



Employee Reference Copy  
**W-2** Wage and Tax Statement **2023**  
 Copy C for employee's records. OMB No. 1545-0008

|  |   |           |                        |
|--|---|-----------|------------------------|
| d Control number<br>000043   | Dept.<br>KY/J39                           | Corp.     | Employer use only<br>A |
| c Employer's name, address, and ZIP code<br><b>QUALIZEAL INC</b><br><b>9901 VALLEY RANCH PKWY E</b><br><b>STE 2037</b><br><b>IRVING, TX 75063</b><br><br><b>Batch #95079</b> |   |           |                        |
| e/f Employee's name, address, and ZIP code<br><b>PRADEEP SADINENI</b><br><b>2742 MONUMENT POINT CIRCLE</b><br><b>FORT MILL, SC 29715</b>                                     |   |           |                        |
| b Employer's FED ID number<br>86-3585787   | a Employee's SSA number<br>XXX-XX-9449    |           |                        |
| 1 Wages, tips, other comp.<br>29206.68   | 2 Federal income tax withheld<br>2953.55  |           |                        |
| 3 Social security wages<br>29206.68  | 4 Social security tax withheld<br>1810.81 |           |                        |
| 5 Medicare wages and tips<br>29206.68  | 6 Medicare tax withheld<br>423.50         |           |                        |
| 7 Social security tips   | 8 Allocated tips                          |           |                        |
| 9  | 10 Dependent care benefits                |           |                        |
| 11 Nonqualified plans  | 12a See instructions for box 12           |           |                        |
| 14 Other   | 12b                                       |           |                        |
|  | 12c                                       |           |                        |
|  | 12d                                       |           |                        |
|  | 13 Stat emp                               | Ret. plan | 3rd party sick pay     |
| 15 State<br>TOTAL STATE  | 16 State wages, tips, etc.                |           |                        |
| 17 State income tax<br>1264.00   | 18 Local wages, tips, etc.                |           |                        |
| 19 Local income tax  | 20 Locality name                          |           |                        |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                    | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 | NC. State Wages, Tips, Etc.<br>Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|--|
| Gross Pay          | 29,206.68                                       | 29,206.68                             | 29,206.68                      | 17,973.34                                    |
| Reported W-2 Wages | 29,206.68                                       | 29,206.68                             | 29,206.68                      | 17,973.34                                    |

2. Employee Name and Address.

**PRADEEP SADINENI**  
**2742 MONUMENT POINT CIRCLE**  
**FORT MILL, SC 29715**

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|   |   |           |                        |
|---|---|-----------|------------------------|
| 1 Wages, tips, other comp.<br>29206.68  | 2 Federal income tax withheld<br>2953.55  |           |                        |
| 3 Social security wages<br>29206.68   | 4 Social security tax withheld<br>1810.81 |           |                        |
| 5 Medicare wages and tips<br>29206.68   | 6 Medicare tax withheld<br>423.50         |           |                        |
| d Control number<br>000043  | Dept.<br>KY/J39                           | Corp.     | Employer use only<br>A |
| c Employer's name, address, and ZIP code<br><b>QUALIZEAL INC</b><br><b>9901 VALLEY RANCH PKWY E</b><br><b>STE 2037</b><br><b>IRVING, TX 75063</b> |   |           |                        |
| b Employer's FED ID number<br>86-3585787  | a Employee's SSA number<br>XXX-XX-9449    |           |                        |
| 7 Social security tips  | 8 Allocated tips                          |           |                        |
| 9   | 10 Dependent care benefits                |           |                        |
| 11 Nonqualified plans   | 12a See instructions for box 12           |           |                        |
| 14 Other  | 12b                                       |           |                        |
|   | 12c                                       |           |                        |
|   | 12d                                       |           |                        |
|   | 13 Stat emp                               | Ret. plan | 3rd party sick pay     |
| e/f Employee's name, address and ZIP code<br><b>PRADEEP SADINENI</b><br><b>2742 MONUMENT POINT CIRCLE</b><br><b>FORT MILL, SC 29715</b>           |   |           |                        |
| 15 State<br>TOTAL STATE   | 16 State wages, tips, etc.                |           |                        |
| 17 State income tax<br>1264.00  | 18 Local wages, tips, etc.                |           |                        |
| 19 Local income tax   | 20 Locality name                          |           |                        |

Federal Filing Copy  
**W-2** Wage and Tax Statement **2023**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

|   |   |  |                        |
|---|---|--|------------------------|
| 1 Wages, tips, other comp.<br>29206.68  | 2 Federal income tax withheld<br>2953.55  |  |                        |
| 3 Social security wages<br>29206.68   | 4 Social security tax withheld<br>1810.81 |  |                        |
| 5 Medicare wages and tips<br>29206.68   | 6 Medicare tax withheld<br>423.50         |  |                        |
| d Control number<br>000043  | Dept.<br>KY/J39                           | Corp.                                  | Employer use only<br>A |
| c Employer's name, address, and ZIP code<br><b>QUALIZEAL INC</b><br><b>9901 VALLEY RANCH PKWY E</b><br><b>STE 2037</b><br><b>IRVING, TX 75063</b> |   |  |                        |
| b Employer's FED ID number<br>86-3585787  | a Employee's SSA number<br>XXX-XX-9449    |  |                        |
| 7 Social security tips  | 8 Allocated tips                          |  |                        |
| 9   | 10 Dependent care benefits                |  |                        |
| 11 Nonqualified plans   | 12a                                       |  |                        |
| 14 Other  | 12b                                       |  |                        |
|   | 12c                                       |  |                        |
|   | 12d                                       |  |                        |
|   | 13 Stat emp                               | Ret. plan                              | 3rd party sick pay     |
| e/f Employee's name, address and ZIP code<br><b>PRADEEP SADINENI</b><br><b>2742 MONUMENT POINT CIRCLE</b><br><b>FORT MILL, SC 29715</b>           |   |  |                        |
| 15 State<br>NC  | Employer's state ID no.<br>601392894      | 16 State wages, tips, etc.<br>17973.34 |                        |
| 17 State income tax<br>770.00   | 18 Local wages, tips, etc.                |  |                        |
| 19 Local income tax   | 20 Locality name                          |  |                        |

