



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

d Control number 000051 Dept. KW/FYR Corp. Employer use only 14

c Employer's name, address, and ZIP code
 VEENA CORP
 13800 COPPERMINE RD
 HERNDON, VA 20171
 Batch #92233

e/f Employee's name, address, and ZIP code
 NIVEDITHA SANDIRI GIRIDHARI
 16626 MALLARD TRL
 CONROE, TX 77385

b Employer's FED ID number 46-2566681 **a** Employee's SSA number XXX-XX-3025

1 Wages, tips, other comp. 33880.00 **2** Federal income tax withheld 360.20
3 Social security wages 33880.00 **4** Social security tax withheld 2100.56
5 Medicare wages and tips 33880.00 **6** Medicare tax withheld 491.26
7 Social security tips **8** Allocated tips
9 **10** Dependent care benefits
11 Nonqualified plans **12a** See instructions for box 12
14 Other **12b** | **12c** | **12d** |
13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no. **16** State wages, tips, etc.
17 State income tax **18** Local wages, tips, etc.
19 Local income tax **20** 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	33,880.00	33,880.00	33,880.00
Reported W-2 Wages	33,880.00	33,880.00	33,880.00

2. Employee Name and Address.

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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

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