| Copy B To Be F<br>FEDERAL Tax R                         | iled with Employee's<br>eturn.                       | <b>2023</b><br>OMB No. 1545-0008            | Copy 2 To Be Fi<br>City, or Local Inc | led With Employee's State<br>come Tax Return. | 2, 2023<br>OMB No. 1545-0008           |
|---|--|---|---------------------------------------|---|--|
| a Employee's SSN  |  | 2 Federal income tax withheld               | a Employee's SSN                      | 1 Wages, tips, other comp.                    | 2 Federal income tax withheld          |
| 073-93-3179   | 59288.00   | 8591.00                                     |                                       | 59288.00                                      | 8591.00                                |
| 073-93-3179   | 3 Social security wages 59288.00                     | 4 Social security tax withheld 3675.86      | 073-93-3179                           | 3 Social security wages 59288.00              | 4 Social security tax withheld 3675.86 |
| <b>b</b> Employer ID no. (EIN)                          |  | 6 Medicare tax withheld                     | <b>b</b> Employer ID no. (EIN)        | 5 Medicare wages and tips                     | 6 Medicare tax withheld                |
| 85-4226275  | 59288.00   | 859.68                                      | 85-4226275                            | 59288.00                                      | 859.68                                 |
| c Employer's name, ad<br>NEBOSYS II                     | NC   |   | c Employer's name, ad<br>NEBOSYS II   | NC  |  |
| 6136 FRISC<br>STE 400<br>FRISCO                         | CO SQUARE BLVD                                       | TX 75034-3251                               | 6136 FRISO<br>STE 400<br>FRISCO       | CO SQUARE BLVD                                | TX 75034-3251                          |
| d Control number  |  | 1X /3034-3231                               | d Control number                      |   | 1X /5034-3251                          |
|   | DDY YERUVA   | Suff.                                       | e Employee's name, ac                 | ddress, and ZIP code                          | Suff.                                  |
| 1712 CREOS<br>FORT WORTE                                |  | TX 76177                                    | 1712 CREOS<br>FORT WORTE              |   | TX 76177                               |
| 7 Social security tips                                  | 8 Allocated tips                                     | 9   | 7 Social security tips                | 8 Allocated tips                              | 9                                      |
| 10 Dependent care bene                                  | fits 11 Nonqualified plans                           | 12a Code See inst. for box 12               | 10 Dependent care bene                | fits 11 Nonqualified plans                    | 12a Code See inst. for box 12          |
| 13  | 14 Other   | 12b Code                                    | 13                                    | 14 Other                                      | 12b Code                               |
| Statutory employee                                      |  | 12c Code                                    | Statutory employee                    |   | <b>12c</b> Code                        |
| Retirement Plan   |  |   | Retirement Plan                       |   |  |
| Third-party sick pay                                    |  | 12d Code                                    | Third-party sick pay                  |   | 12d Code                               |
|   |  |   |                                       |   |  |
| 15 State Employer's st                                  | ate ID number 16 State wages, tips                   | s, etc. 17 State income tax                 | 15 State Employer's state             | e ID number 16 State wages, ti                | ps, etc. 17 State income tax           |
| 18 Local wages, tips, etc                               | c. 19 Local income tax                               | 20 Locality name                            | 18 Local wages, tips, etc             | c. 19 Local income tax                        | 20 Locality name                       |
|   |  |   |                                       |   |  |
| Form W-2 Wage and Ta<br>This information is being furni | x Statement<br>shed to the Internal Revenue Service. | Dept. of the Treasury - IRS                 | Form W-2 Wage and Ta                  | x Statement                                   | Dept. of the Treasury - IRS            |
|   |  |   |                                       |   |  |
| This information is being furni                         | shed to the Internal Revenue Service. If you are     | required to file a tax return, a negligence |                                       | PEV 01/11/24 ORDT                             |  |

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.

| Copy C For EMPLOYEE'S RECORDS. | 2023

| Copy C For EMPLOYEE'S RECORDS. 2023                                  |                                  |                       |                    |  |   |  |  |  |
|--|----------------------------------|-----------------------|--------------------|--|---|--|--|--|
| (See Notice to E   |                                  |                       | hor ooms           |  | MB No. 1545-0008<br>ral income tax withheld |  |  |  |
| a Employee's SSN   | 1 Wages, tips, other comp.       |                       |                    |  |   |  |  |  |
| 073-93-3179  | 59288.00 3 Social security wages |                       |                    | 8591.00 4 Social security tax withheld |   |  |  |  |
| ****   | 59288.00                         |                       |                    | 3675.86                                |   |  |  |  |
| <b>b</b> Employer ID no. (EIN)                                       | 5 Medicare wages and tips        |                       |                    | 6 Medicare tax withheld                |   |  |  |  |
| 85-4226275   |                                  | Ü                     | 59288.00           | 859.68                                 |   |  |  |  |
| c Employer's name, ac<br>NEBOSYS I<br>6136 FRIS<br>STE 400<br>FRISCO | NC                               |                       |                    | TX                                     | 75034-3251                                  |  |  |  |
| d Control number   |                                  |                       |                    | 121                                    | 75051 5251                                  |  |  |  |
| e Employee's name, a BALTHA RE 1712 CREO FORT WORT                   | DDY<br>SOTE                      | YERU\<br>DR           | /A                 | TX                                     | Suff.<br>76177                              |  |  |  |
| 7 Social security tips   |                                  | 8 Allocate            | ea tips            | 9                                      |   |  |  |  |
| 10 Dependent care benefits   |                                  | 11 Nonqualified plans |                    | 12a Code See inst. for box 12          |   |  |  |  |
| 13   | 14 0                             | 14 Other              |                    |  | 12b Code                                    |  |  |  |
| Statutory employee   |                                  |                       |                    |  | 12c Code                                    |  |  |  |
| Retirement Plan  |                                  |                       |                    |  |   |  |  |  |
| Third-party sick pay   |                                  |                       |                    | 12d Code                               |   |  |  |  |
| 15 State Employer's sta  | te ID nu                         | mber                  | 16 State wages, ti | os etc                                 | 17 State income tax                         |  |  |  |
| 18 Local wages, tips, etc.   |                                  | 19 Local income tax   |                    | 20 Locality name                       |   |  |  |  |
|  |                                  |                       |                    | ,                                      |   |  |  |  |
| Form W-2 Wage and Ta   | x Stater                         | ment                  |                    |  | Dept. of the Treasury - IRS                 |  |  |  |

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| Copy 2 To Be Fi                              |                           |                       |             | State,                         |                               | <b>23</b><br>B No. 1545-000 | 08         |
|--|---------------------------|-----------------------|-------------|--------------------------------|-------------------------------|-----------------------------|------------|
| •  |                           | es, tips, ot          |             |                                | 2 Federal income tax withheld |                             |            |
| a Employee's SSN                             | 59288.00                  |                       |             | .00                            | 8591.00                       |                             |            |
| 073-93-3179                                  | al security               | wages                 |             | 4 Social security tax withheld |                               |                             |            |
| b Employer ID no. (EIN)                      |                           |                       | 59288       | .00                            | 3675.86                       |                             |            |
| 2 Employor IS not (Em)                       | 5 Medicare wages and tips |                       |             |                                | 6 Medicare tax withheld       |                             |            |
| 85-4226275                                   |                           | 59288.00              |             | .00                            | 859.68                        |                             |            |
| c Employer's name, ad<br>NEBOSYS II          | NC                        |                       |             |                                |                               |                             |            |
| 6136 FRISCO SQUARE BLVD<br>STE 400<br>FRISCO |                           |                       |             | TX                             | 75034-                        | 3251                        |            |
| d Control number                             |                           |                       |             |                                |                               | •                           |            |
| e Employee's name, ac<br>BALTHA RE           |                           |                       |             |                                |                               |                             | Suff.      |
| 1712 CREO                                    | SOTE                      | DR                    |             |                                |                               |                             |            |
| FORT WORT                                    | Н                         |                       |             |                                | TX                            | 76177                       |            |
| 7 Social security tips                       | 8 Allocated tips          |                       |             | 9                              |                               |                             |            |
| 10 Dependent care benefits                   |                           | 11 Nonqualified plans |             |                                | 12a Code See inst. for box 12 |                             |            |
| 13 140                                       |                           | her                   |             |                                | 12b Code                      |                             |            |
| Statutory employee                           |                           |                       |             |                                |                               |                             |            |
|  |                           |                       |             |                                | 12c Code                      |                             |            |
| Retirement Plan                              |                           |                       |             |                                | 12d Code                      |                             |            |
| Third-party sick pay                         |                           |                       |             |                                | 12400                         | Juc                         |            |
|  |                           |                       |             |                                | •                             |                             |            |
|  |                           |                       |             |                                |                               |                             |            |
| 15 State Employer's stat                     | e ID nu                   | mber                  | 16 State wa | ges, tips                      | s, etc.                       | 17 State incon              | ne tax     |
| 18 Local wages, tips, etc                    | C.                        | 19 Local ii           | ncome tax   | 2                              | 20 Locality                   | y name                      |            |
| Form W-2 Wage and Ta                         | x Stater                  | nent                  |             |                                |                               | Dept. of the Tr             | easury - l |
| =  |                           |                       |             |                                |                               |                             |            |