NC.State Reference Copy  
**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

|   |   |  |                        |
|---|---|--|------------------------|
| 1 Wages, tips, other comp.<br>29206.68  | 2 Federal income tax withheld<br>2953.55  |  |                        |
| 3 Social security wages<br>29206.68   | 4 Social security tax withheld<br>1810.81 |  |                        |
| 5 Medicare wages and tips<br>29206.68   | 6 Medicare tax withheld<br>423.50         |  |                        |
| d Control number<br>000043  | Dept.<br>KY/J39                           | Corp.                                  | Employer use only<br>A |
| c Employer's name, address, and ZIP code<br><b>QUALIZEAL INC</b><br><b>9901 VALLEY RANCH PKWY E</b><br><b>STE 2037</b><br><b>IRVING, TX 75063</b> |   |  |                        |
| b Employer's FED ID number<br>86-3585787  | a Employee's SSA number<br>XXX-XX-9449    |  |                        |
| 7 Social security tips  | 8 Allocated tips                          |  |                        |
| 9   | 10 Dependent care benefits                |  |                        |
| 11 Nonqualified plans   | 12a                                       |  |                        |
| 14 Other  | 12b                                       |  |                        |
|   | 12c                                       |  |                        |
|   | 12d                                       |  |                        |
|   | 13 Stat emp                               | Ret. plan                              | 3rd party sick pay     |
| e/f Employee's name, address and ZIP code<br><b>PRADEEP SADINENI</b><br><b>2742 MONUMENT POINT CIRCLE</b><br><b>FORT MILL, SC 29715</b>           |   |  |                        |
| 15 State<br>NC  | Employer's state ID no.<br>601392894      | 16 State wages, tips, etc.<br>17973.34 |                        |
| 17 State income tax<br>770.00   | 18 Local wages, tips, etc.                |  |                        |
| 19 Local income tax   | 20 Locality name                          |  |                        |

NC.State Filing Copy  
**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008



SC.State Reference Copy  
**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

|   |   |  |                        |
|---|---|--|------------------------|
| d Control number<br>000043  | Dept.<br>KY/J39                           | Corp.                                  | Employer use only<br>A |
| c Employer's name, address, and ZIP code<br><b>QUALIZEAL INC</b><br><b>9901 VALLEY RANCH PKWY E</b><br><b>STE 2037</b><br><b>IRVING, TX 75063</b><br><br>Batch #95079 |   |  |                        |
| e/f Employee's name, address, and ZIP code<br><b>PRADEEP SADINENI</b><br><b>2742 MONUMENT POINT CIRCLE</b><br><b>FORT MILL, SC 29715</b>                              |   |  |                        |
| b Employer's FED ID number<br>86-3585787  | a Employee's SSA number<br>XXX-XX-9449    |  |                        |
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| 7 Social security tips  | 8 Allocated tips                          |  |                        |
| 9   | 10 Dependent care benefits                |  |                        |
| 11 Nonqualified plans   | 12a See instructions for box 12           |  |                        |
| 14 Other  | 12b                                       |  |                        |
|   | 12c                                       |  |                        |
|   | 12d                                       |  |                        |
|   | 13 Stat emp                               | Ret. plan                              | 3rd party sick pay     |
| 15 State<br>SC  | Employer's state ID no.<br>11613092 6     | 16 State wages, tips, etc.<br>11233.34 |                        |
| 17 State income tax<br>494.00   | 18 Local wages, tips, etc.                |  |                        |
| 19 Local income tax   | 20 Locality name                          |  |                        |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                    |   |
|--------------------|---|
|                    | SC. State Wages,<br>Tips, Etc.<br>Box 16 of W-2 |
| Gross Pay          | 11,233.34                                       |
| Reported W-2 Wages | 11,233.34                                       |

2. Employee Name and Address.

**PRADEEP SADINENI**  
**2742 MONUMENT POINT CIRCLE**  
**FORT MILL, SC 29715**

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|---|---|--|------------------------|
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| b Employer's FED ID number<br>86-3585787  | a Employee's SSA number<br>XXX-XX-9449    |  |                        |
| 7 Social security tips  | 8 Allocated tips                          |  |                        |
| 9   | 10 Dependent care benefits                |  |                        |
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| 14 Other  | 12b                                       |  |                        |
|   | 12c                                       |  |                        |
|   | 12d                                       |  |                        |
|   | 13 Stat emp                               | Ret. plan                              | 3rd party sick pay     |
| e/f Employee's name, address and ZIP code<br><b>PRADEEP SADINENI</b><br><b>2742 MONUMENT POINT CIRCLE</b><br><b>FORT MILL, SC 29715</b>           |   |  |                        |
| 15 State<br>SC  | Employer's state ID no.<br>11613092 6     | 16 State wages, tips, etc.<br>11233.34 |                        |
| 17 State income tax<br>494.00   | 18 Local wages, tips, etc.                |  |                        |
| 19 Local income tax   | 20 Locality name                          |  |                        |

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SC.State Filing Copy  
**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008