

<b>a</b> Employee's SSN <b>488-27-2634</b>			<b>b</b> Employer identification number (EIN) <b>75-2731076</b>			OMB No. 1545-0008
<b>c</b> Employer's name, address, and ZIP code <b>INFOBUILDERS, INC</b>  2912 N MACARTHUR BLVD SUITE # 107 IRVING TX 75062			<b>1</b> Wgs, tips, other compn <b>134400.00</b>	<b>2</b> Fed inc tax withheld <b>16056.00</b>	<b>3</b> Social security wages <b>134400.00</b>	<b>Form W-2</b> <b>Wage and</b> <b>Tax</b> <b>Statement</b> <b>2022</b>
			<b>4</b> SS tax withheld <b>8332.80</b>	<b>5</b> Medicare wages & tips <b>134400.00</b>	<b>6</b> Medicare tax withheld <b>1948.80</b>	
			<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>	
<b>d</b> Control number			<b>10</b> Depndt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>	
<b>e</b> Employee's name, address, and ZIP code  VENKATRAM VANGALA 29619 INDIGO SHORE WAY HOUSTON, HOUSTON TX 77386			<b>13</b> Statutory employee. <input type="checkbox"/>	<b>14</b> Other	<b>12b</b>	
			Retirement plan . . <input type="checkbox"/>		<b>12c</b>	
			Third-party sick pay <input type="checkbox"/>		<b>12d</b>	
<b>15</b> State Employer's state ID number	<b>16</b> State wages, tips, etc	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name	

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Department of the Treasury — IRS

**Copy B To Be Filed with Employee's FEDERAL Tax Return**  
This information is being furnished to the Internal Revenue Service.

<b>a</b> Employee's SSN <b>488-27-2634</b>			<b>b</b> Employer identification number (EIN) <b>75-2731076</b>			OMB No. 1545-0008
<b>c</b> Employer's name, address, and ZIP code <b>INFOBUILDERS, INC</b>  2912 N MACARTHUR BLVD SUITE # 107 IRVING TX 75062			<b>1</b> Wgs, tips, other compn <b>134400.00</b>	<b>2</b> Fed inc tax withheld <b>16056.00</b>	<b>3</b> Social security wages <b>134400.00</b>	<b>Form W-2</b> <b>Wage and</b> <b>Tax</b> <b>Statement</b> <b>2022</b>
			<b>4</b> SS tax withheld <b>8332.80</b>	<b>5</b> Medicare wages & tips <b>134400.00</b>	<b>6</b> Medicare tax withheld <b>1948.80</b>	
			<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>	
<b>d</b> Control number			<b>10</b> Depndt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>	
<b>e</b> Employee's name, address, and ZIP code  VENKATRAM VANGALA 29619 INDIGO SHORE WAY HOUSTON, HOUSTON TX 77386			<b>13</b> Statutory employee. <input type="checkbox"/>	<b>14</b> Other	<b>12b</b>	
			Retirement plan . . <input type="checkbox"/>		<b>12c</b>	
			Third-party sick pay <input type="checkbox"/>		<b>12d</b>	
<b>15</b> State Employer's state ID No.	<b>16</b> State wages, tips, etc	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name	

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

<b>a</b> Employee's SSN <b>488-27-2634</b>			<b>b</b> Employer identification number (EIN) <b>75-2731076</b>			OMB No. 1545-0008
<b>c</b> Employer's name, address, and ZIP code <b>INFOBUILDERS, INC</b>  2912 N MACARTHUR BLVD SUITE # 107 IRVING TX 75062			This information is being furnished to the IRS. 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.			<b>Form W-2</b> <b>Wage and</b> <b>Tax</b> <b>Statement</b> <b>2022</b>
			<b>1</b> Wgs, tips, other compn <b>134400.00</b>	<b>2</b> Fed inc tax withheld <b>16056.00</b>	<b>3</b> Social security wages <b>134400.00</b>	
			<b>4</b> SS tax withheld <b>8332.80</b>	<b>5</b> Medicare wages & tips <b>134400.00</b>	<b>6</b> Medicare tax withheld <b>1948.80</b>	
			<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>	
<b>d</b> Control No.			<b>10</b> Depndt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>	
<b>e</b> Employee's name, address, and ZIP code  VENKATRAM VANGALA 29619 INDIGO SHORE WAY HOUSTON, HOUSTON TX 77386			<b>13</b> Statutory employee. <input type="checkbox"/>	<b>14</b> Other	<b>12b</b>	
			Retirement plan . . <input type="checkbox"/>		<b>12c</b>	
			Third-party sick pay <input type="checkbox"/>		<b>12d</b>	
<b>15</b> State Employer's state ID No.	<b>16</b> State wages, tips, etc	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name	

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**Copy C For EMPLOYEE'S RECORDS.  
(See Notice to Employee.)**