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Form W-2 Wage & Tax Statement 2023 Dept. of the Treasury-IRS OMB No. 1545-0008

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| b Employer ID number 46-0164570 | 5 Medicare wa | ages and tips 1974 | 3.26 | 6 Medicare tax withheld 286.28 |
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| a Employee's SSN XXX-XX-7298 | 1 Wages, tips, other | er compensation 18747.38 | 2 Federal income tax withhel 1384.86 |
| d Control number | 3 Social security wa | ages 19743.26 | 4 Social security tax withheld 1224.08 |
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| Department of the Treasury—Internal Revenue Service | |
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| 12d | 12b 12c 12d |
| 08-1454513 026-99-7298 | b Employer identification number (EIN) a Employee's social security number 06-1454513 |
| 13 Statutory Refriement Third-party sick pay. 14 Other | 13 Statutory Retirement Third-party 14 Other |
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| e Employee's name, address and ZIP code This information is be Sasivikas Tanagala Institute of the later | e Employee's name, address and ZIP code |
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| penalty or other sance may be imposed on if this income is taxai | on Concord NC 28025 |
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| | 5 2023 State Employer's state ID No. NC 600456312 16 State wages, sips, etc. 29442.06 |
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| EMPLOYEE'S RECORDS 19 Local Income tax 20 Locality come | Copy B-To Be Filed |
| (See Notice to Employee on the back of Copy B.) | FEDERAL Tax Return 20 Locality name |
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| d Composition other 299442406 2 Federal income tax with 2824.3 | d Control cumber 1 Wages, tips, other composition 2 Federal income tax with 38 |
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| 13 Statutory Retirement Third-party employee plan Third-party sick play | 13 Statutory Retirement Third-party sick pay 14 Other |
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| e Employee's name, address and ZIP code Sasivikas Tanagala | e Employee's name, address and ZIP code |
| 1516 Van Buren Ave SW Concord NC 28025 | Sasivikas Tanagala 1516 Van Buren Ave SW Concord NC 28025 |
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| 2023 15 State Employer's state ID No. 16 State wages, tips, etc. 29442.0 | 6 2023 15 State Employer's state ID No. 600456312 16 State wages, tips, etc. 29442.06 |
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| Employee's State, City, or Local Income Tax Return. 19 Local Income tax 20 Locality name | Employee's State, City, or Local Income Tax Return. 19 Local Income tax 20 Locality name |
| Department of the Treasury—Internal Revenue Sen | Department of the Treasury—Internal Revenue Service |
| | |

Computershare Holdings, Inc. d/b/a Specialized Loan Servicing LLC P.O. Box 636005 Littleton, CO 80163-6005

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

PASIVIKAS TANAGALA

SASIVIKAS TANAGALA

1516 VAN BUREN AVE SW
CONCORD, NC 28025
UNITED STATES

1098 Mortgage Interest Statement TAX YEAR - 2023

Loan Number: 1030327699

Customer Care Number: 1-800-315-4757

Hours: Monday through Friday 6:00am – 6:00pm (MT)

We accept calls from relay services.

Frequently Asked Questions Visit:

www.sls.net

Date Printed: 01/18/2024

Property Located: 1309/1311 N JUNIPER STREET KANNAPOLIS, NC 28081

The Form 1098 year-end Mortgage Interest Statement summarizes the payments you paid to your mortgage servicer(s) for the year 2023. We send this form and any accompanying notices to ensure compliance with applicable state and federal disclosure requirements.

