| a Employee's SSN<br>XXX-XX-7897   |  | 1 Wages, Tips, Other Comp.<br>147000.00  |           |                          | 2 Federal Income Tax Withheld<br>26364.03                                       |                            |                      |  |
|---|--|--|-----------|--------------------------|---|----------------------------|----------------------|--|
| b Employer's FED ID Numb  | et   | 3 Social Security Wages<br>147000.00<br>5 Medicare Wages and Tips<br>147000.00 |           |                          | 4 Social Security Tax Withheld<br>9114.00<br>6 Medicare Tax Withheld<br>2131.50 |                            |                      |  |
| 27-0657830  |  |  |           |                          |   |                            |                      |  |
| d Control Number  |  |  |           |                          | 7 Soc   | ial Se                     | curity Tips          |  |
| 683479 TR1  |  | XXXX C S 943   |           |                          |   | 8 Allocated Tips           |                      |  |
| Employer's Name, Addres<br>EQUITY STAFFII<br>8310 S VALLEY  | NG GROUP   | INC  |           |                          | 9   |                            |                      |  |
| SUITE 135   |  |  |           |                          |   | 10 Dependent Care Benefits |                      |  |
| ENGLEWOOD, CO 80112   |  |  |           |                          | 11 Nonqualified Plans   |                            |                      |  |
|   |  |  |           |                          | Se<br>12a   | e Ins                      | tructions for Box 12 |  |
| NOTE TO THE PERSON NAMED IN COLUMN  | . Date of the later of the late |  |           |                          | 12b   | _                          |                      |  |
| 15 State Employer's State ID No. 18 Local Wages, Tips, Etc.   |  |  |           | 13 Statutory<br>Employee | 12c   |                            | L                    |  |
| 16 State Wages, Tips, Etc.  | 19 Local Inc   | 19 Local Income Tax  |           |                          | 12d   | ther                       |                      |  |
| 17 State Income Tax   | 20 Locality I  | 20 Locality Name 13  |           |                          |   |                            |                      |  |
|   | 20 Cocainty  | 20 Locality Name 13 3rd Party<br>Sick Pay                                      |           |                          |   |                            |                      |  |
| of Employee's Name, Addre   | CHILDRED COL   | KISHON   |           |                          | _   |                            |                      |  |
| SINDUSHRUTHA<br>3505 SAWTOOTH<br>LITTLE ELM, TX  This information is being<br>if you are required to fille<br>sanctions may be impose | GUNDAMA<br>I LN<br>75068   | ARAJU  | l Revenue |                          |   |                            |                      |  |
| an to report it.  | Employee   |  |           |                          | P   | AGE                        | 1 OF 1               |  |
| W-2   | Wage an  |  |           | John                     |   | _                          | 022                  |  |

Department of the Treasury - Internal Revenue Service

Statement

Copy C for employee's records.

a Employee's SSN lips, Other Comp. 26364.03 XXX-XX-7897 147000.00 urity Wages 147000.00 Employer's FED ID Number 9114.00 27-0657830 Vages and Tips Withheld 147000.00 2131.50 XXXX 683479 TR1 943 8 Allocated Tips **EQUITY STAFFING GROUP INC** 8310 S VALLEY HIGHWAY 10 Dependent Care Benefits **SUITE 135** ENGLEWOOD, CO 80112 11 Nonqualified Plans 12b 12c 3 Retiren 20 Locality Name e/f Employee's Name, Address, and ZIP Code SINDUSHRUTHA GUNDAMARAJU 3505 SAWTOOTH LN LITTLE ELM, TX 75068

State Filing Copy Wage and Tax Statement

2022

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| a Employee's SSN<br>XXX-XX-7897                               |             | 1 Wage          | rs, Tips, Other Comp.<br>147000.00   | <sup>2</sup> Federal Income Tax Withhel<br>26364.03 |   |  |
|---|-------------|-----------------|--|---|---|--|
| b Employer's FED ID Numbe                                     | 3 Socia     | 147000.00       | 4 Social Security Tax Withhel<br>9114.00<br>6 Medicare Tax Withheld<br>2131.50 |   |   |  |
| 27-0657830  |             | 5 Medie         |  |   | 147000.00   |  |
| d Control Number  | Dept.       | Corp            | Employer Use Only  | 7 Soc   | cial Security Tips                                |  |
| 683479 TR1  |             | XXXX            | 943  | 8 Allocated Tips                                    |   |  |
| EMPloyer's Name, Address<br>EQUITY STAFFIN<br>8310 S VALLEY H | G GRO       | UP INC          |  | 9   |   |  |
| SUITE 135<br>ENGLEWOOD, CO 80112                              |             |                 |  |   | 10 Dependent Care Benefits  11 Nonqualified Plans |  |
|   |             |                 |  |   |   |  |
| BINDARANANAN AN   | RETERM      | AARHAAA         | 13 Statutory   | 12b   | -   |  |
| 15 State Employer's State ID                                  | Employee    | 12c             |  |   |   |  |
| - otalio jei o otalio io                                      | 10 200      | ii tragos, nps, |  | 12d   |   |  |
| 16 State Wages, Tips, Etc.                                    | 19 Loca     | I Income Tax    | 13 Retiremen   | 14 Other  |   |  |
| 17 State Income Tax   | 20 Loca     | lity Name       | 13 3rd Party<br>Sick Pay   | 1   |   |  |
| e/l Employee's Name, Addre                                    | as, and ZIP | Code            | 805655   | -   |   |  |
| SINDUSHRUTHA  | GUNDA       |                 | J  | 1   |   |  |
| 3505 SAWTOOTH<br>LITTLE ELM, TX 7                             |             |                 |  |   |   |  |
| LITTLE ELW, IX  | 3000        |                 |  | 1   |   |  |

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| a Employee's SSN<br>XXX-XX-7897  | 11                    | Vages, Tips, Other Comp.<br>147000.00 | <sup>2</sup> Federal Income Tax Withh<br>26364.03                                    |  |
|--|-----------------------|---------------------------------------|--|--|
| b Employer's FED ID Numbe  | _                     | ocial Security Wages<br>147000.00     | 4 Social Security Tax Withhel<br>9114.00<br>6 Medicare Tax Withheld<br>2131.50       |  |
| 27-0657830   | 5 M                   | edicare Wages and Tips<br>147000.00   |  |  |
| d Control Number   | Dept. Corp            | Employer Use Only                     | 7 Social Security Tips   |  |
| 683479 TR1   | XXX                   |                                       | 8 Allocated Tips   |  |
| 8310 S VALLEY H<br>SUITE 135<br>ENGLEWOOD, CO                                    |                       | 13 Statutory                          | 10 Dependent Care Benefits 11 Nonqualified Plans See Instructions for Box 12 12a 12b |  |
| 5 State Employer's State ID  | No 18 Local Wages, Ti | ps,Etc. Employee                      | 12c  |  |
| 16 State Wages, Tips, Etc.   | 19 Local Income T     | 13 Retiremen                          | 12d   14 Other   |  |
| 17 State Income Tax  | 20 Locality Name      | 13 3rd Party<br>Sick Pay              |  |  |
| e/I Employee's Name, Addres<br>SINDUSHRUTHA<br>3505 SAWTOOTH<br>LITTLE ELM, TX 7 | GUNDAMARA<br>LN       | JU                                    |  |  |

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City or Local Filing Copy Wage and Tax Statement

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