b Employer's Identification number	22-3816438		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	22-3010430		ls.	85078.08	11622.62
XENON INFOTEK INC			12b	3 Social security wages	4 Social security tax withheld
_			\$   12c	85078.08 5 Medicare wages and tips	5274.84
2 KILMER ROAD			\$	85078.08	1233.63
EDISON NJ 08817			12d	7 Social security tips	8 Allocated tips
	Last name			9	10 Dependent care benefits
	4126814		This information is being furnished to the Internal Revenue Service		
JANAKIRAM MUNDRATHI			Comy B To Be Filed with	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
54 WALES AVE			Copy B To Be Filed with Employee's FEDERAL	14 Other	
			Tax Return	NJ SUI EE	174.67
JERSEY CITY NJ 07306	5		a Employee's soc. sec. no	NJ FLI	51.04
f Employee's address and ZIP code			349-25-7944		
15 State Employer's state I.D. No. 16 St	85078.08	7 State income tax 3700.45	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		3/00.45			
Form W-2 Wage and Tax Statement 2023	Department of the Treasur	y-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Nith Employee's FEDERAL Tax Return
b Employer's Identification number	22-3816438		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	22-3010430		\$	85078.08	11622.62
XENON INFOTEK INC			12b	3 Social security wages	4 Social security tax withheld 5274.84
			\$   12c	85078.08 5 Medicare wages and tips	52/4.04
2 KILMER ROAD			\$	85078.08	1233.63
EDISON NJ 08817			12d	7 Social security tips	8 Allocated tips
	Last name		<b> </b> \$	9	10 Dependent care benefits
	4126814				
JANAKIRAM MUNDRATHI			Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
54 WALES AVE			Local Tax Departments	14 Othor	
31 WILLIE IIV				14 Other NJ SUI EE	174.67
JERSEY CITY NJ 07306	5		a Employee's soc. sec. no	NJ FLI	51.04
f Employee's address and ZIP code			349-25-7944		
15 State Employer's state I.D. No. 16 St	tate wages, tips, etc.	7 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NJ   223-816-438/000	85078.08	3700.45			
Form W-2 Wage and Tax Statement 2023	Department of the Treasur	y-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Department
2023					
REV 12/24/23 OSP					
b Employer's Identification number c Employer's name, address, and ZIP code	22-3816438		12a See instructions for Box 12	1 Wages, tips, other compensation	
<u>,</u>			\$  12b	85078.08  3 Social security wages	11622.62 4 Social security tax withheld
XENON INFOTEK INC			ls.	85078.08	5274.84
2 KILMER ROAD			12c	5 Medicare wages and tips	6 Medicare tax withheld
2 11211211 11012			\$   12d	85078.08 7 Social security tips	1233.63 8 Allocated tips
EDISON NJ 08817			\$		
e Employee's first name and initial	Last name			9	10 Dependent care benefits
	4126814			11 Nonqualified plans	13 Statutory Retirement Third-party
JANAKIRAM MUNDRATHI			Copy 2 for State, City, or		13 Statutory Retirement Third-party employee plan sick pay
54 WALES AVE			Local Tax Departments	14 Other	154.65
TDD CD11 CTD11 NT 00200	_			NJ SUI EE NJ FLI	174.67 51.04
JERSEY CITY NJ 07306	0		a Employee's soc. sec. no	110 111	31.01
f Employee's address and ZIP code			349-25-7944		Too I I'
NJ	85078.08	7 State income tax 3700.45	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2023	Department of the Treasur	y-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Department
b Employer's Identification number c Employer's name, address, and ZIP code	22-3816438		12a See instructions for Box 12	1 Wages, tips, other compensation 85078.08	
			\$  12b	3 Social security wages	11622.62 4 Social security tax withheld
XENON INFOTEK INC			\$	85078.08	5274.84
2 KILMER ROAD			12c	5 Medicare wages and tips 85078.08	6 Medicare tax withheld
-			\$   12d	7 Social security tips	1233.63
EDISON NJ 08817			\$		-
e Employee's first name and initial	4126814		This information is being furnished to the Internal Revenue Service. If you are	9	10 Dependent care benefits
	4120814		required to file a tax return, a negligence penalty or other sanction may be imposed	11 Nongualified plans	13 Statutory Retirement Third-party
JANAKIRAM MUNDRATHI			on you if this income is taxable and you fail to report it.		13 Statutory Retirement Third-party employee plan sick pay
54 WALES AVE			Copy C for Employee's	14 Other	
TED CEST CIEST ST. CESS	-		Records (see notice to Employee on back.)	NJ SUI EE NJ FLI	174.67 51.04
JERSEY CITY NJ 07306	O .		a Employee's soc. sec. no	1	51.01
f Employee's address and ZIP code	tato wagos timo -t-	7 State income to:	349-25-7944	10 Local income toy	20 Locality name
15 State   Employer's state I.D. No.   16 St   NJ	85078.08	7 State income tax 3700.45	18 Local wages, tips, etc.	19 Local income tax	
Form W-2 Wage and Tay Statement	Department of the Tree	v-Internal Pevenus Service	OMP # 4545 0000		Conv.C. For Employee In December
Form W-2 Wage and Tax Statement 2023	Department of the Treasur	y-internal Revenue Service	OMB # 1545-0008		Copy C For Employee's Records