| b Employer's Identification number 20 - 01 04 5 5 5 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Endoral income tax withhold |
|--|--|---|--|
| <u>c Employer's Identification number</u> 20 - 0104555 | \$ | 62325.47 | 8031.51 |
| THOUGHTWAVE SOFTWARE AND SOLUTIONS INC | 12b | 3 Social security wages | 4 Social security tax withheld |
| INCOGNIWAVE SOFTWARE AND SOLUTIONS INC | l Is | 62325.47 | 3864.18 |
| 314 N. LAKE ST SUITE 6 | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
| JII W. MIKE DI DOITE O | \$ 12d | 62325.47 | 903.72 |
| AURORA IL 60506 | | 7 Social security tips | 8 Allocated tips |
| e Employee's first name and initial Last name | \$ | 9 | 10 Dependent care benefits |
| 115268 | This information is being furnished to the Internal Revenue Service | | |
| VENKATA RAVI TEJA MUMMADI | | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| | Copy B To Be Filed with | | employee plan sick pay |
| 605 W MADISON ST | Employee's FEDERAL | 14 Other | |
| APT 3010 | Tax Return | | |
| CHICAGO IL 60661 | a Employee's soc. sec. no | | |
| 6 Fanalassa da andreas and 7 ID andre | 874-61-9140 | | |
| f Employee's address and ZIP code 15 State | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| IL 20-0104555000 62325.47 2891.82 | | L | |
| Form W 2 Wags and Tay Statement Department of the Traceury Internal Revenue Service | OMB # 1545-0008 | Conv. P. To Po Filed b | Vith Employee's FEDERAL Tax Return |
| Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service | OMB # 1545-0006 | Copy B To Be Filed V | With Employee's FEDERAL Tax Return |
| | | | |
| b Employer's Identification number | 12a See instructions for Box 12 | 4 Wages tips other compensation | 2 Endoral income tax withhold |
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| VENKATA RAVI TEJA MUMMADI | Copy 2 for State, City, or | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| 605 W MADISON ST | Local Tax Departments | | |
| | | 14 Other | |
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| CHICAGO IL 60661 | a Employee's soc. sec. no | 1 | |
| f Employee's address and ZIP code | 874-61-9140 | | |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| IL 20-0104555000 62325.47 2891.82 | | | |
| Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Lopy 2 To Be Filed With Employee's ST | I ATE. CITY. or LOCAL Tax Department |
| 2023 | | | ,, |
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| | | | |
| REV 12/24/23 OSP | Mar Car instructions for Base 40 | h | |
| REV 12/24/23 OSP | 1. | 1 Wages, tips, other compensation | |
| REV 12/24/23 OSP b Employer's Identification number c Employer's name, address, and ZIP code | \$ | 62325.47 | 8031.51 |
| REV 12/24/23 OSP | \$ 12b | 62325.47 3 Social security wages | 8031.51 4 Social security tax withheld |
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