

22222		Void <input type="checkbox"/>	a Employee's social security number 735-28-2355		For Official Use Only ▶ OMB No. 1545-0008						
b Employer identification number (EIN) 83-1294174				1 Wages, tips, other compensation 25584.00		2 Federal income tax withheld 3810.35					
c Employer's name, address, and ZIP code FAANG SOLUTIONS LLC 2271 MOONLIGHT BAY FLOWERMOUND TX 75022				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial NAGENDRA		Last name MOKARA		Suff	11 Nonqualified plans		12a See instructions for box 12				
f Employee's address and ZIP code 7 LANMARK DR, APT C COLUMBIA SC 29210				13 Statutory employee Retirement plan Third-party sick pay		12b					
				14 Other		12c					
						12d					
15 State Employer's state ID number SC 83129417-4		16 State wages, tips, etc. 25584.00		17 State income tax 1665.72		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2022
0000/ 1030D

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Do Not Cut, Fold, or Staple Forms on This Page

REV 02/09/23 QB

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only ▶ OMB No. 1545-0008						
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
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f Employee's address and ZIP code				13 Statutory employee Retirement plan Third-party sick pay		12b					
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Form **W-2** Wage and Tax Statement

2022
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Black-and-White Form W-2 (Revised 08/22)

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008									
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> CT-1		Military 943 <input type="checkbox"/> Hshld. Emp. 944 <input type="checkbox"/> Medicare govt. emp.		Kind of Employer (Check one)		None apply <input checked="" type="checkbox"/> State/local non-501c		501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/>		Third-party sick pay (Check if applicable) <input type="checkbox"/>	
c Total number of Forms W-2 1		d Establishment number		1 Wages, tips, other compensation 25584.00		2 Federal income tax withheld 3810.35		e Employer identification number (EIN) 83-1294174		3 Social security wages		4 Social security tax withheld	
f Employer's name FAANG SOLUTIONS LLC		g Employer's address and ZIP code 2271 MOONLIGHT BAY FLOWERMOUND TX 75022		5 Medicare wages and tips		6 Medicare tax withheld		7 Social security tips		8 Allocated tips		9	
h Other EIN used this year		13 For third-party sick pay use only		11 Nonqualified plans		12a Deferred compensation		10 Dependent care benefits		12b		12c	
15 State SC		Employer's state ID number 83129417-4		14 Income tax withheld by payer of third-party sick pay		16 State wages, tips, etc. 25584.00		17 State income tax 1665.72		18 Local wages, tips, etc.		19 Local income tax	
Employer's contact person		Employer's telephone number (201) 315-7101		Employer's email address customerservice@ourtaxcpa.co		For Official Use Only 0000/1030D		Employer's fax number					

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶

Date ▶

Form **W-3** Transmittal of Wage and Tax Statements **2022**

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA).

Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2022 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for 4 years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

• **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.

• **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2023**. For more information, go to www.SSA.gov/bsa. First time filers, select "Register"; returning filers select "Log In."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2023**.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration
Direct Operations Center
Wilkes-Barre, PA 18769-0001**

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

Step 1: Forms W-2 and W-3 Interview

Welcome to the W-2 and W-3 interview

Have you downloaded the latest version of the forms?

The Forms W-2 and W-3 you currently have are for tax year 2022

If you do not have the latest forms, you should leave the payroll form window, download the latest updates, and start again.

Is Your Company Address Correct?

Failure to ensure your company address is complete and correct will cause you to update the information and resubmit. This includes the street address, city, state, and zip code.

We will guide you through the review and preparation of your W-2 and W-3 tax forms.

This interview will:

- a) Allow you to **edit** your W-2 and W-3 forms
- b) Help you to **review** and **fix errors** in your forms
- c) Allow you to **print** and **save** your forms

Before we begin, here are some **important dates** to mark on your calendar:

1. **January 31, 2023**

Deadline for employers to **deliver a W-2 form to each employee**. Encourage employees to check W-2 forms against their last paycheck paid during the prior year, to ensure that any corrections can be made timely.

2. **January 31, 2023**

Deadline when employers must **file copies of the W-2s with government agencies**.

3. **January 31, 2023**

Deadline when employers who **file electronically** must **file federal copies of the W-2s** with the Social Security Administration (SSA).

Make sure that you file only one Form W-2 (Copy A) per employee.