| RECIPIENT'S/LENDER'S name, stre province, country, ZIP or foreign por Computershare Holdings, Inc. d/b Specialized Loan Servicing LLC P.O. Box 636005 Littleton, CO 80163-6005 Customer Care Number: 1-800-31 | eet address, city or town, state or stal code, and telephone no. | *Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person. | 2023 | Mortgage Interest Statement |
|---|---|---|--|--|
| | | 1 Mortgage interest received f \$ 18938.90 | rom payer(s)/borrower(s)* | Copy B For Payer/ |
| RECIPIENT'S/LENDER'S TIN | PAYER'S/BORROWER'S TIN | 2 Outstanding mortgage principal as of 1/1/2023 | 3 Mortgage origination date | Borrower The information in boxes 1 |
| 35-2429917 | XXX-XX-7298 | \$ 280752.35 | 09/20/22 | through 9 and 11 is important |
| 35-2429917 | 7000-700-7200 | 4 Refund of overpaid 5 | 5 Mortgage insurance premiums | tax information and is being furnished to the IRS. If you |
| PAVER'S ROBBOWER'S name. Str. | eet address (including apt. no.) | \$ 0.00 | \$ 0.00 | are required to file a return, a |
| PAYER'S/BORROWER'S name, Str City or town, state or province, cour SASIVIKAS TANAGALA | | 6 Points paid on purchase of principal residence \$ 0.00 | | negligence penalty or othe sanction may be imposed of you if the IRS determine |
| 1516 VAN BUREN AVE S CONCORD, NC 28025 UNITED STATES | 1516 VAN BUREN AVE SW CONCORD, NC 28025 | | 7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. | |
| | | instructions) 1309/1311 N JUNIPI | | you didn't report the refund of interest (box 4); or |
| 9 Number of properties securing the mortgage | 10 Other Prop Tax - \$2,749.15 | KANNAPOLIS, NC 2 | 8081 | because you claimed a nondeductible item. |
| 1 | Ins Paid - \$1,229.96 | | | 11 Mortgage acquisition date |
| Account number (see instructions) 1030327699 | | | | avquonon vata |

Form 1098

(Keep for your records)

www.irs.gov/form1098

Department of the Treasury - Internal Revenue Service



SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD, NC 28025

1 of 1

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| ory Retirement Third-party 14 O | Code | | 8 8 | | 8 |
| yee's name, address and ZIP code IVIKAS TANAGALA VAN BUREN AVE SW CORD, NC 28025 | | | e Employee's hame, eddress and ZIP code SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD, NC 28025 | | |
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| | to become toy 140 Commit | wages, tips, etc. | Wasser and Town Date and 17 | State income tax 18 | Local wages, tips, etc. |
| - For EMPLOYEE'S | ate income tax 918.00 | mayes, tps, etc. | Wage and Tax Statement | 918.00 | |
| RDS (See Notice to yee on back of Copy B.) | 710.00 | | Copy B - To Be Filed With Employee's FEDERAL Tax | | |
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| arction have be report it. Is taxable and you tall to report it. Invent of the Treasury - if Revenue Service | | | This information is being furnished to the Internal Revenue Service. Department of the Treasury – Internal Revenue Service | | |
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2023 W-2 and EARNINGS SUMMARY

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

| W-2 Wage an | lu la | 2023 |
|---|-----------|----------------------------|
| Copy C for employee's records. d Control number 176058 CL12/GWA 01TECD | Corp. | Employer use only A 542 |
| Employer's name, address, an | d ZIP coo | le |

INTERNATIONAL RESCUE
COMMITTEE INC
122 E 42ND ST 12TH FLOOR
NEW YORK NY 10168-0002

Batch #02483

e/l Employee's name, address, and ZIP code SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025

| b | Employer's FED ID number 13-5660870 | a Employee's SSA number XXX - XX - 7298 | | |
|---------------------|--|---|--|--|
| 1 | Wages, tips, other comp. 76154.88 | 2 Federal income tax withheld 6885.98 | | |
| 3 : | Social security wages 78162.63 | 4 Social security tax withheld 4846.08 | | |
| 5 1 | Medicare wages and tips 78162.63 | 6 Medicare tax withheld 1133.36 | | |
| 7 5 | Social security tips | 8 Allocated tips | | |
| 9 | | 10 Dependent care benefits | | |
| 11 1 | Nonqualified plans | 12a See instructions for box 12 C 85.68 12b E 2007.75 | | |
| 14 (| Other | 120 | | |
| | | 13 Stat emp. Ret. plan 3rd party sick par | | |
| 15 S | State Employer's state ID no. | 70104.00 | | |
| | State income tax 4058.07 | 18 Local wages, tips, etc. | | |
| 19 Local income tax | | 20 Locality name | | |

| | follows to produc | e your W-2 Statem | ent. | GA. State Wages, |
|---|---|--|-----------------------------------|-----------------------------|
| 1. Your Gross Pay was adjus | Compensation | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | Tips, Etc. Box 16 of W-2 |
| Gross Pay Plus GTL (C-Box 12) Less 403(b) (E-Box 12) Reported W-2 Wages | 78,076.95 85.68 2,007.75 76,154.88 | 78,076.95 85.68 N/A | N/A | 2,007.75 |

