

22222		Void <input type="checkbox"/>	a Employee's social security number 578-65-3848		For Official Use Only OMB No. 1545-0008				
b Employer identification number (EIN) 88-1134031			1 Wages, tips, other compensation 18024.00		2 Federal income tax withheld 1229.35				
c Employer's name, address, and ZIP code TECH ORBIT LLC 8951 SYNERGY DR STE 230 MCKINNEY TX 75070			3 Social security wages 18024.00		4 Social security tax withheld 1117.49				
			5 Medicare wages and tips 18024.00		6 Medicare tax withheld 261.35				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial SUNEEL		Last name BUDDULA	Suff.	11 Nonqualified plans		12a See instructions for box 12			
f Employee's address and ZIP code 3901 WM DEHAES DR APT 2171 IRVING TX 75038			13 Statutory employee	Retirement plan	Third-party sick pay	12b			
			14 Other			12c		12d	
15 State Employer's state ID number TX 8044444494		16 State wages, tips, etc.	17 State income tax	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
For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

0000/1096

Do Not Cut, Fold, or Staple Forms on This Page