



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

**d** Control number 000057 Dept. KF/GL3 Corp. Employer use only 37

**c** Employer's name, address, and ZIP code  
 SACROSANCTINFO LLC  
 39355 CALIFORNIA ST STE 307  
 FREMONT, CA 94538

Batch #91179

**e/f** Employee's name, address, and ZIP code  
 ANIL KUMAR REDDY SURASANI  
 8400 STONEBROOK PARKWAY #1437  
 FRISCO, TX 75034

**b** Employer's FED ID number 81-5138617 **a** Employee's SSA number XXX-XX-3507

**1** Wages, tips, other comp. 94720.00 **2** Federal income tax withheld 15289.80

**3** Social security wages 94720.00 **4** Social security tax withheld 5872.64

**5** Medicare wages and tips 94720.00 **6** Medicare tax withheld 1373.44

**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	94,720.00	94,720.00	94,720.00
<b>Reported W-2 Wages</b>	<b>94,720.00</b>	<b>94,720.00</b>	<b>94,720.00</b>

2. Employee Name and Address.

ANIL KUMAR REDDY SURASANI  
 8400 STONEBROOK PARKWAY #1437  
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**W-2** Wage and Tax Statement **2023**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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

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

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