Copy B To Be F FEDERAL Tax R	iled w	ith Emp	oloyee's	20 2 OM	23 B No. 1545-0008	Copy City,	y 2 To Be Fi or Local Inc	led W	ith Em Tax Re	ployee's State turn.		23 B No. 1545-0008
a Employee's SSN	1 Wag	es, tips, oth 1	ner comp. 05976.00	2 Federa	income tax withheld 15593.00	a Emp	oloyee's SSN	1 Wage		ther comp.	2 Federa	al income tax withheld 15593.00
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b Employer ID no. (EIN) $86-2447548$	5 Med	icare wage	s and tips	6 Medica	re tax withheld	1 1 '	oyer ID no. (EIN) 2447548	5 Medio	care wage	es and tips	6 Medica	are tax withheld
c Employer's name, ac EMETEORS							oloyer's name, ad IETEORS					
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e Employee's name, a JAYASHANK 6211 LOVE IRVING	AR G	ADDE	de	TX	Suff. 75039	JA 62	oloyee's name, ac YASHANK 11 LOVE VING	AR G	ADDE	ode	ТX	Suff. 75039
7 Social security tips		8 Allocate	d tips	9		7 Soci	al security tips		8 Allocat	ed tips	9	
10 Dependent care bene	efits	11 Nonqua	lified plans	12a Co	ode See inst. for box 12	10 Dep	endent care bene	efits	11 Nonqu	alified plans	12a C	ode See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Ot	her		12b Cd 12c Cd 12d Cd	ode	Retireme	r employee ent Plan rty sick pay	14 Oth	her		12b C 12c C 12d C	ode
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Form W-2 Wage and Ta This information is being furn	ax Stater ished to th	nent ne Internal Re	venue Service.	1	Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	x Statem	nent		1	Dept. of the Treasury - IRS
This information is being furn penalty or other sanction may	ished to th	ne Internal Re sed on you if t	venue Service. If you a his income is taxable a	re required to	file a tax return, a negligence report it.				RE	EV 12/19/23 QBDT		

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a Employee's SSN	1 Wag	es, tips, ot		2 Federal income tax withheld 15593.00				
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86-2447548	5 Med	icare wage	s and tips					
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Copy 2 To Be Fi City, or Local Inc				,	20 2	23 B No. 1545-0008				
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86-2447548										
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Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS										