

<b>b Employer's Identification number</b>		81-4083144		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>	
<b>c Employer's name, address, and ZIP code</b>		21 STAFF LLC 5980 STONERIDGE DR, SUITE 103 PLEASANTON CA 94588		\$		45976.00		3464.37	
<b>e Employee's first name and initial</b>		Last name 7726392		<b>12b</b>		<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>	
SANTOSH N KARRA 1241 NE ORENCO STATION PARKWAY, APT G 206 HILLSBORO OR 97124				\$		26272.00		1628.86	
<b>f Employee's address and ZIP code</b>		15 State		<b>12c</b>		<b>5 Medicare wages and tips</b>		<b>6 Medicare tax withheld</b>	
OR 01749021-6		16 State wages, tips, etc. 45976.00		\$		26272.00		380.94	
		17 State income tax 3164.84		<b>12d</b>		<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
				\$					
Form W-2 Wage and Tax Statement 2022		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy B To Be Filed With Employee's FEDERAL Tax Return			

<b>b Employer's Identification number</b>		81-4083144		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>	
<b>c Employer's name, address, and ZIP code</b>		21 STAFF LLC 5980 STONERIDGE DR, SUITE 103 PLEASANTON CA 94588		\$		45976.00		3464.37	
<b>e Employee's first name and initial</b>		Last name 7726392		<b>12b</b>		<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>	
SANTOSH N KARRA 1241 NE ORENCO STATION PARKWAY, APT G 206 HILLSBORO OR 97124				\$		26272.00		1628.86	
<b>f Employee's address and ZIP code</b>		15 State		<b>12c</b>		<b>5 Medicare wages and tips</b>		<b>6 Medicare tax withheld</b>	
OR 01749021-6		16 State wages, tips, etc. 45976.00		\$		26272.00		380.94	
		17 State income tax 3164.84		<b>12d</b>		<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
				\$					
Form W-2 Wage and Tax Statement 2022		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments			

REV 01/03/23 OSP

<b>b Employer's Identification number</b>		81-4083144		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>	
<b>c Employer's name, address, and ZIP code</b>		21 STAFF LLC 5980 STONERIDGE DR, SUITE 103 PLEASANTON CA 94588		\$		45976.00		3464.37	
<b>e Employee's first name and initial</b>		Last name 7726392		<b>12b</b>		<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>	
SANTOSH N KARRA 1241 NE ORENCO STATION PARKWAY, APT G 206 HILLSBORO OR 97124				\$		26272.00		1628.86	
<b>f Employee's address and ZIP code</b>		15 State		<b>12c</b>		<b>5 Medicare wages and tips</b>		<b>6 Medicare tax withheld</b>	
OR 01749021-6		16 State wages, tips, etc. 45976.00		\$		26272.00		380.94	
		17 State income tax 3164.84		<b>12d</b>		<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
				\$					
Form W-2 Wage and Tax Statement 2022		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments			

<b>b Employer's Identification number</b>		81-4083144		<b>12a See instructions for Box 12</b>		<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>	
<b>c Employer's name, address, and ZIP code</b>		21 STAFF LLC 5980 STONERIDGE DR, SUITE 103 PLEASANTON CA 94588		\$		45976.00		3464.37	
<b>e Employee's first name and initial</b>		Last name 7726392		<b>12b</b>		<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>	
SANTOSH N KARRA 1241 NE ORENCO STATION PARKWAY, APT G 206 HILLSBORO OR 97124				\$		26272.00		1628.86	
<b>f Employee's address and ZIP code</b>		15 State		<b>12c</b>		<b>5 Medicare wages and tips</b>		<b>6 Medicare tax withheld</b>	
OR 01749021-6		16 State wages, tips, etc. 45976.00		\$		26272.00		380.94	
		17 State income tax 3164.84		<b>12d</b>		<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
				\$					
Form W-2 Wage and Tax Statement 2022		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy C For Employee's Records			