Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008				1545-0008	
a Employee's soc. sec. no.	1 V	Vages, tips, other comp.	2 Federal income tax withheld		
828024872		30576.54	4857.36		
020021072	3 S	ocial security wages	Social security tax withheld		
b Employer ID number (EIN)	-	0.00	0.00		
832077309		0.00		0.00	
c Employer's name, address, and ZIP code					
Noah Medical Corporation 1501 Industrial Rd San Carlos,CA 94070					
d Control number 839443					
e Employee's name, address	, and Z	IP code		Suff.	
Mohith Bhupalam 821 Shell Blvd 201 Foster City,CA 94404					
7 Social security tips		Allocated tips	9		
10 Dependent care benefits		Nonqualified plans	12a code See inst. for box 12		
			DD 13	368.18	
13 Statutory employee 14 Other 12b code					
Retirement plan			12c code		
Third-party sick pay			12d code		
Third-party sick pay			12d code		
CA 119-3038-5		30576.54	21	.02.13	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					
18 Local wages, tips, etc.		19 Local income tax 20 Locality name			
30576.54		275.18 CA-		A-SDI	
Form W-2 Wage and Tax Statement 2023 This information is being furnished to the Internal Revenue Service.					

	Copy 2—To Be Filed City, or Local Income			OMB No. 1545-0008		
	a Employee's soc. sec. no.	1 W	ages, tips, other comp.	2 Federal income tax withheld		
	828024872		30576.54	4857.36		
			ocial security wages	4 Social security tax withheld		
Н	b Employer ID number (EIN	′ I	0.00	0.00		
Н	832077309	5 M	edicare wages and tips	6 Medicare tax withheld		
i			0.00	0.00		
I I	c Employer's name, addres	s, and ZI	P code			
П	Noah Medical	_				
1	1501 Industri	al R	d			
	San Carlos,CA	940	70			
l l	d Control number 839443					
П	e Employee's name, addres	20 and 7	Dando	Suff.		
	e Employee's name, addres	ss, and Z	r coue	Suii.		
П						
П	Mohith Bhupal					
1	821 Shell Blvd 201					
	Foster City,CA 94404					
Н	7 Social security tips	8 A	llocated tips	9		
	110 Dependent care penetits 11		lonqualified plans	12a code		
i	40.04-4-4	4 Other		DD 1368.18		
	13 Statutory employee 14	4 Otner		12b code		
	Retirement plan			12c code		
П	Retirement plan			12C Code		
П	Third-party sick pay			12d code		
П						
	CA 119-3038-5	5	30576.54	2102.13		
15 State Employer's state ID number			16 Ctata wagon tina ata	17 State income tax		
1	18 Local wages, tips, etc.		ocal income tax	20 Locality name		
l I	30576.54		275.18	CA-SDI		
	Form W-2 Wage and Tax Sta	itement	2023	Dept. of the Treasury – IRS		

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008					
a Employee's soc. sec. r	10. 1	Wages, tips, other comp.	2 Federal income tax withheld		
828024872		30576.54 Social security wages	4857.36		
b Employer ID number (I		0.00	0.00		
832077309	5	Medicare wages and tips	6 Medicare tax withheld 0.00		
c Employer's name, add	ress, and	ZIP code			
Noah Medical Corporation 1501 Industrial Rd San Carlos,CA 94070					
d Control number 839443					
e Employee's name, address, and ZIP code Suff.					
Mohith Bhupalam 821 Shell Blvd 201 Foster City,CA 94404					
7 Social security tips	1	8 Allocated tips	9		
10 Dependent care benefits		1 Nonqualified plans	12a code See inst. for box 12		
13 Statutory employee 14 Oti		r	DD 1368.18		
13 Statutory employee 14 Strict			1.2.0000		
Retirement plan			12c code		
Third-party sick pay 12d code			12d code		
CA 119-3038	-5	30576.54	2102.13		
		er 16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc. 30576.		9 Local income tax 275.18	20 Locality name CA-SDI		

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

a Employee's soc. sec. no.		1 Wages, tips, other comp. 30576.54		2	2 Federal income tax withheld 4857.36	
828024872		3 Social security wages		4	4 Social security tax withheld	
b Employer ID number (I	EIN)	0.00			0.00	
832077309		5 Medicare wages and tips 0.00		6	6 Medicare tax withheld 0.00	
c Employer's name, add	ress, ar	ıd ZI	P code	_		
Noah Medical Corporation 1501 Industrial Rd San Carlos,CA 94070						
d Control number 839443	d Control number 839443					
e Employee's name, add	Iress, a	nd Z	P code		Suff.	
Mohith Bhupa	alam	l				
821 Shell Blvd 201						
Foster City, CA 94404						
7 Social security tips 8 Allocated tips 9)			
10 Dependent care benef	its	11 N	lonqualified plans		2a code	
13 Statutory employee 14 Other 12		2b code				
Retirement plan 12c c		2c code				
Third posts sigh you				nd anda		
Third-party sick pay 12d code						
CA 119-3038	-5		30576.54		2102.13	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						
18 Local wages, tips, etc. 30576.54		19 L	ocal income tax 275.18			

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