Particular I	ith Employee's FEDERAL	Tax Year 2023 OMB No. 1545-0008	Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		у,	Tax Year 2023 OMB No. 1545-0008	
Tax Return. a. Employee's social security number 675-08-4137	1 Wages, tips, other comp. \$3,154.29	2 Federal income tax withheld	a, Employee's social security number 675-08-4137		2 Feder	2 Federal income tax withheld	
b. Employer ID number (EIN) 04-3376070	3 Social security wages \$3,154,29	4 Social security tax withheld \$195.57	b, Employer ID number (EIN) 04-3376070	3 Social security wages \$3,154.29	4 Social security tax withheld \$195.57		
d. Control number \$0108419862	5 Medicare wages and tips \$3,154.29	6 Medicare tax withheld \$45.74	d. Control number S0108419862	5 Medicare wages and tips \$3,154.29	6 Medio	6 Medicare tax withheld \$45.74	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9		
UNUM LIFE INSURANI, AMERICA THIRD PAR AMERICA THIRD PAR 2211 CONGRESS STF PORTLAND, ME 0412/ 800-845-2290 6. EMPLOYEE'S name, addre: NAGARJUNA CHILAK, APT# 240 720 W ONEIL DR CASA GRANDE, AZ 8/	TY PLANS REET 2 ss, and ZIP code A		UNUM LIFE INSURAN AMERICA THIRD PAR 2211 CONGRESS STF PORTLAND, ME 04122 800-845-2290 e. EMPLOYEE'S name, addre NAGARJUNA CHILAK APT# 240 720 W ONEIL DR CASA GRANDE, AZ 85	REET 2 ss, and ZIP code			
10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay	11 Nonqualified plans 14 Other	See instructions for box 12 12a 12b 12c 12d 12d 12e	10 Dependent care benefits 13 Statutory employee Retirement plan	11 Nonqualified plans	12a 12b 12c 12d		
15 State/Employer's state ID AZ/043376070	16 State wages, tips, etc. \$3,154.29	17 State income tax \$0.00	Third-party sick pay X 15 State/Employer's state ID AZ/043376070	16 State wages, tips, etc. \$3,154.29	17 State income tax \$0.00		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
Form W-2 Wage and Tax S This information is being furnis	Statement Department of the T shed to the Internal Revenue Service	reasury - Internal Revenue Service e.	Form W-2 Wage and Tax :	Statement Department of the T	reasury - I	Internal Revenue Servic	
Copy C-For EMPLOYE to Employee on the ba	EE'S RECORDS (See Notic	e Tax Year 2023 OMB No. 1545-0008	Copy 2-To Be Filed V	Vith Employee's State, City Return.	y,	Tax Year 2023 OMB No. 1545-0008	
Employee's social security	1 Wages, tips, other comp.	2 Federal income tax withheld	a. Employee's social security		12 Fodo	eral income tax withheld	

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		Tax Year 2023 OMB No. 1545-000	1000,000,000	Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		
a. Employee's social security number 675-08-4137	\$3,154.29	2 Federal income tax withh	a. Employee's social securit number 675-08-4137	1 Wages, tips, other comp. \$3.154.29	2 Federal income tax withheld	
b. Employer ID number (EIN) 04-3376070	3 Social security wages \$3,154.29	4 Social security tax withhe \$195	, , , , , , , , , , , , , , , , , , , ,		4 Social security tax withheld \$195.57 6 Medicare tax withheld \$45.7	
S0108419862	5 Medicare wages and tips \$3,154.29	6 Medicare tax withheld \$45	d. Control number 5.74 S0108419862	5 Medicare wages and tips \$3,154.29		
Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9	
NUM LIFE INSURANC MERICA THIRD PART 211 CONGRESS STRE ORTLAND, ME 04122 00-845-2290	Y PLANS		c. EMPLOYER'S name, add UNUM LIFE INSURA AMERICA THIRD PA 2211 CONGRESS S PORTLAND, ME 041 800-845-2290	NCE COMPANY OF ARTY PLANS TREET		
EMPLOYEE'S name, address IAGARJUNA CHILAKA APT# 240 '20 W ONEIL DR CASA GRANDE, AZ 85			e. EMPLOYEE'S name, add NAGARJUNA CHILA APT# 240 720 W ONEIL DR CASA GRANDE, AZ	IKA		
AGARJUNA CHILAKA APT# 240 20 W ONEIL DR CASA GRANDE, AZ 85 10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay	11 Nonqualified plans	See instructions for box 12 12a 12b 12c 12d 12d	NAGARJUNA CHILA APT# 240 720 W ONEIL DR CASA GRANDE, AZ 10 Dependent care benefit 13 Statutory employee Retirement plan Third-party sick pay	851221182 11 Nonqualified plans 14 Other	12a 12b 12c 12c 12d 12e	
IAGARJUNA CHILAKA APT# 240 '20 W ONEIL DR CASA GRANDE, AZ 85 10 Dependent care benefits 13 Statutory employee Retirement plan	1221182 11 Nonqualified plans	12a 12b 12c 12d 12d 12e 17 State income tax	NAGARJUNA CHILA APT# 240 720 W ONEIL DR CASA GRANDE, AZ 10 Dependent care benefit 13 Statutory employee Retirement plan	851221182 11 Nonqualified plans 14 Other D 16 State wages, tips, etc.	12b 12c 12d	

\$0.00

\$195.57

\$45.74