To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.					Federal B	3	and 7		ox 5			
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.				Gross Wages 150340.00 150340.00 150340.00 Txbl Benefits Group Term Life Adoption Adoption Adoption								
Form W-2 Wage and Tax Statement 2022				Deferred Comp	(781	.77)						
Copy C—For EMPLOYEE'S RECORDS				Section 125 Other Pretax/Wage Limit		(33	40.00)					
				W-2 Wages	14955		00.00	1503	10.00			
000762438201			2022	OMB NO. 1545 - 0008		OTHER COMPENSA		58.23	2 FEDERAL INCOME		34268.30	
B. EMPLOYER DENTETICATION NUMBER (72Y) 04-3496741 C. EMPLOYER'S NAME, ADDRESS, AND ZEP CODE:				3135	3. SOCIAL SECUI 5. MEDICARE W/		1470	00.00	4 SOCIAL SECURITY 6 MEDICARE TAX W		9114.00	
Beacon Hill Staffin 152 Bowdoin Stre	ng Group, LLC	_			7. SOCIAL SECT		1503	40.00	8 ALLOCATED TES	THINE D	2179.93	
Boston MA 021	108	13	Standary Employee	Returement Third-Party Plant Sick Pay	9				10. DEPENDENT CA	E BENEFITS		
E. EMFLOYEES FIRST NAME AND INITIAL. LAST NAME. Vasudevarao Mannem				SUFF	11 NONQUALIFIED PLANS				12. s-d Sec instruction	s for box 12	781.77	
12877 Greenhaven Frisco TX 75035 USA					14. OTHER							1
EMPLOYEE'S ADDRESS AND ZIR		16. STATE WAGES, T	TIPS, ETC.	17 STATE INCOME TAX	18	LOCAL WAGES, TUPS	L ETC	19. LOCAL I	NCOME TAX	20. LOCALITY N	AME	4
												_
000762438201 E EMPLOYER IDENTIFICATION P	II MRED (EIN)	A EMBLOY		OMB NO. 1545 - 0008		OTHER COMPENSA		9558.23		COME TAX WITHHELD	34268.30	4
B EMPLOYER DENTFICATION NUMBER (EIN) 04-3496741 A EMPLOYEE'S SOCIAL SECURITY NUMBER 320-06-3135 C EMPLOYEE'S NAME ADDRESS, AND ZIP CODE						3 SOCIAL SECURITY WAGES 4 SOCIAL SECURITY TAX WITHHELD 91 5 MEDICARE WAGES AND TIPS 6 MEDICARE TAX WITHHELD						4
Beacon Hill Staff 152 Bowdoin Str								2179.93	<u>-</u>			
Boston MA 02	108				9.					NT CARE BENEFITS		-
E. EMPLOYEE'S FIRST NAME AN	D INITIAL LAS	T NAME		SUFF	11 NONQUALIF	FIED PLANS			12. a-d			_
Vasudevarao 12877 Greenhaver		14. OTHER							7			
Frisco TX 7503 USA	5-0310											
F EMPLOYEE'S ADDRESS AND	ZIP CODE	16. STATE WAGE	ES TIPS ETC	17 STATE INCOME TAX		18 LOCAL WAGES,	TIPS ETC	19.1004	13. Statutory Employee	Retirement Plan	Third-Party Sick Pay	_
			20, 111 0, 210			TO ECONE TINGES,	117 3, 210.					
	and Tax Statem Vith Employee's Stat		ocal Incon	ne Tax Return 202							mal Revenue Serv	nce
D CONTROL NUMBER 000762438201 B EMPLOYER IDENTIFICATION	MINDER (EIM)	A SMDI	OVEE'S SOCI	OMB NO. 1545 - 0008		PS, OTHER COMPEN		49558.2	.3	SECURITY TAX WITHE	34268.	30
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Beacon Hill Staffing Group, LLC 152 Bowdoin Street						SECURITY TIPS		150340		CATED TIPS	2179	8.93
Boston MA 02	2108				9				10 DE	PENDENT CARE BENE	FITS	$\overline{}$
E EMPLOYEE'S FIRST NAME AN		st NAME annem		su	FF. 11. NONQ	UALIFIED PLANS			12 B-	1	7	81.77
12877 Greenhaven Dr Frisco TX 75035-0310						R						
USA									12.	Statutory Employee	Retirement T	hird-Party
EMPLOYEE'S ADDRESS AND ZIP CODE 5 STATE EMPLOYER'S STATE ID NUMBER 16 STATE WAGES. TIPS, ETC. 17 STATE INCOME:						18. LOCAL V	VAGES, TIPS,	ETC.	19. LOCAL INCOM		Plan X S	hird-Party lick Pay
orm W-2 Wage a	nd Tay Statem	ent							Departm	ent of the Trea	sury - Internal Re	evenue Sen
py 2—To Be Filed Wi	th Employee's Stat	e, City, or L	ocal Inco	ome Tax Return	155							
CONTROL NUMBER 100762438201	T			OMB NO. 1545 - 00	008 1. WA	GES, TIPS, OTHER	COMPENSAT		9558.23	2. FEDERAL INCOM	OJAHHTW XAT 3N	34268
EMPLOYER IDENTIFICATION N	IUMBER (EIN)			CIAL SECURITY NUMBER		OCIAL SECURITY W	AGES			4. SOCIAL SECUR	RITY TAX WITHHELD	
04-3496741 EMPLOYER'S NAME ADDRESS Beacon Hill Staff			0-06-31		5. MI	EDICARE WAGES A	ND TIPS		7000.00	8 MEDICARE TAX	WITHHELD	9114 2179
152 Bowdoin Str Boston MA 02	eet				7 80	OCIAL SECURITY TO	PS			8. ALLOCATED TIP	P'S	2173

9 8

11. NONQUALIFIED PLANS

18 LOCAL WAGES, TIPS, ETC.

E EMPLOYEES FIRST NAME AND INITIAL
Vasudevariao
12877 Green
12877 Green
Frisco TX 75035-0310
USA

F EMPLOYEE'S ADDRESS AND ZIP CODE

15. STATE EMPLOYER'S STATE ID NUMBER

Mannem

10. DEPENDENT CARE BENEFITS

13 Statutory Retrement X Third-Party Slick Pay

M LOCALIDITION

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