

| Copy B--To Be Filed With Employee's FEDERAL Tax Return                         |                                    | OMB No. 1545-0008               |                      |
|--|------------------------------------|---------------------------------|----------------------|
| This information is being furnished to the Internal Revenue Service.           |                                    |                                 |                      |
| a. Employee's social security number   | 1. Wages, tips, other compensation | 2. Federal income tax withheld  |                      |
| 830931189  | 1800.00                            | 64.58                           |                      |
| b. Employer ID number (EIN)  | 3. Social security wages           | 4. Social security tax withheld |                      |
|  | 5. Medicare wages and tips         | 6. Medicare tax withheld        |                      |
| 92-2363416   |                                    |                                 |                      |
| c. Employer's name, address, and ZIP code                                      |                                    |                                 |                      |
| Capital Soft Tech INC<br>1925 E. Belt Line Rd, St #276<br>Carrollton, TX 75006 |                                    |                                 |                      |
| d. Control number  |                                    |                                 |                      |
| e. Employee's name, address, and ZIP code                                      |                                    |                                 |                      |
| Manasa Devi Pakeeru<br>7421 Frankford Rd Apt 3036<br>DALLAS, TX 75252          |                                    |                                 |                      |
| 7. Social security tips  | 8. Allocated tips                  | 9. Verification Code            |                      |
|  |                                    |                                 |                      |
| 10. Dependent care benefits  | 11. Nonqualified plans             | 12a. Code See inst. for Box 12  |                      |
|  |                                    |                                 |                      |
| 13. Statutory employee   | 14. Other                          | 12b. Code                       |                      |
| Retirement plan  |                                    | 12c. Code                       |                      |
| Third-party sick pay   |                                    | 12d. Code                       |                      |
| 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               |                      |
|  |                                    |                                 |                      |

Form W-2 Wage and Tax Statement **2023** Department of the Treasury - Internal Revenue Service

| Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return    |                                    | OMB No. 1545-0008               |                      |
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| 13. Statutory employee   | 14. Other                          | 12b. Code                       |                      |
| Retirement plan  |                                    | 12c. Code                       |                      |
| Third-party sick pay   |                                    | 12d. Code                       |                      |
| 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               |                      |
|  |                                    |                                 |                      |

Form W-2 Wage and Tax Statement **2023** Department of the Treasury - Internal Revenue Service

| Copy C--For EMPLOYEE'S RECORDS(See Notice to Employee.)  |                                    | OMB No. 1545-0008               |                      |
|--|------------------------------------|---------------------------------|----------------------|
| 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. |                                    |                                 |                      |
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