2. Employee Name and Address.

SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025

© 2023 ADP, Inc. Fold and Detach Here

| 1 Wages, tips, other of | Wages, tips, other comp. 76154.88 | | al income | tax withheld 6885.98 |
|---|--------------------------------------|---------|------------|-------------------------|
| 3 Social security wag | Social security wages 78162.63 | | I security | tax withheld 4846.08 |
| E Madicare wages and | | 6 Medic | are tax wi | thheld 1133.36 |
| d Control number 176058 CL I 2 / GWA | Dept. | Corp. | Emplo A | yer use only 542 |

Employer's name, address, and ZIP code

INTERNATIONAL RESCUE
COMMITTEE INC
122 E 42ND ST 12TH FLOOR
NEW YORK NY 10168-0002

| b Employer's FED ID number 13-5660870 | a Employee's SSA number XXX-XX-7298 | |
|--|--|--|
| 7 Social security tips | 8 Allocated tips | |
| 9 | 10 Dependent care benefits | |
| 11 Nonqualified plans | 12a See instructions for box 12 C 85.68 | |
| 14 Other | ^{12b} E ₁ 2007.75 | |
| | 12c | |
| | 12d | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | |

SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025

15 State Employer's state ID no. 16 State wages, tips, etc. 76154.88 18 Local wages, tips, etc. 17 State income tax 4058.07 20 Locality name

Federal Filing Copy 2 Wage and Tax Statement

| 1 Wages, tips, other comp. | 2 Federal income tax withheld | |
|---|--------------------------------|--|
| 76154.88 | 6885.98 | |
| 3 Social security wages | 4 Social security tax withheld | |
| 78162.63 | 4846.08 | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | |
| 78162.63 | 1133.3 | |
| d Control number Dept. 176058 CL 12/GWA O I TECI | Corp. Employer use only A 542 | |

INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST 12TH FLOOR NEW YORK NY 10168-0002

| Ь | Employer's FED ID number 13-5660870 | | XXX-XX-7298 | | |
|----|--|-------|-------------|-----------|--------------------|
| 7 | Social security tips | 8 A | • | | |
| g | | 10 D | epen | dent car | e benefits |
| 11 | Nonqualified plans | 12a | C | | 85.68 |
| 14 | Other | 12b | E | | 2007.75 |
| | | 12c | 1 | | |
| | | 12d | T | | |
| | | 13 St | at emp | Ret. plan | 3rd party sick pay |

ne, address and ZIP code

SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025

| 15 Stat GA | Employer's state ID no. 0600576 - AH | 16 State wages, tips, etc. 76154.88 |
|---------------|---|--|
| 17 Stat | income tax 4058.07 | 18 Local wages, tips, etc. |
| 19 Loc | al income tax | 20 Locality name |

GA.State Reference Copy 2 Wage and Tax 2023
Statement
with employee's State Income Tax Return.

| 1 Wages, tips, other comp | 2 Federal Income tax withheld |
|---|-------------------------------------|
| 76154.8 | 6885.98 |
| 3 Social security wages 78162. | 4 Social security tax withheld |
| 5 Medicare wages and tipe | 6 Medicare tax withheld |
| 78162. | 1133.36 |
| d Control number D 176058 CL 2 / GWA 0 T | ot Corp. Employer use only CD A 542 |

INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST 12TH FLOOR NEW YORK NY 10168-0002

| b | Employer's FED ID number 13-5660870 | XX | 's SSA number X-XX-7298 | |
|----|--|----------------------------|-----------------------------|--|
| 7 | Social security tips | 8 Allocated tips | | |
| 9 | | 10 Dependent care benefits | | |
| 11 | Nonqualified plans | 12a C | 85.68 | |
| 14 | Other | 12b E | 2007.75 | |
| | | 12c | | |
| | | 12d | | |
| | | 13 Stat emp. Re | et, plan 3rd party sick pay | |

e/f Employee's name, address and ZIP code

SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025

| 15 State Employer's state ID no. GA 0600576-AH | 16 State wages, tips, etc. 76154.88 |
|---|--|
| 17 State income tax 4058.07 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |

GA.State Filing Copy 2 Wage and Tax Statement

| TCopy B - To Be Filed W | ith Employee's | | Copy 2 - To Be Filed With | Employee's State. | |
|---|--|--|---|---|--|
| FEDERAL Tax Return. | nn Emproyee s | | City, or Local Income Tax | Return. | |
| a Employee's see, see, no 026-99-7298 | 1 Wages, tips, other comp. 8461.5 | 2 Federal income us withheld 725.84 | a Employee's soc. sec. no 026-99-7298 | 1 Wages, tips, other comp. 8461. | |
| b Employes ID number (EIN) | 3 Social security wages 8 4 6 1 . 5 | 4 Social security us withhold 524.62 | b Employer ID number (EIN) | 3 Social security wages 8 4 6 1 . | 4 Social scennity tax withhold 5.4 5.24.6 |
| 35-1299716 | 5 Medicare wages and tips | 6 Medicare tax withheld | 35-1299716 | 5 Medicare wages and tips 8461. | 6 Medicare ux withheld |
| e Employer's name, address and 2 | 8461.54 ZIP codc | 122.69 | c Employer's name, address and ZII | | 122.0 |
| THE TIRE RAC | | | THE TIRE RACK | | |
| 7101 VORDEN South Bend I | N 46628-8422 | | South Bend IN | | |
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| d Control number WA-4398787854 | | | d Control number WA = 4398787854 | | |
| e Employee's name, address, and | | | e Employee's name, address, and Zi Sasivikas Ta | | |
| Sasivikas T 1516 Van Bur | anagala en Avenue Southwest | | | n Avenue Southwest | |
| Concord, NC | | MENERIE ME | Concord, NC 2 | 8025 | |
| Alfa to the | | | NEADER SEL | 8 Allocated tips | 3 |
| 7 Social security tips | B Allocated tips | 1 | 7 Social security tips | 11 Nonqualified plans | 12a |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a | 10 Dependent care benefits | | 12b |
| | 4 Other | 12b | 3 ((22-45)U(2-5)) | Hiter | 126 |
| 3 Restrensent plan | | 12c | 13 Retirement plan | | 12d |
| 13 Third-purty sick pay | | 12d | 13 Third-purty stok pay | | |
| Suite Employer's state ID numb. NC 601185236 | a 16 State wages, tips, etc. 8461. | 17 State monme tax 362.00 | 15 State Employer's state ID number NC 601185236 | 16 State wages, tips, etc. 8461 | .54 17 State income tax 362. |
| B Local wages, ups, etc. | 19 Local income tax | 20 Locality name | 18 Local wages, tips, etc. | 19 Encul income tax | 20 Locality name |
| Emericani. | Edlenenenene | ne ine me me | | | |
| orm W-2 Wage and Tax Stat is information is being furnished | 2020 | | | | |
| Copy C - For EMPLOYE | EE's RECORDS | The second secon | Copy 2 - To Be Filed With | Employee's State, | |
| | | 2 Federal income tax withheld | a Employee's son sea no | Return. 1 Wages, tips, other comp. | 2 Federal income use withheld |
| a Employee's soc. sec. no 026-99-7298 | 1 Wages, tips, other comp. 8461.54 | 725.84 | 026-99-7298 | 8 4 6 1 . | 54 725. |
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| E Employer's name, address and ZII THE TIRE RACK 7101 VORDEN F South Bend IN | K, INC | | THE TIRE RACK | , INC | |
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| THE TIRE RACK 7101 VORDEN P South Bend IN IControl number IA-4398787854 Employer's name, addros, and ZI Sasivikas Ta 1516 Van Bure | Prode nagala nag | | THE TIRE RACK 7101 VORDEN F South Bend IN d Control number WA-4398787854 e Employee's nume, address, and Z Sasivikas Ta 1516 Van Bure Concord, NC 2 | , INC KY 46628-8422 Prode magala n Avenue Southwest 8025 | |
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| | | RECTED (if checked) | | | |
|---|-------------------------------------|---|--|---|--|
| or foreign postal code, and telephon | | | OMB No. 1545-0115 | | |
| JLF Management Grou | ip, LLC | \$34099.25 | Form 1099-MISC | Miscellaneous | |
| 8410 Pit Stop Ct St | lite 141 | 2 Royalties | (Rev. January 2022) | Information | |
| | | | For calendar year | | |
| Concord, NC 28027 | | \$ | 20 23 | | |
| (704) 707-0602 | | 3 Other Income | 4 Federal income tax withheld | Copy B For Recipient | |
| PAYER'S TIN 81-3686779 | RECIPIENT'S TIN | 5 Fishing boat proceeds | 6 Medical and health care payments | , or rissipion | |
| | XXX-XX-7298 | \$ | \$ | | |
| RECIPIENT'S name Sasivikas Tanagala | | 7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale | 8 Substitute payments in lieu of dividends or interest | This is important ta information and being furnished t | |
| Street address (including apt. no.) 1516 Van Buren Ave | | 9 Crop insurance proceeds | 10 Gross proceeds paid to an attorney | the IRS. If you are required to file a return, a negligence penalty or other | |
| City or town, state or province, count Concord, NC, 28025 | try, and ZIP or foreign postal code | 11 Fish purchased for resale | 12 Section 409A deferrals | sanction may be imposed on you if this income is taxable and the IRS | |
| | 13 FATCA filir requiremen | g 14 Excess golden parachute payments \$ | 15 Nonqualified deferred compensation | determines that it has not been reported. | |
| Account number (see instructions) | | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | |
| T593870306159859765 | | \$ | | \$ | |

