	b Employer identification number (EIN) 20-5123774			OMB No. 1545-0008
C Employer's name, address, and ZIP code XLYSI LLC	1 Wgs, tips, other compn 118324.00	2 Fed inc tax withheld 11822.00	3 Social security wages 118324.00	Form W-2
251 MILWAUKEE AVE, SUITE 1009,	4 SS tax withheld 7336.09	5 Medicare wages & tips 118324.00	6 Medicare tax withheld 1715.70	Wage and Tax
BUFFALO GROVE IL 60089	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	
				2022
e Employee's name, address, and ZIP code Suff.	13 Statutory employee.	14 Other	12b	
PRAVINSINH GOHIL			12c	Copy B To Be Filed with Employee's FEDERAL Tax Return
3933 GARLAND LN N. PLYMOUTH MN 55446	Retirement plan		12d	This information is being
THE STITE	Third-party sick pay			furnished to the Internal Revenue Service.
15 State Employer's state ID number 16 State wages, tips, etc 118324.00	17 State income tax 6608.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name
REV 12/21/22 QBDT				rtment of the Treasury — IRS
a Employee's SSN 776-65-1676	b Employer identification r	, ,		OMB No. 1545-0008
C Employer's name, address, and ZIP code XLYSI LLC	1 Wgs, tips, other compn 118324.00	2 Fed inc tax withheld 11822.00	3 Social security wages 118324.00	Form W-2
251 MILWAUKEE AVE, SUITE 1009,	4 SS tax withheld 7336.09	5 Medicare wages & tips 118324.00	6 Medicare tax withheld 1715.70	Wage and Tax
BUFFALO GROVE IL 60089	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	<u> </u>
	·			2022
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	Comuna To Do
PRAVINSINH GOHIL	Statutory employee .		12c	Copy 2 To Be Filed With
			l i	Employee's State,
3933 GARLAND LN N.	Retirement plan			City, or Local
3933 GARLAND LN N. PLYMOUTH MN 55446			12d	
	Retirement plan	18 Local wages, tips, etc	12d 19 Local income tax	City, or Local Income Tax
PLYMOUTH MN 55446 15 State Employer's state ID No. 16 State wages, tips, etc	Third-party sick pay 17 State income tax	18 Local wages, tips, etc	<u> </u>	City, or Local Income Tax Return.
PLYMOUTH MN 55446 15 State Employer's state ID No. 16 State wages, tips, etc 118324.00 REV 12/21/22 QBDT a Employee's SSN 776-65-1676 c Employer's name, address, and ZIP code	Third-party sick pay 17 State income tax 6608.00		19 Local income tax	City, or Local Income Tax Return. 20 Locality name
PLYMOUTH MN 55446 15 State Employer's state ID No. 16 State wages, tips, etc 118324.00 REV 12/21/22 QBDT a Employee's SSN 776-65-1676	Third-party sick pay 17 State income tax 6608.00 b Employer identification of This information is being fur other sanction may be imposed. 1 Wgs, tips, other compn	number (EIN) 20-512 nished to the IRS. If you are resed on you if this income is tax 2 Fed inc tax withheld	19 Local income tax	City, or Local Income Tax Return. 20 Locality name OMB No. 1545-0008 egligence penalty or
PLYMOUTH MN 55446 15 State Employer's state ID No. 16 State wages, tips, etc 118324.00 REV 12/21/22 QBDT a Employee's SSN 776-65-1676 c Employer's name, address, and ZIP code	Third-party sick pay 17 State income tax 6608.00 b Employer identification of This information is being furnother sanction may be impose	number (EIN) 20-512 nished to the IRS. If you are resed on you if this income is tax 2 Fed inc tax withheld 11822.00	19 Local income tax	City, of Local Income Tax Return. 20 Locality name OMB No. 1545-0008 agligence penalty or Form W-2
PLYMOUTH MN 55446	Third-party sick pay 17 State income tax 6608.00 b Employer identification of This information is being fur other sanction may be imposed 1 Wgs, tips, other compn 118324.00 4 SS tax withheld 7336.09	number (EIN) 20-512 hished to the IRS. If you are resed on you if this income is tax 2 Fed inc tax withheld 11822.00 5 Medicare wages & tips 118324.00	19 Local income tax 19 Local income tax 23774 quired to file a tax return, a neable and you fail to report it. 3 Social security wages 118324.00 6 Medicare tax withheld 1715.70	City, of Local Income Tax Return. 20 Locality name OMB No. 1545-0008 Egligence penalty or Form W-2 Wage and
PLYMOUTH MN 55446 15 State Employer's state ID No. MN 1853632 118324.00 REV 12/21/22 QBDT a Employee's SSN 776-65-1676 c Employer's name, address, and ZIP code XLYSI LLC 251 MILWAUKEE AVE, SUITE 1009, BUFFALO GROVE IL 60089	Third-party sick pay 17 State income tax 6608.00 b Employer identification of this information is being fur other sanction may be imposed 1 Wgs, tips, other compn 118324.00 4 SS tax withheld	number (EIN) 20-512 hished to the IRS. If you are resed on you if this income is tax 2 Fed inc tax withheld 11822.00 5 Medicare wages & tips	19 Local income tax 19 Local income tax 23774 quired to file a tax return, a ne able and you fail to report it. 3 Social security wages 118324.00 6 Medicare tax withheld	City, of Local Income Tax Return. 20 Locality name OMB No. 1545-0008 egligence penalty or Form W-2 Wage and Tax
