D Employer's identification number $81 - 408314$			12a See Instructions for Box 12	1 Wades, tips, other compensation	2 Federal income tax withheid
c Employer's name, address, and ZIP code	01 1000111		\$	45976.00	3464.37
21 STAFF LLC			12b	3 Social security wages	4 Social security tax withheld
ZI STAFF LLC			\$	26272.00	1628.86
			12c	5 Medicare wages and tips	6 Medicare tax withheld
5980 STONERIDGE DR, SUITE 103			\$	26272.00	380.94
			12d	7 Social security tips	8 Allocated tips
PLEASANTON CA 94588			\$		
e Employee's first name and initial	Last name			9	10 Dependent care benefits
	7726392		This information is being furnished to the Internal Revenue Service		
SANTOSH N KARRA				11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
SANIOSH N KARRA			Copy B To Be Filed with		employee plan sick pay
1241 NE ORENCO STATION PARKWAY, APT G 206					
,,,			Employee's FEDERAL	14 Other	45076 00
			Tax Return	OR STT WAGES	45976.00
HILLSBORO OR 97124			OR STT WH	45.99	
		a Employee's soc. sec. no			
f Employee's address and ZIP code			649-81-1950		
15 State Employer's state I.D. No. 16 St	tate wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OR 01749021-6	45976.00	3164.84			
			1	+	
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service			OMB # 1545-0008	Copy B To Be Filed V	Vith Employee's FEDERAL Tax Return

b Employer's Identification number Employer's Identification number 81-4083144	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	45976.00	3464.37
21 STAFF LLC	12b	3 Social security wages	4 Social security tax withheld
	\$	26272.00	1628.86
FOOD CHONEDIDGE DD CUITER 102	12c	5 Medicare wages and tips	6 Medicare tax withheld
5980 STONERIDGE DR, SUITE 103	\$	26272.00	
	12d	7 Social security tips	8 Allocated tips
PLEASANTON CA 94588	Is		
e Employee's first name and initial Last name		9	10 Dependent care benefits
7726392			
	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
SANTOSH N KARRA	••		employee plan sick pay
1241 NE ORENCO STATION PARKWAY, APT G 206		14 Other	
1211 NE ONENCO DIMITON IMAGMIT, MIT O 200		OR STT WAGES	45976.00
		OR STT WH	45.99
HILLSBORO OR 97124	a Employee's soc. sec. no		
f Employee's address and ZIP code	649-81-1950		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OR 01749021-6 45976.00 3164.84			
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 ST	ATE, CITY, or LOCAL Tax Departments

REV 01/03/23 OSP

b Employer's Identification number 81 - 4083144	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code	s	45976.00	3464.37		
21 STAFF LLC	12b	3 Social security wages	4 Social security tax withheld		
ZI DIATI LLC	ls	26272.00	1628.86		
FOOD GEOMEDIDAE DD AUITER 102	12c	5 Medicare wages and tips	6 Medicare tax withheld		
5980 STONERIDGE DR, SUITE 103	\$	26272.00	380.94		
	12d	7 Social security tips	8 Allocated tips		
PLEASANTON CA 94588	\$				
e Employee's first name and initial Last name		9	10 Dependent care benefits		
7726392					
SANTOSH N KARRA	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay		
1241 NE ORENCO STATION PARKWAY, APT G 206	Local Tax Departments				
1241 NE ORENCO STATION PARKWAI, API G 200		14 Other			
		OR STT WAGES	45976.00		
HILLSBORO OR 97124		OR STT WH	45.99		
	a Employee's soc. sec. no	_			
f Employee's address and ZIP code	649-81-1950				
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
OR 01749021-6 45976.00 3164.84		+			
	1				
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 Employer's Identification number 81-4083144	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code	\$	45976.00			
21 STAFF LLC	12b	3 Social security wages	4 Social security tax withheld		
ZI STAFF LLC	\$	26272.00	1628.86		
	12c	5 Medicare wages and tips	6 Medicare tax withheld		
5980 STONERIDGE DR, SUITE 103	\$	26272.00	380.94		
	12d	7 Social security tips	8 Allocated tips		
PLEASANTON CA 94588	\$				
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits		
7726392	Internal Revenue Service. If you are required to file a tax return, a negligence				
SANTOSH N KARRA	penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay		
1241 NE ORENCO STATION PARKWAY, APT G 206	Copy C for Employee's Records (see notice to	14 Other			
		OR STT WAGES	45976.00		
HILLSBORO OR 97124	Employee on back.)	OR STT WH	45.99		
	a Employee's soc. sec. no				
f Employee's address and ZIP code	649-81-1950				
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
OR 01749021-6 45976.00 3164.84		L			
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records					