Copy B To Be Filed with Employee's FEDERAL Tax Return. OMB No. 1545-0008							
a Employee's SSN	1 Wages, tips, o	42856.00	2 Federal income tax withheld 4864.00				
718-29-2503 b Employer ID no. (EIN)	3 Social security	wages 13362.00		4 Social security tax withheld 828.44			
86-1628308	5 Medicare wage	es and tips 13362.00	6 Medicare tax withheld 193.75				
c Employer's name, address, and ZIP code PIONEER CONSULTING SERVICES INC							
44335 PREMIER PLZ STE 120 ASHBURN VA 20147-5054							
d Control number							
e Employee's name, address, and ZIP code Suff. JAYAN'TH TEEGALA 215 EAGLESON ST DURHAM NC 27703							
7 Social security tips							
10 Dependent care bene	alified plans	ode See inst. for box 12					
13 14 Other			12b Co	ode			
Statutory employee		12c C		ode			
Retirement Plan Third-party sick pay			12d Code				
i i i i				567.88			
VA 30-86162	2949	1438.00					
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax							
18 Local wages, tips, et 13362	0.00	IM C	lity name C C C Dept. of the Treasury - IRS				

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

Form W-2 Wage and Tax Statement

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.,,					22 B No. 1545-0008			
a Emp	loyee's SSN	1 Wag	es, tips, otl		2 Federa	l income tax withheld		
718	-29-2503	2 Cooi	al security	42856.00	4 Coolel	4864.00 security tax withheld		
3 3001				13362.00	4 300iai	828.44		
b Employer ID no. (EIN) 5 Med			icare wage		6 Medicare tax withheld			
	1628308			13362.00		193.75		
c Emp	loyer's name, ad ONEER CO	dress, a ONSU	and ZIP $\cos U = U = 0$	^{le} SERVICE	S INC	1		
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	335 PREN E 120	MIER	. РЬХ					
	HBURN				VA	20147-5054		
d Cont	rol number							
e Emp	loyee's name, ad	dress.	and ZIP co	de		Suff.		
	YANTH TI							
21	5 EAGLES							
DU	RHAM				NC	NC 27703		
7 Socia	al security tips		8 Allocate	ed tips	9			
10 Dependent care benefits		fits	11 Nonqualified plans		12a C	12a Code See inst. for box 12		
13		14 O1	hor		12b Co	ado		
	employee	140	iriei		120 00	Due		
, , ,						12c Code		
Retirement Plan					12d C	nde		
Third-par	ty sick pay				120 0	Suc		
MI 86-1628308			13362		2.00	567.88		
VA 30-861628308			F-001 29494		4.00	1438.00		
15 State Employer's state ID numb			mber	r 16 State wages, tips, etc. 17 State income ta				
18 Local wages, tips, etc.			19 Local ir	ncome tax	20 Localit	20 Locality name		
13362.00		0.00			•			
				0.00	MI -	MI - C		
			0.00 1.11					

Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. 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.

