Copy B To Be F	iled with	Empl	oyee's	202	23	Copy	2 To Be Fi	iled W	ith Emp	olovee's State	, 202	23
FEDERAL Tax Return. OMB No. 1545-0008						City, or Local Income Tax Return. OMB No. 1545-0008						
a Employee's SSN	1 Wages, tips, other comp. 25533.32		2 Federal income tax withheld 3036.00		a Emp	loyee's SSN	1 Wag	es, tips, otl	her comp. 25533.32	2 Federa	l income tax withheld 3036.00	
179-65-7414	65-7414 3 Social security wages		4 Social security tax withheld		179-65-7414		3 Social security wages			4 Social security tax withheld		
<b>b</b> Employer ID no. (EIN)	25533.32		1583.07		<b>b</b> Emplo	b Employer ID no. (EIN) 46-0902610		25533.32			1583.07	
46-0902610	5 Medicare wages and tips 25533.32			6 Medicare tax withheld 370.23				46-	5 Medicare wages and tips 25533.32			6 Medicare tax withheld 370.23
c Employer's name, address, and ZIP code ENLIVEN TECHNOLOGIES INC						c Employer's name, address, and ZIP code ENLIVEN TECHNOLOGIES INC						
20755 WILLIAMSPORT PLACE SUITE 230 ASHBURN				VA 20147		20755 WILLIAMSPORT PLACE SUITE 230 ASHBURN			VA	20147		
d Control number					d Control number					20117		
e Employee's name, address, and ZIP code SREEKUMAR S VEMULA 19201 KENLEY WAY BIRMINGHAM				Suff. AL 35242		e Employee's name, address, and ZIP code SREEKUMAR S VEMULA 19201 KENLEY WAY BIRMINGHAM			AL	Suff. 35242		
7 Social security tips 8 Allo		llocated	l tips	9		7 Social security tips			8 Allocated tips		9	
10 Dependent care bene	efits 11 N	s 11 Nonqualified plans		12a Code See inst. for box 12		10 Dependent care benefits		efits	s 11 Nonqualified plans		<b>12a</b> Co	ode See inst. for box 12
13 14 Other				<b>12b</b> Co	ode	13 14		14 Ot	14 Other		12b C	ode
Statutory employee					Statutory employee					12c Code		
Retirement Plan			12c Code		Retirement Plan				12 <b>c</b> C	ode		
Third-party sick pay		12d Code		Third-party sick pay				12d Code				
AL			2553	3.32	1069.88	AL	, olon pay			2553	33.32	1069.88
15 State Employer's st	tate ID numb	er 1	I6 State wages, tip	s, etc.	17 State income tax	15 State	Employer's stat	e ID nur	mber	16 State wages, tip	os, etc.	17 State income tax
18 Local wages, tips, etc. 19 Local income tax		come tax	20 Locality name		18 Local wages, tips, etc.		c.	19 Local income tax		20 Locality	y name	
Form W-2 Wage and Ta This information is being furni	x Statement ished to the Inte	ernal Rev	enue Service.		Dept. of the Treasury - IRS	Form W	/-2 Wage and Ta	ıx Stater	nent			Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. 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.

Copy C For EMI (See Notice to E	PLOYI mploy	EE'S RE rees).	CORDS.		B No. 1545-0008		
a Employee's SSN	1 Wag	es, tips, ot	her comp.	2 Federal income tax withheld			
, ,	25533.32			3036.00			
179-65-7414	3 Social security wages			4 Social security tax withheld			
<b>b</b> Employer ID no. (EIN)	25533.32			1583.07			
	5 Medicare wages and tips			6 Medicare tax withheld			
46-0902610	25533.32			370.23			
c Employer's name, ac ENLIVEN T 20755 WIL SUITE 230	ECHN	OLOG1	IES INC				
ASHBURN					VA 20147		
d Control number							
e Employee's name, a SREEKUMAR 19201 KEN BIRMINGHA	S V LEY	EMULA		AL	Suff. 35242		
7 Social security tips		8 Allocate	ed tips	9			
10 Dependent care bene	efits	11 Nonqua	alified plans	12a Code See inst. for box 12			
13	<b>14</b> Ot	her		12b Code			
Statutory employee				120 0	ada		
Retirement Plan				12c Code			
				<b>12d</b> C	ode		
Third-party sick pay					1		
AL		2553		33.32	1069.88		
<b>15</b> State Employer's sta	te ID nur	nber	16 State wages, tij	s, etc. 17 State income tax			
18 Local wages, tips, et	c.	19 Local ir	ncome tax	20 Locality name			
Form W-2 Wage and Ta	x Stater	nent			Dept. of the Treasury - IRS		

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City, or Local Inc					B No. 1545-0008			
a Employee's SSN	<b>1</b> Wag	es, tips, ot	her comp.	2 Federal income tax withheld				
, ,			25533.32	3036.00				
179-65-7414	3 Soci	al security	wages	4 Social security tax withheld				
<b>b</b> Employer ID no. (EIN)			25533.32	1583.07				
	5 Med	icare wage		6 Medicare tax withheld				
46-0902610			25533.32	370.23				
c Employer's name, ad ENLIVEN TO 20755 WIL SUITE 230	ECHN	IOLOG:	IES INC					
ASHBURN				VA 20147				
d Control number					-			
e Employee's name, ad SREEKUMAR					Suff.			
19201 KENLEY WAY								
BIRMINGHAM AL 35242								
7 Social security tips		8 Allocate	ed tips	9				
10 Dependent care bene	fits	11 Nonqua	alified plans	12a Code See inst. for box 12				
13	<b>14</b> Ot	her		12b Code				
Statutory employee								
Retirement Plan				12c Code				
Retirement Flan				<b>12d</b> Code				
Third-party sick pay								
AL			2553	3.32 1069.88				
15 State Employer's stat	e ID nur	mber	16 State wages, tip	e wages, tips, etc. 17 State income tax				
18 Local wages, tips, etc	Э.	19 Local in	ncome tax	20 Locality name				
Form W-2 Wage and Ta	x Stater	nent			Dept. of the Treasury - IRS			