PLYMOUTH MN 55446	Third-party sick pay 17 State income tax 6608.00 b Employer identification of This information is being fur other sanction may be imposed 1 Wgs, tips, other compn 118324.00 4 SS tax withheld 7336.09	number (EIN) 20-512 hished to the IRS. If you are resed on you if this income is tax 2 Fed inc tax withheld 11822.00 5 Medicare wages & tips 118324.00	19 Local income tax 19 Local income tax 23774 quired to file a tax return, a neable and you fail to report it. 3 Social security wages 118324.00 6 Medicare tax withheld 1715.70	City, of Local Income Tax Return. 20 Locality name OMB No. 1545-0008 egligence penalty or Form W-2 Wage and Tax Statement
PLYMOUTH MN 55446 15 State Employer's state ID No. MN 1853632 118324.00 REV 12/21/22 QBDT a Employee's SSN 776-65-1676 c Employer's name, address, and ZIP code XLYSI LLC 251 MILWAUKEE AVE, SUITE 1009, BUFFALO GROVE IL 60089	Third-party sick pay 17 State income tax 6608.00 b Employer identification of This information is being functher sanction may be imposed 1 Wgs, tips, other compn 118324.00 4 SS tax withheld 7336.09 7 Social security tips	number (EIN) 20-512 nished to the IRS. If you are resed on you if this income is tax 2 Fed inc tax withheld	19 Local income tax 19 Local income tax 23774 quired to file a tax return, a neable and you fail to report it. 3 Social security wages 118324.00 6 Medicare tax withheld 1715.70	City, of Local Income Tax Return. 20 Locality name OMB No. 1545-0008 egligence penalty or Form W-2 Wage and Tax
PLYMOUTH MN 55446 15 State Employer's state ID No. MN 1853632 118324.00 REV 12/21/22 QBDT a Employee's SSN 776-65-1676 c Employer's name, address, and ZIP code XLYSI LLC 251 MILWAUKEE AVE, SUITE 1009, BUFFALO GROVE IL 60089 d Control No.	Third-party sick pay 17 State income tax 6608.00 b Employer identification of the tangle of ta	number (EIN) 20-512 nished to the IRS. If you are resed on you if this income is tax 2 Fed inc tax withheld	19 Local income tax 23774 quired to file a tax return, a neable and you fail to report it. 3 Social security wages	City, of Local Income Tax Return. 20 Locality name OMB No. 1545-0008 egligence penalty or Form W-2 Wage and Tax Statement 2022
PLYMOUTH MN 55446 15 State Employer's state ID No. MN 1853632 118324.00 REV 12/21/22 QBDT a Employee's SSN 776-65-1676 c Employer's name, address, and ZIP code XLYSI LLC 251 MILWAUKEE AVE, SUITE 1009, BUFFALO GROVE IL 60089 d Control No.	Third-party sick pay 17 State income tax 6608.00 b Employer identification of the composition of the compo	number (EIN) 20-512 nished to the IRS. If you are resed on you if this income is tax 2 Fed inc tax withheld	19 Local income tax 23774 quired to file a tax return, a neable and you fail to report it. 3 Social security wages	City, of Local Income Tax Return. 20 Locality name OMB No. 1545-0008 regligence penalty or Form W-2 Wage and Tax Statement 2022 Copy C For EMPLOYEE'S
PLYMOUTH MN 55446 15 State Employer's state ID No. MN 1853632 118324.00 REV 12/21/22 QBDT a Employee's SSN 776-65-1676 c Employer's name, address, and ZIP code XLYSI LLC 251 MILWAUKEE AVE, SUITE 1009, BUFFALO GROVE IL 60089 d Control No. e Employee's name, address, and ZIP code Suff. PRAVINSINH GOHIL	Third-party sick pay 17 State income tax 6608.00 b Employer identification of the composition of the compo	number (EIN) 20-512 nished to the IRS. If you are resed on you if this income is tax 2 Fed inc tax withheld	19 Local income tax 23774 quired to file a tax return, a neable and you fail to report it. 3 Social security wages	City, of Local Income Tax Return. 20 Locality name OMB No. 1545-0008 Egligence penalty or Form W-2 Wage and Tax Statement 2022 Copy C For
PLYMOUTH MN 55446 15 State Employer's state ID No. MN 1853632 118324.00 REV 12/21/22 QBDT 2 Employee's SSN 776-65-1676 C Employer's name, address, and ZIP code XLYSI LLC 251 MILWAUKEE AVE, SUITE 1009, BUFFALO GROVE IL 60089 d Control No. e Employee's name, address, and ZIP code Suff. PRAVINSINH GOHIL 3933 GARLAND LN N.	Third-party sick pay 17 State income tax 6608.00 b Employer identification of the first and the fi	number (EIN) 20-512 nished to the IRS. If you are resed on you if this income is tax 2 Fed inc tax withheld	19 Local income tax 23774 quired to file a tax returm, a neable and you fail to report it. 3 Social security wages	City, of Local Income Tax Return. 20 Locality name OMB No. 1545-0008 agligence penalty or Form W-2 Wage and Tax Statement 2022 Copy C For EMPLOYEE'S RECORDS. (See Notice to