33	2 Fed inc tax withheld 126.91	3 Social security wages 7333.33	Form W-2
4640 VALAIS COURT SUITE 205	4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
JOHNS CREEK GA 30022	454.67 7 Social security tips	7333.33 8 Allocated tips	106.33	Tax
d Control No.	10.5	44	120	Statement
	10 Depdnt care benefits	11 Nonqualified plans	12a 	2023
e Employee's name, address, and ZIP code Suff.	13 Statutory employee.	14 Other	12b	2023
SAI KIRAN MIKKILINENI	January employee I		12c	Copy C For
- 2872 CROSS CREEK DRIVE CUMMINGS GA 30040	Retirement plan		12d	EMPLOYEE'S RECORDS. (See Notice to
	Third-party sick pay			Employee.)
15 State Employer's state D No. 16 State wages, tips, etc 1	7 State income tax181.42_	18 Local wages, tips, etc	19 Local income tax	20 Locality name