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. Individuals should see the Instructions for Schedule SE (Form 1040). Corporations, fiduciaries, or partnerships must report the amounts on the appropriate line of

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your information correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties; copyrights; and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the Schedule E (Form 1040) instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. Shows the amount paid to you as a fishing boat crew member by the operator, who considers you to be self-employed. Self-employed individuals must report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040).

Box 9. Report this amount on Schedule F (Form 1040).

Box 10. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 11. Shows the amount of cash you received for the sale of fish if you are in the trade or business of catching fish.

Box 12. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals.

Box 13. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the Instructions for Form 8938.

Box 14. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report. Box 15. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. Any amount included in box 12 that is currently taxable is also included in this box. Report this amount as income on your tax return. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the instructions for your tax

Boxes 16-18. Show state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099MISC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

Form W-2 Wage and Tax Statement 2023

| унг'я гання эсіпнася, экт 20° сайв | d Control number | | | easury - Internal Revenue Service |
|---|--|--|--|---|
| LARAM CONVENIENCE CORP | 0033-7008 000083402 b Employer Identification number | 0 - | OMB No. 1545-0008 | |
| 11 MOSS PLANTATION AVE NW | 88-4037945 | 026-99-7298 | 1 Wages, bjut, other compensa Gd | often 2 Federal income tax withheld 519 17 100 1 |
| NCORD NC 28027 | 13 Statutory employee | Retrement Third-party sick pay | 3 Social security wages | 4. Social security lax withheld |
| oyee's races, address, and ZP code | 12 See instructions for box 12 | 14 Other | 95 5 Medicare wages and fins | 519.17 590. 6 Medicare lax withheld |
| | 12 ope manuscrip to our 12 | 11 01111 | 95 | 519.17 138. |
| SIVIKAS TANAGALA 6 VAN BUREN AVE SW | | | 7 Social Security Tips | 8 Affocated Yest |
| NCORD NC 28025 | | | 10 Dependent care benefits | 11 Nonqualified plans |
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| This information is being furnished to the Internal Revenue Service If you are required to the a lax return. In W-2 Wage and Tax Statement 2023 | a negligence penalty or other sanction | | able and you lail to report if B, to be filled with employe | e's FEDERAL tax return |
| name address, and ZIP code | d Control number 0033-70089 000083402 | 575 | Department of the T OMB No 1545-000 | reasury - Internal Revenue Ser |
| RAM CONVENIENCE CORP | | EIN) a Employee's social security number | 1 Wages, lips, other comper | reation 2 Federal income tax withheir |
| MOSS PLANTATION AVE NW CORD NC 28027 | 88-4037945 | 026-99-7298 | | 9519.17 |
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| In Employer's state ID number 16 State wages, tips, etc. 17 Stat | le income tax 18 Local | wages, tips, etc. 19 Local in | come tax 20 Locality | rame |
| 601491841 9519.17 | 235.00 | | | |
| orm W-2 Wage and Tax Statement 2023 | d Control number 0033-7008957 0000834020 - | 5 Void | be filed with employee's tax Department of the Treasury OMB No. 1545-0008 | return for NC - Internal Revenue Service |
| JALARAM CONVENIENCE CORP 9711 MOSS PLANTATION AVE NW | b Employer identification number (EIN | a Employee's social security number | 1 Wages, lips, other compensation | 2 Federal income tax withheld |
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| | етроуее | | 9519.17 | 590.19 |
| e Employee's riame, address, and ZIP code | 12 See instructions for box 12 | 14 Other | 5 Medicare wages and tips 9519.17 | 6 Medicare tax withheld 138.03 |
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