

Income Tax Return		3 Social security wages	4 Social security tax withheld
		132164.68	8194.21
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld	
792-86-0038	132164.68	1916.39	
c Employer's name, address and ZIP code			
CONFERRA SOFTWARE 39180 LIBERTY ST STE 101 FREMONT CA 94538			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name			
AJAYKUMAR GOLUSU 16420 SUNNYLAND DRIVE CELINA TX 75009			
f Employee's address and ZIP Code	9	12a	\$
b Employer identification number (EIN)	10 Dependent care benefits	12b	\$
27-3388920			
7 Social security tips	11 Nonqualified plans	12c	\$
8 Allocated tips	14 Other	12d	\$
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	12e	\$
	third-party sick pay <input type="checkbox"/>		
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

Employee's State, City, or Local Income Tax Return		3 Social security wages	4 Social security tax withheld
		132164.68	8194.21
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld	
792-86-0038	132164.68	1916.39	
c Employer's name, address and ZIP code			
CONFERRA SOFTWARE 39180 LIBERTY ST STE 101 FREMONT CA 94538			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name			
AJAYKUMAR GOLUSU 16420 SUNNYLAND DRIVE CELINA TX 75009			
f Employee's address and ZIP Code	9	12a	\$
b Employer identification number (EIN)	10 Dependent care benefits	12b	\$
27-3388920			
7 Social security tips	11 Nonqualified plans	12c	\$
8 Allocated tips	14 Other	12d	\$
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	12e	\$
	third-party sick pay <input type="checkbox"/>		
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

OMB# 1545-0008

**COPY B** - To Be Filled With Employers FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service

1 Wages, tips, other compensation	2 Federal income tax withheld		
132164.68	9597.18		
3 Social security wages	4 Social security tax withheld		
132164.68	8194.21		
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld	
792-86-0038	132164.68	1916.39	
c Employer's name, address and ZIP code			
CONFERRA SOFTWARE 39180 LIBERTY ST STE 101 FREMONT CA 94538			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name			
AJAYKUMAR GOLUSU 16420 SUNNYLAND DRIVE CELINA TX 75009			
f Employee's address and ZIP Code	9	12a	\$
b Employer identification number (EIN)	10 Dependent care benefits	12b	\$
27-3388920			
7 Social security tips	11 Nonqualified plans	12c	\$
8 Allocated tips	14 Other	12d	\$
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	12e	\$
	third-party sick pay <input type="checkbox"/>		
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

OMB# 1545-0008

**COPY C** - For EMPLOYEE'S RECORDS (See Notice to Employee Below)

1 Wages, tips, other compensation	2 Federal income tax withheld		
132164.68	9597.18		
3 Social security wages	4 Social security tax withheld		
132164.68	8194.21		
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld	
792-86-0038	132164.68	1916.39	
c Employer's name, address and ZIP code			
CONFERRA SOFTWARE 39180 LIBERTY ST STE 101 FREMONT CA 94538			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name			
AJAYKUMAR GOLUSU 16420 SUNNYLAND DRIVE CELINA TX 75009			
f Employee's address and ZIP Code	9	12a	\$
b Employer identification number (EIN)	10 Dependent care benefits	12b	\$
27-3388920			
7 Social security tips	11 Nonqualified plans	12c	\$
8 Allocated tips	14 Other	12d	\$
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	12e	\$
	third-party sick pay <input type="checkbox"/>		
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

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.