



W-2 Employee Reference Copy
Wage and Tax Statement
2023
OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000135 RO/4VZ			A 25

c Employer's name, address, and ZIP code
SATCON INC
 5601 EXECUTIVE DR STE 475
 IRVING, TX 75038
 Batch #90487

e/f Employee's name, address, and ZIP code
VENKATA SAI MEGHA NISSENKARA
 300 CYBERONICS BOULEVARD
 HOUSTON, TX 77058-1559

b Employer's FED ID number	a Employee's SSA number
27-3229212	XXX-XX-4483
1 Wages, tips, other comp.	2 Federal income tax withheld
8000.00	759.62
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
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 Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	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 Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	8,000.00	8,000.00	8,000.00
Reported W-2 Wages	8,000.00	0.00	0.00

2. Employee Name and Address.

VENKATA SAI MEGHA NISSENKARA
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c Employer's name, address, and ZIP code SATCON INC 5601 EXECUTIVE DR STE 475 IRVING, TX 75038			
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27-3229212	XXX-XX-4483		
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 VENKATA SAI MEGHA NISSENKARA 300 CYBERONICS BOULEVARD HOUSTON, TX 77058-1559			
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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

1 Wages, tips, other comp.	2 Federal income tax withheld		
8000.00	759.62		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number	Dept.	Corp.	Employer use only
000135 RO/4VZ			A 25
c Employer's name, address, and ZIP code SATCON INC 5601 EXECUTIVE DR STE 475 IRVING, TX 75038			
b Employer's FED ID number	a Employee's SSA number		
27-3229212	XXX-XX-4483		
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 VENKATA SAI MEGHA NISSENKARA 300 CYBERONICS BOULEVARD HOUSTON, TX 77058-1559			
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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

1 Wages, tips, other comp.	2 Federal income tax withheld		
8000.00	759.62		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number	Dept.	Corp.	Employer use only
000135 RO/4VZ			A 25
c Employer's name, address, and ZIP code SATCON INC 5601 EXECUTIVE DR STE 475 IRVING, TX 75038			
b Employer's FED ID number	a Employee's SSA number		
27-3229212	XXX-XX-4483		
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 VENKATA SAI MEGHA NISSENKARA 300 CYBERONICS BOULEVARD HOUSTON, TX 77058-1559			
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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