



**W-2** Wage and Tax Statement **2023**  
 Copy C for employee's records. OMB No. 1545-0008

**d** Control number 000013 Dept. KF/HI2 Corp. Employer use only **A**

**c** Employer's name, address, and ZIP code  
**ALPHAINFOSYS INC**  
 111 WESTPORT PLAZA DR STE 611  
 ST LOUIS, MO 63146

Batch #90718

**e/f** Employee's name, address, and ZIP code  
**DHEERAJ PATTISAPU**  
 5314 CARNABY STREET APT 249  
 IRVING, TX 75038

**b** Employer's FED ID number 83-3058398 **a** Employee's SSA number XXX-XX-4479

<b>1</b> Wages, tips, other comp. <b>71000.00</b>	<b>2</b> Federal income tax withheld <b>7880.48</b>
<b>3</b> Social security wages <b>71000.00</b>	<b>4</b> Social security tax withheld <b>4402.00</b>
<b>5</b> Medicare wages and tips <b>71000.00</b>	<b>6</b> Medicare tax withheld <b>1029.50</b>
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay
<b>15</b> State Employer's state ID no.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	71,000.00	71,000.00	71,000.00
<b>Reported W-2 Wages</b>	<b>71,000.00</b>	<b>71,000.00</b>	<b>71,000.00</b>

2. Employee Name and Address.

**DHEERAJ PATTISAPU**  
**5314 CARNABY STREET APT 249**  
**IRVING, TX 75038**

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<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay
<b>e/f</b> Employee's name, address and ZIP code <b>DHEERAJ PATTISAPU</b> 5314 CARNABY STREET APT 249 IRVING, TX 75038	
<b>15</b> State Employer's state ID no.	<b>16</b> State wages, tips, etc.
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**W-2** Wage and Tax Statement **2023**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008