

<b>a</b> Employee's SSN 883-97-2873		<b>b</b> Employer identification number (EIN) 90-0425297			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code VPD INTEGRATION SERVICE, LLC  2661 TOLKIEN LANE  LAKE OSWEGO OR 97034		<b>1</b> Wgs, tips, other compn 37950.33	<b>2</b> Fed inc tax withheld 4692.00	<b>3</b> Social security wages		
		<b>4</b> SS tax withheld	<b>5</b> Medicare wages & tips	<b>6</b> Medicare tax withheld		
		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>d</b> Control number		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>		
<b>e</b> Employee's name, address, and ZIP code BHASKAR ATTILI 1215 E VISTA DEL CERRO DR #20 TEMPE AZ 85281		<b>13</b> Statutory employee <input type="checkbox"/>  Retirement plan <input type="checkbox"/>  Third-party sick pay <input type="checkbox"/>	<b>14</b> Other OR STT Wages 37950.33 OR STT W/H 37.95 OR PFML 227.70	<b>12b</b>		
				<b>12c</b>		
				<b>12d</b>		
<b>15</b> State OR	Employer's state ID number 1367255-4	<b>16</b> State wages, tips, etc 37950.33	<b>17</b> State income tax 2602.00	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

Form **W-2**  
**Wage and Tax Statement**  
**2023**

Copy B To Be Filed with Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service.

REV 12/19/23 QBDT

Department of the Treasury — IRS

<b>a</b> Employee's SSN 883-97-2873		<b>b</b> Employer identification number (EIN) 90-0425297			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code VPD INTEGRATION SERVICE, LLC  2661 TOLKIEN LANE  LAKE OSWEGO OR 97034		<b>1</b> Wgs, tips, other compn 37950.33	<b>2</b> Fed inc tax withheld 4692.00	<b>3</b> Social security wages		
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<b>e</b> Employee's name, address, and ZIP code BHASKAR ATTILI 1215 E VISTA DEL CERRO DR #20 TEMPE AZ 85281		<b>13</b> Statutory employee <input type="checkbox"/>  Retirement plan <input type="checkbox"/>  Third-party sick pay <input type="checkbox"/>	<b>14</b> Other OR STT Wages 37950.33 OR STT W/H 37.95 OR PFML 227.70	<b>12b</b>		
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Form **W-2**  
**Wage and Tax Statement**  
**2023**

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 12/19/23 QBDT

<b>a</b> Employee's SSN 883-97-2873		<b>b</b> Employer identification number (EIN) 90-0425297			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code VPD INTEGRATION SERVICE, LLC  2661 TOLKIEN LANE  LAKE OSWEGO OR 97034		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
		<b>1</b> Wgs, tips, other compn 37950.33	<b>2</b> Fed inc tax withheld 4692.00	<b>3</b> Social security wages		
		<b>4</b> SS tax withheld	<b>5</b> Medicare wages & tips	<b>6</b> Medicare tax withheld		
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		<b>e</b> Employee's name, address, and ZIP code BHASKAR ATTILI 1215 E VISTA DEL CERRO DR #20 TEMPE AZ 85281	<b>13</b> Statutory employee <input type="checkbox"/>  Retirement plan <input type="checkbox"/>  Third-party sick pay <input type="checkbox"/>	<b>14</b> Other OR STT Wages 37950.33 OR STT W/H 37.95 OR PFML 227.70	<b>12b</b>	
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Form **W-2**  
**Wage and Tax Statement**  
**2023**

Copy C For EMPLOYEE'S RECORDS.  
(See Notice to Employee.)

REV 12/19/23 QBDT