

Copy B--To Be Filed With Employee's FEDERAL Tax Return			OMB No. 1545-0008		
This information is being furnished to the Internal Revenue Service.					
a. Employee's social security number	1. Wages, tips, other compensation	2. Federal income tax withheld			
790062692	97879.04	16694.90			
b. Employer ID number (EIN)	3. Social security wages	4. Social security tax withheld			
	62105.92	3850.57			
26-2543435	5. Medicare wages and tips	6. Medicare tax withheld			
	62105.92	900.54			
c. Employer's name, address, and ZIP code					
Only It Consulting LLC 2200 W Higgins Rd Suite 315 Hoffman Estates, IL 60169					
d. Control number					
e. Employee's name, address, and ZIP code					
Ravikumar Gurung 2227 Clifton Place HOFFMAN ESTATES, IL 60169					
7. Social security tips	8. Allocated tips	9. Verification Code			
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12			
13. Statutory employee	14. Other	12b. Code			
		12c. Code			
		12d. Code			
Retirement plan					
Third-party sick pay					
IL	26-2543435	97879.04	4845.07		
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax		
18. Local wages, tips, etc.	19. Local income tax	20. Locality name			

Form W-2 Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008		
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Retirement plan					
Third-party sick pay					
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18. Local wages, tips, etc.	19. Local income tax	20. Locality name			

Form W-2 Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

Copy C--For EMPLOYEE'S RECORDS(See Notice to Employee.)			OMB No. 1545-0008		
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.					
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	62105.92	3850.57			
26-2543435	5. Medicare wages and tips	6. Medicare tax withheld			
	62105.92	900.54			
c. Employer's name, address, and ZIP code					
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d. Control number					
e. Employee's name, address, and ZIP code					
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10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12			
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		12c. Code			
		12d. Code			
Retirement plan					
Third-party sick pay					
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15. State	Employer's state ID number	16. State wages, tips,	17. State income tax		
18. Local wages, tips, etc.	19. Local income tax	20. Locality name			

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