b Employer's Identification number 26-36443	382	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		L \$ 4000.00	88186.21	11661.48
M9 CONSULTING INC		12b	3 Social security wages	4 Social security tax withheld
		\$	88186.21	5467.55
507, DENALI PASS DR, SUITE#	12c	5 Medicare wages and tips	6 Medicare tax withheld	
	005	\$	88186.21	1278.70
SUITE # 603		12d	7 Social security tips	8 Allocated tips
CEDAR PARK TX 78613		\$		
e Employee's first name and initial Last name			9	10 Dependent care benefits
1318	3796	This information is being furnished to the Internal Revenue Service		
			11 Nongualified plans	13 Statutory Retirement Third-party
SANTHOSH KOMPELLI		Copy B To Be Filed with		employee plan sick pay
4920 UNDERWOOD LN N			11.00	
UNIT C		Employee's FEDERAL	14 Other	
		Tax Return		
PLYMOUTH MN 55442		a Employee's soc. sec. no		
f Employee's address and ZIP code		345-21-1095		
15 State Employer's state I.D. No. 16 State wages, tips, e	tc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MN 3552598 88186	.21 5273.35			
Form W-2 Wage and Tax Statement 2023 Department of th	e Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed	With Employee's FEDERAL Tax Return
2025				

	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 20-3044302	L \$ 4000.00	88186.21	11661.48
M9 CONSULTING INC	12b	3 Social security wages	4 Social security tax withheld
	\$	88186.21	5467.55
507, DENALI PASS DR, SUITE#603	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	88186.21	1278.70
	12d	7 Social security tips	8 Allocated tips
CEDAR PARK TX 78613	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1318796			
SANTHOSH KOMPELLI 4920 UNDERWOOD LN N UNIT C	Copy 2 for State, City, or Local Tax Departments	11 Nonqualified plans 14 Other	13 Statutory Retirement Third-party employee plan sick pay
PLYMOUTH MN 55442	a Employee's soc. sec. no		
f Employee's address and ZIP code	345-21-1095		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax MN 3552598 88186.21 5273.35		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 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments

REV 01/10/24 OSP

b Employer's Identification number 26-3644382	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	L s 4000.00	88186.21	11661.48
M9 CONSULTING INC	12b	3 Social security wages	4 Social security tax withheld
My compositing the	s	88186.21	5467.55
		5 Medicare wages and tips	6 Medicare tax withheld
507, DENALI PASS DR, SUITE#603	\$	88186.21	1278.70
SUITE # 603	12d	7 Social security tips	8 Allocated tips
CEDAR PARK TX 78613	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1318796			
SANTHOSH KOMPELLI	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
4920 UNDERWOOD LN N	Local Tax Departments		
UNIT C		14 Other	
PLYMOUTH MN 55442	a Employee's soc. sec. no		
	345-21-1095	+	
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax		19 Local income tax	20 Locality name
MN 3552598 88186.21 5273.35	18 Local wages, tips, etc.	19 Local Income tax	
		+	
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		26-3644382	12a S	See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, ac	dress, and ZIP o	ode 20 5011502			L	\$ 4000.00	88186.21	11661.48
M9 CONSULT	TNC TNC	<u>.</u>			12b		3 Social security wages	4 Social security tax withheld
MJ CONDOLL					\$	88186.21	5467.55	
				12c		5 Medicare wages and tips	6 Medicare tax withheld	
507, DENALI PASS DR, SUITE#603 SUITE # 603			\$	88186.21	1278.70			
		12d	12d	7 Social security tips	8 Allocated tips			
CEDAR PARK		13				\$		
e Employee's first nam	e and initial	Last name				information is being furnished to the	9	10 Dependent care benefits
		1318796				nal Revenue Service. If you are ired to file a tax return, a negligence		
SANTHOSH K	OMPELLI				pena		11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
4920 UNDER		NT			fail to	o report it.		
4920 UNDER	NOOD TIN	IN			Cop	py C for Employee's	14 Other	
UNIT C						cords (see notice to		
PLYMOUTH M	N 55442				Emp	ployee on back.)		
	. 55112				a Em	ployee's soc. sec. no		
f Employee's address	and ZIP code				34	5-21-1095		
15 State Employer	s state I.D. No.	16 State wages, tips, etc.	17 State income tax		18 L	ocal wages, tips, etc.	19 Local income tax	20 Locality name
MN_355259	8	88186.21		5273.35			L	
					1			

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