| h Employed Marking the property of the Control of t | 12a See instructions for Box 12 | 4.141 (1 11 11 | 0.5-4 |
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| b Employer's Identification number c Employer's name, address, and ZIP code | \$ | 1 Wages, tips, other compensation 33999.96 | 3864.00 |
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| 3300 BATTLEGROUND AVE STE 304 | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
| SSOO BITTELGROOMS IIVE STE SOT | \$ 12d | 33999.96 7 Social security tips | 493.00 |
| GREENSBORO NC 27410 | | 7 Social Security tips | 8 Allocated tips |
| e Employee's first name and initial Last name | \$ | 9 | 10 Dependent care benefits |
| 1635872 | This information is being furnished to the Internal Revenue Service | | |
| SURESH S NATESAN | | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| 3300 BATTLEGROUND AVE., STE. 304 | Copy B To Be Filed with | | pian slok pay |
| 3300 BAILDEGROUND AVE., SIE. 304 | Employee's FEDERAL | 14 Other | |
| GD = T1/GD GD G ATG GG A1 0 | Tax Return | | |
| GREENSBORO NC 27410 | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code | 727-92-4389 | | |
| 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 |
| NC 600160081 33999.96 1404.00 | | | |
| Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy B To Be Filed V | Nith Employee's FEDERAL Tax Return |
| 2022 | | | |
| | | | |
| b Employer's Identification number 56-2074743 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| c Employer's name, address, and ZIP code | \$ | 33999.96 | 3864.00 |
| STRATA SOLUTIONS INC | 12b | 3 Social security wages | 4 Social security tax withheld |
| | \$ | 33999.96 | 2108.00 |
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| | \$ 12d | 33999.96 7 Social security tips | 493.00 8 Allocated tips |
| GREENSBORO NC 27410 | | 7 Social security tips | 8 Anocated tips |
| e Employee's first name and initial Last name | | 9 | 10 Dependent care benefits |
| 1635872 | | | |
| | Copy 2 for State, City, or | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| SURESH S NATESAN | Local Tax Departments | | employee plan sick pay |
| 3300 BATTLEGROUND AVE., STE. 304 | Local Tax Departments | 14 Other | |
| | | | |
| GREENSBORO NC 27410 | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code | 727-92-4389 | | |
| 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 |
| NC [600160081 33999.96 | | | |
| From W.O.W. and J.T. Olater and J. Danada and Alba Tarana Internal Bosses Conduc | | | |
| | OMR # 1545-0008 | Conv. 2 To Be Filed With Employee's STA | ATE CITY or I OCAL Tax Denartment |
| 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 STA | ATE, CITY, or LOCAL Tax Department |
| | OMB # 1545-0008 | Copy 2 To Be Filed With Employee's ST/ | ATE, CITY, or LOCAL Tax Department |
| REV 12/20/22 OSP | | | |
| REV 12/20/22 OSP b Employer's Identification number F.C. 2074742 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| REV 12/20/22 OSP b Employer's Identification number c Employer's name, address, and ZIP code | 12a See instructions for Box 12 | 1 Wages, tips, other compensation 33999.96 | 2 Federal income tax withheld 3864.00 |
| REV 12/20/22 OSP b Employer's Identification number F.C. 2074742 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation 3 3 9 9 9 . 9 6 3 Social security wages | 2 Federal income tax withheld 3864.00 |
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| REV 12/20/22 OSP b Employer's Identification number c Employer's name, address, and ZIP code | 12a See instructions for Box 12 \$ 12b \$ | 1 Wages, tips, other compensation 33999.96 3 Social security wages 33999.96 | 2 Federal income tax withheld 3864.00 4 Social security tax withheld 2108.00 6 Medicare tax withheld |
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