

SKYSOFT INC
 1765 GREENSBORO STATION PL FL 9 STE 28

MC LEAN VA 22102

HEMANTH DURGA SAGAR ILLA
 3102 MISSION PEAK WAY

FREDERICK MD 21704

OMB No. 1545-0008		a Employee's social security number 815-10-1438		b Employer identification number (EIN) 46-4693500			
c Employer's name, address, and ZIP code SKYSOFT INC 1765 GREENSBORO STATION PL FL 9 STE MC LEAN VA 22102		1 Wages, tips, other comp 12084.00	2 Federal income tax withheld 1368.56	3 Social security wages 12084.00			
		4 SS tax withheld 749.21	5 Medicare wages and tips 12084.00	6 Medicare tax withheld 175.22			
		7 Social security tips	8 Allocated tips	9			
d Control number 3972759		e Employee's first name and initial Last name Suff. HEMANTH DURGA SAGAR ILLA 3102 MISSION PEAK WAY FREDERICK MD 21704		Form W-2 Wage and Tax Statement 2023 Copy 2 To Be Filed with Employee's State, City, or Local Income Tax Return			
f Employee's address and ZIP code		10 Dependent care benefits	11 Nonqualified plans			12a See instructions for box 12	
15 State Employer's state ID number MD Applied for		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other			12b	
16 State wages, tips, etc. 12084.00		17 State income tax 903.57	18 Local wages, tips, etc.			12c	
19 Local income tax		20 Locality name		12d			

Department of the Treasury—Internal Revenue Service

SKYSOFT INC
 1765 GREENSBORO STATION PL FL 9 STE 28

MC LEAN VA 22102

RAJESH RAJENDRAN
 24470 JUNIPER WOOD TER

STERLING VA 20166

OMB No. 1545-0008		a Employee's social security number 718-73-0349		b Employer identification number (EIN) 46-4693500			
c Employer's name, address, and ZIP code SKYSOFT INC 1765 GREENSBORO STATION PL FL 9 STE MC LEAN VA 22102		1 Wages, tips, other comp 46805.00	2 Federal income tax withheld 6637.73	3 Social security wages 46805.00			
		4 SS tax withheld 2901.91	5 Medicare wages and tips 46805.00	6 Medicare tax withheld 678.67			
		7 Social security tips	8 Allocated tips	9			
d Control number 3972759		e Employee's first name and initial Last name Suff. RAJESH RAJENDRAN 24470 JUNIPER WOOD TER STERLING VA 20166		Form W-2 Wage and Tax Statement 2023 Copy 2 To Be Filed with Employee's State, City, or Local Income Tax Return			
f Employee's address and ZIP code		10 Dependent care benefits	11 Nonqualified plans			12a See instructions for box 12	
15 State Employer's state ID number VA 30-464693500F-001		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other			12b	
16 State wages, tips, etc. 46805.00		17 State income tax 2332.55	18 Local wages, tips, etc.			12c	
19 Local income tax		20 Locality name		12d			

Department of the Treasury—Internal Revenue Service