Copy B To Be F FEDERAL Tax R			oloyee's	202 OM	23 B No. 1545-0008	Copy City	y 2 To Be Fi or Local Ind	iled With come Tax	Emp Ret	oloyee's State		23 IB No. 1545-0008	
a Employee's SSN	1 Wag	es, tips, otl 1	her comp. 2 09920.00	Federa	l income tax withheld	a Emp	oloyee's SSN	1 Wages, t	, tips, other comp. 2 Fe 109920.00		2 Federa	Federal income tax withheld 16980.00	
0.62 70 4.610		Social security tax withheld		863	863-70-4618 3 Social s				4 Social	4 Social security tax withheld			
b Employer ID no. (EIN)			09920.00		6815.04	b Empl	oyer ID no. (EIN)			09920.00		6815.04	
46-5498896	5 Med	icare wage 1	s and tips 6 09920.00	Medica	re tax withheld 1593.84		5498896	5 Medicare		s and tips 09920.00	6 Medica	are tax withheld 1593.84	
c Employer's name, ac EMAESTRO			He GIES INC				bloyer's name, ad IAESTRO						
141 NEW R	D SU	UITE 2	208			14	1 NEW RI	D SUIT	'E 2	208			
PARSIPPAN	Y			NJ	07054	PARSIPPANY				NJ	07054		
d Control number						d Control number							
e Employee's name, a	ddress, a	and ZIP cod	de		Suff.	e Emp	oloyee's name, ad	ddress, and	ZIP co	de		Suff.	
SUMA PRIY. 3120 NE JO HILLSBORO] J AVE 19-2	01 OR	97124	31	MA PRIYA 20 NE JO LLSBORO			I AVE 19-	201 OR	97124	
7 Social security tips 8 Allo		8 Allocate	ed tips	9		7 Social security tips		8 /	8 Allocated tips		9		
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12		10 Dependent care benefits		efits 11 M	11 Nonqualified plans		12a C	12a Code See inst. for box 12	
13	14 Ot	ther		12b Co	ode	13		14 Other			12b C	ode	
		TT Wages	109920.00						STT Wages 109920.00		-		
OR S		TT W/H	109.92	12c Code		OR Retirement Plan		OR STT	R STT W/H 109.92		2 12c C	12c Code	
				12d Code							12d C	12d Code	
Third-party sick pay			10000		0551.00		ty sick pay	<u> </u>		10000			
OR 1751705	0-5		109920	.00	8551.00	OR	1751705	5-5		10992	20.00	8551.00	
15 State Employer's s	tate ID r	number	16 State wages, tips,	etc.	17 State income tax	15 State	Employer's stat	e ID number	-	16 State wages, tip	os, etc.	17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		18 Local wages, tips, etc.		c. 19 l	19 Local income tax 20		20 Localit	0 Locality name	
Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service.					Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								
This information is being furn penalty or other sanction may	ished to th y be impos	ne Internal Re sed on you if t	venue Service. If you are r his income is taxable and	you fail to						V 12/19/23 QBDT			
Conv C For FMI		EE'S DE	COPDS	201	22	Con	2 To Bo Fi	ilad With	Emr	Novoo's Stato	20	22	

(See Notice to E	mployees).	2023 OMB No. 1545-0008						
a Employee's SSN	1 Wages, tips, other comp.	2 Federal income tax withheld						
	109920.00	16980.00						
863-70-4618	3 Social security wages	4 Social security tax withheld						
b Employer ID no. (EIN)	109920.00	6815.04						
	5 Medicare wages and tips	 Medicare tax withheld 						
46-5498896	109920.00	1593	3.84					
c Employer's name, ac EMAESTRO	Idress, and ZIP code TECHNOLOGIES INC	·						
141 NEW RD SUITE 208								
PARSIPPAN	Y	NJ 07054						
d Control number								
e Employee's name, a SUMA PRIY.			Suff.					
3120 NE JOHN OLSEN AVE 19-201								
HILLSBORO		OR 97124						
7 Social security tips	8 Allocated tips	9						

11 Nonqualified plans

OR STT Wages 109920.00

19 Local income tax

109.92

16 State wages, tips, etc.

109920.00

14 Other

OR STT W/H

46-5498896	1	09920.00		159	93.84			
c Employer's name, address, and ZIP code EMAESTRO TECHNOLOGIES INC								
141 NEW RD) SUITE 2	208						
PARSIPPANY	NJ	07054						
d Control number								
e Employee's name, address, and ZIP code Suff. SUMA PRIYA KALLURI								
3120 NE JOHN OLSEN AVE 19-201								
HILLSBORO OR 97124								
7 Social security tips	8 Allocat	ed tips	9					
10 Dependent care benefi	its 11 Nonqu	alified plans	12a Co	12a Code See inst. for box 12				
13	14 Other			12b Code				
Statutory employee	OR STT Wages OR STT W/H		10 0	12c Code				
Retirement Plan			12d Co	2d Code				
Third-party sick pay OR 1751705	-5	10992	0.00	8551.00				
15 State Employer's state	e ID number	16 State wages, tip	s, etc.	17 State income	e tax			
18 Local wages, tips, etc.	. 19 Local in	ncome tax	20 Locality name					
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								

109920.00

109920.00

2023

OMB No. 1545-0008

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

16980.00

6815.04

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

863-70-4618 3 Social security wages

a Employee's SSN

b Employer ID no. (EIN)

1 Wages, tips, other comp.

5 Medicare wages and tips

Form W-2 Wage and Tax Statement

1751705-5

15 State Employer's state ID number

18 Local wages, tips, etc.

10 Dependent care benefits

13

Statutory employee

Retirement Plan

OR

Third-party sick pay

17 State income tax

8551.00

12a Code See inst. for box 12

12b Code

12c Code

12d Code

20 Locality name