| <b>b</b> Employer's identification number $26 - 0452051$                                 | 12a See Instructions for box 12  | 1 Wades, tips, other compensation | 2 Federal income tax withheid                                 |
|--|--|-----------------------------------|---|
| c Employer's name, address, and ZIP code   | \$   | 37680.00                          | 3774.88   |
| SOFTWARE ENTERPRISE, LLC   | 12b  | 3 Social security wages           | 4 Social security tax withheld                                |
| SOFIWARE ENIERPRISE, LLC   | \$   |                                   |   |
|  | 12c  | 5 Medicare wages and tips         | 6 Medicare tax withheld                                       |
| 360 BLOOMFIELD AVE #301  | \$   |                                   |   |
|  | 12d  | 7 Social security tips            | 8 Allocated tips  |
| WINDSOR CT 06095   | \$   |                                   |   |
| e Employee's first name and initial Last name  |  | 9                                 | 10 Dependent care benefits                                    |
| 13246370   | This information is being furnished to the<br>Internal Revenue Service |                                   |   |
| ABUL SUFIYAN SYED  |  | 11 Nongualified plans             | 13 Statutory Retirement Third-party<br>employee plan sick pay |
| 332 LEGACY OAKS CIR  | Copy B To Be Filed with  |                                   | employee plan sick pay  |
| JJZ DEGACI OARD CIR  | Employee's FEDERAL   | 14 Other                          |   |
|  | Tax Return   |                                   |   |
| ROSWELL GA 30076   | a Employee's soc. sec. no  |                                   |   |
|  |  |                                   |   |
| f Employee's address and ZIP code  | 373-59-9151  |                                   |   |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax        | 18 Local wages, tips, etc.   | 19 Local income tax               | 20 Locality name  |
| GA 3469718-LV 37680.00 1884.85   |  |                                   |   |
|  |  | Γ                                 |   |
| Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008  | Copy B To Be Filed V              | With Employee's FEDERAL Tax Return                            |
|  |  |                                   |   |
|  |  |                                   |   |

| b Employer's Identification number<br>c Employer's name, address, and ZIP code 26-0452051 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation     | 2 Federal income tax withheld                                 |
|---|---------------------------------|---------------------------------------|---|
|   | \$                              | 37680.00                              | 3774.88   |
| SOFTWARE ENTERPRISE, LLC  | 12b                             | 3 Social security wages               | 4 Social security tax withheld                                |
|   | \$                              |                                       |   |
| 360 BLOOMFIELD AVE #301   | 12c                             | 5 Medicare wages and tips             | 6 Medicare tax withheld                                       |
| JOO BLOOMFIELD AVE #JOI   | \$                              |                                       |   |
| WINDOD OF ACAAF   | 12d                             | 7 Social security tips                | 8 Allocated tips  |
| WINDSOR CT 06095  | \$                              |                                       |   |
| e Employee's first name and initial Last name   |                                 | 9                                     | 10 Dependent care benefits                                    |
| 13246370  |                                 |                                       |   |
| ABUL SUFIYAN SYED   | Copy 2 for State, City, or      | 11 Nonqualified plans                 | 13 Statutory Retirement Third-party<br>employee plan sick pay |
| 332 LEGACY OAKS CIR   | Local Tax Departments           | 14 Other                              |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
| ROSWELL GA 30076  | a Employee's soc. sec. no       |                                       |   |
| f Employee's address and ZIP code   | 373-59-9151                     |                                       |   |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax         | 18 Local wages, tips, etc.      | 19 Local income tax                   | 20 Locality name  |
| GA 3469718-LV 37680.00 1884.85  |                                 | +                                     |   |
| Form W-2 Wage and Tax Statement Department of the Tracsup/Internal Peyenue Service        | OMB # 1545-0008                 | Copy 2 To Be Filed With Employee's ST | ATE CITY or LOCAL Tax Departments                             |
| Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service  | OND # 1545-0008                 | Copy 2 to be thed with Employee's Str | TE, OTT, OF LOOAL TAX Departments                             |

