Copy B, To Be Filed Wit FEDERAL Tax Return.	h Employee's	2022 OMB No. 1545-0008		
a. Employee soc. Sec. No.	1 Wages, tips, other comp. 110038.40	2 Federal income tax withheld 15189.91		
684-33-9892	3 Social security wages	4 Social security tax withheld		
b. Employer ID no. (EIN)	110038.40	6822.40		
76-0615704	5 Medicare wages and tips 110038.40	6 Medicare tax withheld 1595.60		
c. Employer's name, address, and ZIP code				
PREMIER IT SOLUTIONS LLC				
801 E CAMPBELL RD STE 270				
RICHARDSON TX 75081-1890				
d. Control number 000000024				
e. Employee's name, address and ZIP code KRISHNA CHAITANYA BOLIGIRLA 6030 N KENMORE AVE APT# 408				
CHICAGO IL 60660		<u> </u>		
7 Social security tips	8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 38.40		
13 Statutory employee	14 Other	12b Code DD 151.20		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
IL 76-0615704	110038.40	5146.77		
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
Form W 2 Waga and Tax	A	Dent of the Treasury - IRS		

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Copy C, For EMPLOY	EE'S RECORDS.	2022 OMB No. 1545-0008
a. Employee soc. Sec. No. 684-33-9892	1 Wages, tips, other comp. 110038.40	2 Federal income tax withheld 15189.91
	3 Social security wages 110038.40	4 Social security tax withheld 6822.40
b. Employer ID no. (EIN) 76-0615704	5 Medicare wages and tips 110038.40	6 Medicare tax withheld 1595.60
c. Employer's name, address, and	ZIP code	
PREMIER IT SOLUT		
RICHARDSON TX 75	5081-1890	
d. Control number	0000000024	
6030 N KENMORE A)	T
7 Social security tips	8 Allocated tips	
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 38.40
13 Statutory employee	14 Other	12b Code DD 151.20
Retirement plan		12c Code
Third-party sick pay		12d Code
IL 76-0615704	110038.40	5146.77
5 State Employer State ID#	16 State wages, tips, etc.	17 State income tax
8 Local wages, tips, etc.	19 Local income tax	20 Locality name
form W-2 Wage and 1	Fax Statement	Dept. of the Treasury - I

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

Dept. of the Treasury
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.

Copy 2, To Be Filed W City, or Local Income	'ith Employee's State, Tax Return.	2022 OMB No. 1545-0008
a. Employee soc. Sec. No.	1 Wages, tips, other comp.	2 Federal income tax withheld 15189.91
684-33-9892		
b. Employer ID no. (EIN)	3 Social security wages 110038.40	4 Social security tax withheld 6822.40
76-0615704	5 Medicare wages and tips 110038.40	6 Medicare tax withheld 1595.60
c. Employer's name, address, and 2	IP code	•
PREMIER IT SOLUT	IONS LLC	
801 E CAMPBELL R	D STE 270	
RICHARDSON TX 75	081-1890	
d. Control number	000000024	
KRISHNA CHAITANY 6030 N KENMORE A CHICAGO IL 60660	VE APT# 408	
7 Social security tips	8 Allocated tips	
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 38.40
13 Statutory employee	14 Other	12b Code DD 151.20
Retirement plan		12c Code
Third-party sick pay		12d Code
IL 76-0615704	110038.40	5146.77
I 15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return.				
a. Employee soc. Sec. No.	1 Wages, tips, other comp. 110038.40	2 Federal income tax withheld 15189.91		
684-33-9892	3 Social security wages	4 Social security tax withheld		
b. Employer ID no. (EIN)	110038.40	6822.40		
76-0615704	5 Medicare wages and tips 110038.40	6 Medicare tax withheld 1595.60		
c. Employer's name, address, and ZIP	code			
PREMIER IT SOLUTION	ONS LLC			
801 E CAMPBELL RD	STE 270			
RICHARDSON TX 75081-1890				
d. Control number	0000000024			
KRISHNA CHAITANYA 6030 N KENMORE AVI CHICAGO IL 60660				
7 Social security tips	8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 38.40		
13 Statutory employee	14 Other	12b Code DD 151.20		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
IL 76-0615704	110038.40	5146.77		
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
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Form W-2 Wage and Tax Statement

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