You must file **one W-2 form for each employee paid during the tax year**.
(You file Copy A with the Social Security Administration)

If you inadvertently create a duplicate W-2 form for an employee and then file both copies with the SSA, the agency may use the information from both forms to determine the employee's reported income. Not only will the employee's reported taxable income be calculated incorrectly, but also the employer payroll liability payments and balances.

To avoid filing multiple W-2 forms for an employee, review the employee list provided in this interview for any duplicates.

Note: Form W-2c is a corrected wage and tax statement and not considered a duplicate filing.

Step 1: Forms W-2 and W-3 Interview

Instructions:

Quickbooks has imported your data into the W-2 forms, but there may be some areas that are incomplete. Please review the information below for accuracy and enter any missing data as needed.

NOTE: If the company trade name is different than the legal name, both will appear below and both will print on all W-2 forms.

Verify your Company Information:

Company legal name Faang Solutions LLC
Trade name (if different) _____
Company legal address 2271 Moonlight Bay
City, State, ZIP code FlowerMound TX 75022
Other EIN used this year _____
Contact person _____
Email address customerservice@ourtaxcpa.com
Telephone number (201) 315-7101
Fax number _____

Answer the following questions:

Kind of Payer **Check one of these boxes:**

What kind of payer are you? 941 (Most common) Household employer
 943 Medicare govt. employer
 944 Military

Kind of Employer **Check one of these boxes:**

What kind of employer are you? None apply (Most common) State/local 501c
 State/local non 501c Federal govt.
 501c non-govt.

Special Situations **Check one of these boxes:** Yes No

Do you have **any** of the following special situations?
* Statutory employees (*earnings not subject to employee withholding*)
* Employees with retirement plans (*401k, SEP, SIMPLE, pension, etc.*)
* Employees who receive 3rd party sick pay (*3rd party provided a Sick Pay Statement*)

Control Number

The control number is optional on Forms W-2 and W-3. The SSA records the control numbers in case they need to reference them when contacting an employer.
The control number on Form W-3 is different than the control number on Forms W-2, so they can be used for different purposes.

Form W-3 Control Number

The control number for your Form W-3 is: _____

For most current versions of QuickBooks, a control number for Form W-3 is automatically generated.

You can keep the generated entry, override the entry with one more meaningful to you, or delete the control number. If you did not select a group (you selected All Employees in the Select Payroll Form window), QuickBooks does NOT generate a control number.

Form W-2 Control Number

When you first open the W-2 worksheets in the interview, the control number is blank. On each W-2 worksheet, you can manually enter a control number (ex: employee number) or you can leave it blank. For more information about the control number on Forms W-2 and W-3, click the **View details about this form link**.

Review your form

To proceed to viewing your W-2 forms, click *Next*. Remember to click the *Check for Errors* button when you are done with your review.

Step 2: Form W-2 Worksheet

Displaying: MOKARA, NAGENDRA | Employee 1 of 1

Employer's Name(s) as Shown on Forms <u>FAANG SOLUTIONS LLC</u>		Federal ID Number <u>83-1294174</u>	
<p>a Employee's SSN <u>735-28-2355</u></p> <p>b Employer's ID number . . <u>83-1294174</u></p> <p>c Employer's name, address, and ZIP code <u>FAANG SOLUTIONS LLC</u> <u>2271 MOONLIGHT BAY</u> <u>FLOWERMOUND</u> State <u>TX</u> <u>75022</u></p> <p>d Control number _____</p> <p>e Employee's name First <u>NAGENDRA</u> MI _____ Suffix _____ Last <u>MOKARA</u></p> <p>f Employee's address and ZIP code <u>7 LANMARK DR, APT C</u> <u>COLUMBIA</u> State <u>SC</u> <u>29210</u></p>	<p>1 Wages, tips, other compensation <u>25584.00</u></p> <p>3 Social security wages _____</p> <p>5 Medicare wages and tips _____</p> <p>7 Social security tips _____</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>13 Statutory employee. ▶ <input type="checkbox"/> Retirement plan . . ▶ <input type="checkbox"/> Third-party sick pay ▶ <input type="checkbox"/></p> <p>14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____</p>	<p>2 Federal income tax withheld <u>3810.35</u></p> <p>4 Social security tax withheld _____</p> <p>6 Medicare tax withheld _____</p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____</p> <p>12 a _____ b _____ c _____ d _____</p>	

15	Employer's state State identification no.	16	State wages, tips, etc	17	State income tax	18	Local wages, tips, etc	19	Local income tax	20	Locality Name
SC	83129417-4		25584.00		1665.72						