REV 12/24/23 OSP

| b Employer's Identification number<br>a Employer's name, address, and ZIP and 26-0452051           | 12a See instructions for Box 12 | 1 Wages, tips, other compensation     | 2 Federal income tax withheld                        |
|--|---------------------------------|---------------------------------------|--|
| c Employer's name, address, and ZIP code   | \$                              | 37680.00                              | 3774.88  |
| SOFTWARE ENTERPRISE, LLC   | 12b                             | 3 Social security wages               | 4 Social security tax withheld                       |
|  | \$                              |                                       |  |
| 360 BLOOMFIELD AVE #301  | 12c                             | 5 Medicare wages and tips             | 6 Medicare tax withheld                              |
| SOO PROOMLIFID AVE #201  | \$                              |                                       |  |
| HINDOOD OF ACOAS   | 12d                             | 7 Social security tips                | 8 Allocated tips                                     |
| WINDSOR CT 06095   | \$                              |                                       |  |
| e Employee's first name and initial Last name  |                                 | 9                                     | 10 Dependent care benefits                           |
| 13246370   |                                 |                                       |  |
| ABUL SUFIYAN SYED  | Copy 2 for State, City, or      | 11 Nongualified plans                 | 13 Statutory Retirement Third-party<br>plan sick pay |
| 332 LEGACY OAKS CIR  | Local Tax Departments           | 14 Other                              |  |
|  |                                 |                                       |  |
| ROSWELL GA 30076   |                                 |                                       |  |
|  | a Employee's soc. sec. no       | 4                                     |  |
| f Employee's address and ZIP code  | 373-59-9151                     |                                       |  |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax                  | 18 Local wages, tips, etc.      | 19 Local income tax                   | 20 Locality name                                     |
| GA 3469718-LV 37680.00 1884.85   |                                 |                                       |  |
| Example Allower and Two Otatemant - Department of the Teacourt Internal Department of the Teacourt |                                 |                                       |  |
| Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service           | OMB # 1545-0008                 | Copy 2 To Be Filed With Employee's ST | ATE, CITY, or LOCAL Tax Departments                  |

| b Employer's Identification number 26-0452051 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld   |                         |                                     |
|---|---------------------------------|-----------------------------------|---|-------------------------|-------------------------------------|
| c Employer's name, address, and ZIP code      | \$                              | 37680.00                          | 3774.88   |                         |                                     |
| SOFTWARE ENTERPRIS                            | F LLC                           |                                   | 12b   | 3 Social security wages | 4 Social security tax withheld      |
| SOFIWARE ENTERPRISE, DEC                      |                                 |                                   | \$  |                         |                                     |
|   |                                 | 12c                               | 5 Medicare wages and tips   | 6 Medicare tax withheld |                                     |
| 360 BLOOMFIELD AVE #301                       |                                 | \$                                |   |                         |                                     |
|   |                                 |                                   | 12d   | 7 Social security tips  | 8 Allocated tips                    |
| WINDSOR CT 06095                              |                                 |                                   | \$  |                         |                                     |
| e Employee's first name and initial           | Last name                       |                                   | This information is being furnished to the  | 9                       | 10 Dependent care benefits          |
|   | 1324637                         | 0                                 | Internal Revenue Service. If you are<br>required to file a tax return, a negligence |                         |                                     |
|   |                                 |                                   | penalty or other sanction may be imposed  | 11 Nongualified plans   | 13 Statutory Retirement Third-party |
| ABUL SUFIYAN SYED                             |                                 |                                   | on you if this income is taxable and you<br>fail to report it.                      |                         | employee plan sick pay              |
| 332 LEGACY OAKS CI                            | R                               |                                   | Copy C for Employee's   |                         |                                     |
|   |                                 |                                   | Records (see notice to  | 14 Other                |                                     |
|   | Employee on back.)              |                                   |   |                         |                                     |
| ROSWELL GA 30076                              |                                 |                                   |   |                         |                                     |
|   |                                 |                                   | a Employee's soc. sec. no   |                         |                                     |
| f Employee's address and ZIP code             |                                 |                                   | 373-59-9151   |                         |                                     |
| 15 State Employer's state I.D. No. 1          |                                 | 17 State income tax               | 18 Local wages, tips, etc.  | 19 Local income tax     | 20 Locality name                    |
| GA 3469718-LV                                 | 37680.00                        | 1884.85                           |   |                         |                                     |
|   |                                 |                                   | ]   | Γ                       | 1                                   |