See Notice to Employees . OMB No. 1545-0008 a Employee's SSN 718-29-2503 b Employer ID no. (EIN) 5 Medicare wages and tips 13362.00 c Employer's name, address, and ZIP code PIONEER CONSULTING SERVICES INC 44335 PREMIER PLZ STE 120 ASHBURN ASHBURN ASHBURN ASHBURN d Control number e Employee's name, address, and ZIP code JAYANTH TEEGALA 215 EAGLESON ST DURHAM NC 27703 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee Retirement Plan Third-party sick pay MI 86-1628308 13362.00 567.88	portation of data statement and post in the statement of								
A Employee's SSN 1 Wages, tips, other comp. 42856.00 4864.00 4864.00	Copy C For EMPLOYEE'S RECORDS. 2022 (See Notice to Employees). OMB No. 1545-0008								
A				2 Fe					
13362.00 828.44	. ,			42856.00		4864.0			
5 Medicare wages and tips 6 Medicare tax withheld 193.75	718-29-2503	3 Soci	al security	wages	4 Sc	4 Social security tax withheld			
S Medicare wages and tips 13362.00 193.75	b Employer ID no. (EIN)					828.4			
C Employer's name, address, and ZIP code PIONEER CONSULTING SERVICES INC 44335 PREMIER PLZ STE 120 ASHBURN VA 20147-5054 d Control number e Employee's name, address, and ZIP code JAYANTH TEEGALA 215 EAGLESON ST DURHAM NC 27703 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 IAOTHER PLZ Suff. 12b Code 12c Code 12c Code 12d Code Retirement Plan 12d Code 15d Code 12d Code 15d Code 12d Code 15d Cod		5 Med	icare wages and tips		6 M	6 Medicare tax withheld			
PÍÓNEER CONSULTING SERVICES INC 44335 PREMIER PLZ STE 120 ASHBURN VA 20147-5054 d Control number VA 20147-5054 e Employee's name, address, and ZIP code JAYANTH TEEGALA 215 EAGLESON ST DURHAM NC 27703 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee 14 Other 12b Code Retirement Plan Third-party sick pay 14 Other 12d Code MI 86-1628308 VA 30-861628308F-001 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax	86-1628308			13362.00		193.75			
STE 120	c Employer's name, address, and ZIP code PIONEER CONSULTING SERVICES INC								
d Control number e Employee's name, address, and ZIP code JAYANTH TEEGALA Suff. JAYANTH TEEGALA 215 EAGLESON ST DURHAM NC 27703 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee 14 Other 12b Code Retirement Plan Third-party sick pay 13 6 Code 12d Code MI 86-1628308 VA 30-861628308F-001 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax	STE 120								
e Employee's name, address, and ZIP code Suff. JAYANTH TEEGALA 215 EAGLESON ST DURHAM NC 27703 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13					V	A	20147-5054		
JAYANTH TEEGALA 215 EAGLESON ST DURHAM NC 27703 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee 12b Code Retirement Plan 12c Code Third-party sick pay 13 362.00 567.88 VA 30-861628308F-001 29494.00 17 State income tax	a Control number								
DURHAM NC 27703 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee 14 Other 12b Code Retirement Plan 12d Code Third-party sick pay 13 362.00 567.88 VA 30-861628308F-001 16 State wages, tips, etc. 17 State income tax	JAYANTH TEEGALA								
7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee Retirement Plan 12b Code Retirement Plan 12d Code	215 EAGLESON ST								
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee Retirement Plan Third-party sick pay 12b Code 12c Code 12d Code	DURHAM NC 27703								
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12c Code 12d Code 12d Cod	10 Dependent care benefits 11 Nonqua			alified plans	12a Code See inst. for box 12				
12c Code 12d Code	13	14 Ot	her		1:	2b Co	de		
Third-party sick pay MI 86-1628308 13362.00 567.88 VA 30-861628308F-001 29494.00 1438.00 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax	Statutory employee				1:	2c Co	de		
Third-party sick pay Image: Control of the party sick pay Image: Control of the pay Imag	Retirement Plan								
VA 30 - 861628308F - 001 29494.00 17 State income tax	1-2-0-1-1					de			
	MI 86-1628308			13362.00 56		567.88			
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	name								
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0.00 MI - C				0.00	M	Г –	C		

REV 12/21/22 QBDT

Copy 2 To Be Filed With Employee's State, 2022							
City, or Local Income Tax Return. OMB No. 1545-0008							
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld			
	42856.00		4864.00				
718-29-2503	3 Socia	al security	wages	4 Social security tax withheld			
b Employer ID no. (EIN)			13362.00	828.44			
	5 Medi		s and tips	6 Medicare tax withheld			
86-1628308			13362.00		193.75		
c Employer's name, address, and ZIP code PIONEER CONSULTING SERVICES INC 44335 PREMIER PLZ							
STE 120 ASHBURN				VA	20147-5054		
d Control number							
e Employee's name, address, and ZIP code Suff. JAYANTH TEEGALA 215 EAGLESON ST							
DURHAM				NC	27703		
7 Social security tips		8 Allocate	ed tips	9			
10 Dependent care bene	efits	11 Nonqua	alified plans	12a Code See inst. for box 12			
13	14 Oth	ther		12b Code			
Statutory employee					12c Code		
Retirement Plan					12C Code		
rtodiomont ridii				12d Cd	12d Code		
Third-party sick pay							
MI 86-1628	308 1336			52.00 567.88			
VA 30-861628308F-001 29494.00 15 State Employer's state ID number 16 State wages, tips, etc.					1438.00 17 State income tax		
18 Local wages, tips, etc. 13 3 6 2 . 0 0 19 Local income tax 0 . 0 0 20 Locality name MI - C							
			0.00	MI -	MI - C		
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS							

Dept. of the Treasury - IRS