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|--|--|---|--|--|--|--|--|
| 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 M9 CONSULTING INC 507, DENALI PASS DR, SUITE#603 SUITE # 603 CEDAR PARK TX 78613 | | L \$ 4000.00 | | 88186.21 | | 11661.48 | |
| | | 12b \$ | | 3 Social security wages | | 4 Social security tax withheld | |
| | | | | 88186.21 | | 5467.55 | |
| | | 12c \$ | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| | | | | 88186.21 | | 1278.70 | |
| e Employee's first name and initial Last name 1318796 SANTHOSH KOMPELLI 4920 UNDERWOOD LN N UNIT C PLYMOUTH MN 55442 | | 12d \$ | | 7 Social security tips | | 8 Allocated tips | |
| | | | | | | | |
| | | This information is being furnished to the Internal Revenue Service | | 9 | | 10 Dependent care benefits | |
| f Employee's address and ZIP code | | a Employee's soc. sec. no | | 11 Nonqualified plans | | 13 Statutory employee Retirement plan Third-party sick pay | |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | | 345-21-1095 | | 14 Other | | | |
| MN 3552598 88186.21 5273.35 | | | | | | | |
| Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service | | | | OMB # 1545-0008 | | Copy B To Be Filed With Employee's FEDERAL Tax Return | |

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| 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 STATE, CITY, or LOCAL Tax Departments | |

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