Copy B To Be File FEDERAL Tax Re	led wi turn.	th Emp	loyee's	20 OM	23 B No. 1545-0008		Copy City,	2 To Be Fi or Local Ind	iled W come	/ith Emp Tax Ref	oloyee's State, arn.	202 OM	23 B No. 1545-0008
a Employee's SSN	0		16826.62		l income tax withheld 28140.0	0	•	loyee's SSN		ges, tips, ot 1	46826.62		l income tax withheld 28140.00
719-02-2475 b Employer ID no. (EIN)	3 Social	ا security v 14	vages 16826.62	4 Social	security tax withheld 9103.2	5 -		-02-2475 over ID no. (EIN)	3 Soci	ial security 1	wages 46826.62	4 Social	security tax withheld 9103.25
46-5498896	5 Medic	are wages 14	and tips 16826.62	6 Medica	re tax withheld 2128.9			5498896	5 Med	licare wage 1	s and tips 46826.62	6 Medica	re tax withheld 2128.99
c Employer's name, add EMAESTRO T	lress, an 'ECHI	d ZIP cod NOLOG	IES INC			(c Empl EM	loyer's name, ad AESTRO	ldress, a TECH	and ZIP coo INOLOC	BIES INC		
141 NEW RD	SUI	ITE 2	08				14	1 NEW RI	D SU	JITE 2	208		
PARSIPPANY	-			NJ	07054		PA	RSIPPAN	Y			NJ	07054
d Control number						(d Cont	rol number					
e Employee's name, add			e		Suff.			loyee's name, ad			de		Suff.
ANUDEEP VA 3120 NE JO HILLSBORO			AVE APT	# OR	97124		31	UDEEP VI 20 NE JO LLSBORO			J AVE APT	# OR	97124
7 Social security tips	;	8 Allocated	d tips	9			7 Socia	al security tips		8 Allocate	ed tips	9	
10 Dependent care benefit	its 1	1 Nonqual	ified plans	12a C	ode See inst. for box 12	1	0 Depe	ndent care bene	efits	11 Nonqua	alified plans	12a Co	ode See inst. for box 12
13 Statutory employee	14 Oth		146006 60	12b C	ode		13	employee	14 O		146826.62	12b Co	ode
		'Wages T W/H	146826.62	12c C	ode		,			IT Wages STT W/H	146.86		ode
Retirement Plan Third-party sick pay				12d C	ode		Retiremer Third-part	nt Plan ly sick pay				12d Co	ode
OR 1751705-	-5		146820	5.62	12334.0	C	OR	1751705	5-5		146826	5.62	12334.00
15 State Employer's stat	ate ID nu	imber	16 State wages, tips	, etc.	17 State income tax	1	5 State	Employer's stat	ie ID nui	mber	16 State wages, tips	, etc.	17 State income tax
18 Local wages, tips, etc.	1	9 Local in	come tax	20 Loca	lity name	1	8 Loca	l wages, tips, etc	с.	19 Local ir	ncome tax 2	0 Locality	y name
Form W-2 Wage and Tax This information is being furnish	Statem hed to the	ent Internal Rev	venue Service.		Dept. of the Treasury - I	RS F	Form W	-2 Wage and Ta	ix Stater	ment			Dept. of the Treasury - IRS

(See Notice to E			CORDS.	202			
•		es, tips, ot	her comp		B No. 1545-0008		
a Employee's SSN	• ••ay		46826.62	28140.00			
719-02-2475	3 Soci	al security		4 Social security tax withheld			
	-		46826.62	9103.25			
b Employer ID no. (EIN)	5 Med	icare wage		6 Medicare tax withheld			
46-5498896		1	46826.62	2128.99			
c Employer's name, a EMAESTRO	TECH	NOLOG	GIES INC				
141 NEW R	D SU	T.I.F. 7	208				
PARSIPPAN	ïΥ			NJ	07054		
d Control number							
3120 NE J HILLSBORC	-			OR	97124		
7 Social security tips		8 Allocate	ed tips	9			
10 Dependent care ben	efits	11 Nonqua	alified plans	12a Code See inst. for box 12			
13	14 Ot			12b Code			
		T Wages					
Statutory employee		STT W/H 146.86					
Statutory employee Retirement Plan	OR S	11 11/11		Ŭ			
Retirement Plan	OR S	11 11/11	11010	12d C	ode		
Retirement Plan				12d Co	1		
Retirement Plan			14682	12d Co	1		
Retirement Plan Third-party sick pay OR 175170	5-5			12d Co	1		
Retirement Plan	5 – 5 ate ID nur		14682 16 State wages, tij	12d Co	12334.00 17 State income tax		

		V 12/13/23 QDD1					
Copy 2 To Be Fi City, or Local Ind	iled With Emp come Tax Ret	oloyee's State urn.		23 B No. 1545-0008			
	1 Wages, tips, ot		2 Federal income tax withheld				
a Employee's SSN	1	46826.62	28140.00				
719-02-2475	3 Social security		4 Social security tax withheld				
b Employer ID no. (EIN)	1	46826.62	9103.25				
D Employer ID no. (EIN)	5 Medicare wage	s and tips	6 Medicare tax withheld				
46-5498896	1	46826.62	2128.99				
c Employer's name, ad EMAESTRO	ldress, and ZIP coo TECHNOLOO	^{de} GIES INC					
141 NEW RI	D SUITE 2	208					
PARSIPPANY NJ 07054							
d Control number							
e Employee's name, ac ANUDEEP VI 3120 NE JO HILLSBORO	ATTIKUTI		# OR	Suff. 97124			
7 Social security tips	8 Allocate	ed tips	9				
10 Dependent care bene	fits 11 Nonqua	alified plans	12a Code See inst. for box 12				
13	14 Other		12b Code				
Statutory employee	5	146826.6					
Retirement Plan	OR STT W/H	146.8					
			12d Code				
Third-party sick pay		1		1			
OR 1751705	5-5	14682	6.62 12334.0				
15 State Employer's stat	e ID number	16 State wages, tip	s, etc. 17 State income tax				
18 Local wages, tips, etc	c. 19 Local ir	ncome tax	20 Locality name				
Form W-2 Wage and Ta	x Statement			Dept. of the Treasury - IR			

REV 12/19/23 QBDT