								Federal Box 1	Soc. Sec. Box 3	& 7 Medica	re Box 5	
to the right is an explanation of your trib						Gross Wage Txbl Benefit		125303	.86 125303	3.86 12	25303.86	
This information is being furnished to the Internal Revenue Service. If you are						Group Term Adoption	Life	204	.10 204	1.10	204.10	
imposed on you	ir this income is	taxable and yo	ou rail to	report it.	•	Deferred Co	omp	(6265	23)			
	and Tax Stateme PLOYEE'S RECOR					Section 125		(3574.)	78) (3574	78) (3	3574.78)	
COPY C TOT LIT	LOTEL 3 RECOR	55					x/Wage Limit					
						W-2 Wages		115667	.95 12193	3.18 12	21933.18	
D. CONTROL NUMBER 000053845801				OMB N	O. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 115667.95			2. FEDERAL INCOME TAX WITHHELD 12880.12			
B. EMPLOYER IDENTIFIC	ATION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SEC	URITY NUM	1BER	3. SOCIAL SECURITY WAGES 4. SOCIA			4. SOCIAL SECURITY	OCIAL SECURITY TAX WITHHELD		
82-4606641		210-67-9988					121933.18 7559.86			5		
C. EMPLOYER'S NAME,	ADDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX W			
Savvas Learning Co 15 F. Midland Ave	mpany LLC						121933	3.18		1768.03	3	
Paramus NJ 07652						7. SOCIAL SEC	ECURITY TIPS 8. ALLOCATED TIPS					
						9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Castal F Dias					SUFF.	11. NONQUALIFIED PLANS 12.a-d See instructions for box 12 C 20			204.10			
2081 E Bellerive Pl						14. OTHER			D		6265.23	
Chandler AZ 85249									W		1721.28 18577.40	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									TREMENT X THIR	D-PARTY		
15. STATE EMPLOYE	R'S STATE ID NUMBER	16. STATE WAGE			7. STATE INCOME T		18. LOCAL WAGES, T	IPS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY I	NAME	
AZ 082460	5641		115667	'.95		3117.52						

D. CONTROL N 0000538458		202	₂ OMB	NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION 115667.95	2. FEDERAL INCOME T	AX WITHHELD 12880.12		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD			
82-4606641 210-67-9988						121933.18		7559.86		
C. EMPLOYER	'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD		
	rning Company LLC					121933.18		1768.03		
15 E. Midland Ave Paramus NJ 07652					7. SOCIAL SE	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
							10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUAL	IFIED PLANS	12.a-d			
Castal E	Castal E Dias						C	204.10		
2081 F Bell	lanius DI				14. OTHER		D	6265.23		
Chandler A					21.0111211		W	1721.28		
USA						DD	18577.40			
F. EMPLOYEE'S ADDRESS AND ZIP CODE							13. STATUTORY RET	IREMENT X THIRD-PARTY SICK PAY		
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS	S, ETC.	17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
AZ	0824606641	1156	667.95		3117.52					

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	L NUMBER		OMB NO 15	45 0000	1. WAGES, TI	PS, OTHER COMPENSATION	1	2. FEDERAL INCOME TA	AX WITHHELD	
000053845801		2022	OMB NO. 1545-0008		115667.95			12880.12		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
82-4606641 210-67-9988					121933.18			7559.86		
C. EMPLOYE	ER'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Savvas Le	arning Company LLC				121933.18			1768.03		
15 E. Midla Paramus N					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
i didinas i	6 67632									
						9.			10. DEPENDENT CARE BENEFITS	
E. EMPLOYE	EE'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d		
Castal E		Dias						С	204.10	
2081 F Be	allenius Di				14. OTHER			D	6265.23	
					14. OTHER			W	1721.28	
Chandler AZ 85249 USA								DD	18577.40	
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS,	ETC. 17. STATE	E INCOME T	AX	18. LOCAL WAGES, TIPS,	ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
AZ	0824606641	11566	7.95		3117.52					

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	NUMBER		ONAR NIC	1545 0000	1. WAGES, T	PS, OTHER COMPENSA	TION	2. FEDERAL INCOME TA	X WITHHELD	
000053845	000053845801		2 OIVIB INC	OMB NO. 1545-0008	115667.95			12880.12		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIA			SECURITY NUM	CURITY NUMBER		CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
82-460664	1	210-67-9988			121933.18			7559.86		
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP O	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
Savvas Lea	rning Company LLC				121933.18			1768.03		
15 E. Midla					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Paramus N.	07652									
					9.		10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE	'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUALIFIED PLANS 12.a-d See instructions for box 12			r box 12		
Castal E Dias							C	204.10		
2001 F D-I	Indian DI				14. OTHER			D	6265.23	
2081 E Bel					14. 0111210			W	1721.28	
Chandler AZ 85249 USA							DD	18577.40		
USA .									REMENT X THIRD-PARTY	
F. EMPLOYEE'S ADDRESS AND ZIP CODE								EMPLOYEE PLAN	SICK PAY	
	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS		. STATE INCOME T		18. LOCAL WAGES, T	IPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
AZ	0824606641	1156	567.95		3117.52					