b Employer's Identification number c Employer's name, address, and ZIP code				
o Employer o Hamo, adar coo, and Em codo	26-0452051	12a See instructions for Box 12	1 Wages, tips, other compensation 9773.37	2 Federal income tax withheld 1182.69
L , SOFTWARE ENTERPRISE	T.T.C	12b	3 Social security wages	4 Social security tax withheld
DOI INITIAL ENTERCINES,		\$	9773.37	605.95
360 BLOOMFIELD AVE #	301	12c	5 Medicare wages and tips 9773.37	6 Medicare tax withheld 141.71
		12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095  E Employee's first name and initial L	ast name	\$	q	10 Dependent care benefits
c Employee 3 mot name and minds	13246370	This information is being furnished to the Internal Revenue Service		To Dependent date benefits
JANAKIRAM MUNDRATHI			11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
58 SPRUCE ST # 1		Copy B To Be Filed with		
		Employee's FEDERAL Tax Return	14 Other CT PFML	48.87
WEST HAVEN CT 06516				
f Employee's address and 7ID ands		a Employee's soc. sec. no 349-25-7944		
f Employee's address and ZIP code  15 State Employer's state I.D. No. 16 Sta	ate wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CT 42937714-000	9773.37			
Form W-2 Wage and Tax Statement 2023	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	With Employee's FEDERAL Tax Retur
b Employer's Identification number	26.0452051	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	26-0452051	\$	9773.37	1182.69
SOFTWARE ENTERPRISE,	LLC	12b	3 Social security wages	4 Social security tax withheld
		\$   12c	9773.37  5 Medicare wages and tips	605.95
360 BLOOMFIELD AVE #	301	\$	9773.37	141.71
WINDSOR CT 06095		12d	7 Social security tips	8 Allocated tips
	ast name	<b> </b> \$	9	10 Dependent care benefits
	13246370			
JANAKIRAM MUNDRATHI		Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
58 SPRUCE ST # 1		Local Tax Departments	14 Other	
			CT PFML	48.87
WEST HAVEN CT 06516		a Employee's soc. sec. no		
f Employee's address and ZIP code		349-25-7944		
15 State   Employer's state I.D. No.   16 State   CT   42937714-000	te wages, tips, etc. 17 State income tax 9 7 7 3 . 3 7	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	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Department
REV 12/24/23 OSP		12a Cas instructions for Bay 12	4 18/ 4:4h	0.5-41:
b Employer's Identification number c Employer's name, address, and ZIP code	26-0452051	12a See Histructions for Box 12	1 Wages, tips, other compensation	
		l s	9773.37	1182.69
SOFTWARE ENTERPRISE,	LLC	\$  12b	3 Social security wages	1182.69 4 Social security tax withheld
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SOFTWARE ENTERPRISE, 360 BLOOMFIELD AVE #			3 Social security wages	4 Social security tax withheld 6 0 5 . 9 5 6 Medicare tax withheld
360 BLOOMFIELD AVE #		\$  \$	3 Social security wages 9773.37 5 Medicare wages and tips	4 Social security tax withheld 605.95
360 BLOOMFIELD AVE # WINDSOR CT 06095		12b   \$   12c   \$	3 Social security wages 9773.37 5 Medicare wages and tips 9773.37	4 Social security tax withheld 605.95 6 Medicare tax withheld 141.71
360 BLOOMFIELD AVE # WINDSOR CT 06095	301	12b	3 Social security wages 9773.37 5 Medicare wages and tips 9773.37 7 Social security tips	4 Social security tax withheld
360 BLOOMFIELD AVE # WINDSOR CT 06095	301 ast name	12b	3 Social security wages 9773.37 5 Medicare wages and tips 9773.37	4 Social security tax withheld
360 BLOOMFIELD AVE # WINDSOR CT 06095  Employee's first name and initial L	301 ast name	12b	3 Social security wages 9773.37 5 Medicare wages and tips 9773.37 7 Social security tips  9 11 Nonqualified plans	4 Social security tax withheld 605.95 6 Medicare tax withheld 141.71 8 Allocated tips 10 Dependent care benefits
360 BLOOMFIELD AVE # WINDSOR CT 06095 Employee's first name and initial L JANAKIRAM MUNDRATHI	301 ast name	12b	3 Social security wages 9773.37 5 Medicare wages and tips 9773.37 7 Social security tips	4 Social security tax withheld 605.95 6 Medicare tax withheld 141.71 8 Allocated tips 10 Dependent care benefits
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360 BLOOMFIELD AVE # WINDSOR CT 06095 GEMPLOYE'S first name and initial L JANAKIRAM MUNDRATHI 58 SPRUCE ST # 1 WEST HAVEN CT 06516	301 ast name	12b	3 Social security wages 9773.37 5 Medicare wages and tips 9773.37 7 Social security tips 9	4 Social security tax withheld 6 0 5 . 9 5 6 Medicare tax withheld 1 4 1 . 7 1 8 Allocated tips 10 Dependent care benefits 13 Statutory Plan Sick pay
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360 BLOOMFIELD AVE # WINDSOR CT 06095  © Employee's first name and initial L  JANAKIRAM MUNDRATHI 58 SPRUCE ST # 1  WEST HAVEN CT 06516  f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State CT 42937714-000  Form W-2 Wage and Tax Statement 2023	301  ast name  13246370  atte wages, tips, etc.	12b   \$   12c     \$   12d     \$	3 Social security wages 9773.37 5 Medicare wages and tips 9773.37 7 Social security tips  11 Nonqualified plans  14 Other CT PFML  19 Local income tax	4 Social security tax withheld 605.95 6 Medicare tax withheld 141.71 8 Allocated tips 10 Dependent care benefits 13 Statutory employee Plan Third-party employee Plan Third-party sick party employee Plan Third-party sick party employee Plan Third-party
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