

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return					
a Employee's SSN XXX-XX-7298	1 Wages, tips, other compensation 18747.38	2 Federal income tax withheld 1384.86			
d Control number	3 Social security wages 19743.26	4 Social security tax withheld 1224.08			
b Employer ID number 46-0164570	5 Medicare wages and tips 19743.26	6 Medicare tax withheld 286.28			
c Employer's name, address, and ZIP code MIDLAND NATIONAL LIFE INSURANCE COMPANY 8300 MILLS CIVIC PARKWAY WEST DES MOINES IA 50266					
e Employee's name, address, and ZIP code SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	13 Stat. Emp. Ret. plan 3rd-party sick pay			
12a D	995.88	14 Other			
12b DD	1195.84				
12c C	22.80				
12d					
NC 00600278339	18747.38	753.00			
15 State Employer's state I.D. #	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 & Tax Statement 2023 Dept. of the Treasury-IRS OMB No. 1545-0008

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the IRS					
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Form W-2 Wage & Tax Statement 2023 Dept. of the Treasury-IRS OMB No. 1545-0008

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)					
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Form W-2 Wage & Tax Statement 2023 Dept. of the Treasury-IRS OMB No. 1545-0008

d Control number 00707454	1 Wages, tips, other compensation 29442.06	2 Federal income tax withheld 2824.38
OMB NO. 1545-0008	3 Social security wages 29442.06	4 Social security tax withheld 1825.41
	5 Medicare wages and tips 29442.06	6 Medicare tax withheld 426.91

c Employer's name, address and ZIP code
 Deloitte Consulting LLP
 4022 Sells Drive
 Hermitage TN 37076-2903

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 1626.15
12b	12c	12d

b Employer identification number (EIN)
06-1454513

a Employee's social security number
026-99-7298

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address and ZIP code
 Sasivikas Tanagala
 1516 Van Buren Ave SW
 Concord NC 28025

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.

2023	15 State NC	Employer's state ID No. 600456312	16 State wages, tips, etc. 29442.06
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Form **W-2** Wage and Tax Statement
 Copy C-For
 EMPLOYEE'S RECORDS
 (See Notice to Employee on the back of Copy B.)

17 State income tax 1326.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

d Control number 00707454	1 Wages, tips, other compensation 29442.06	2 Federal income tax withheld 2824.38
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 Sasivikas Tanagala
 1516 Van Buren Ave SW
 Concord NC 28025

2023	15 State NC	Employer's state ID No. 600456312	16 State wages, tips, etc. 29442.06
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Form **W-2** Wage and Tax Statement
 Copy B-To Be Filed
 With Employee's
 FEDERAL Tax Return

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 Sasivikas Tanagala
 1516 Van Buren Ave SW
 Concord NC 28025

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 Copy 2-To Be Filed With
 Employee's State, City, or
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Computershare Holdings, Inc. d/b/a
 Specialized Loan Servicing LLC
 P.O. Box 636005
 Littleton, CO 80163-6005

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

IMPORTANT TAX RETURN DOCUMENT ENCLOSED



0044J18
 SASIVIKAS TANAGALA
 1516 VAN BUREN AVE SW
 CONCORD, NC 28025
 UNITED STATES

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.

VOID CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Computershare Holdings, Inc. d/b/a Specialized Loan Servicing LLC P.O. Box 636005 Littleton, CO 80163-6005 Customer Care Number: 1-800-315-4757		*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.	OMB No. 1545-1380 2023 Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
RECIPIENT'S/LENDER'S TIN 35-2429917		PAYER'S/BORROWER'S TIN XXX-XX-7298		
PAYER'S/BORROWER'S name, Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD, NC 28025 UNITED STATES		1 Mortgage interest received from payer(s)/borrower(s)* \$ 18938.90	2 Outstanding mortgage principal as of 1/1/2023 \$ 280752.35	3 Mortgage origination date 09/20/22
		4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00	
		6 Points paid on purchase of principal residence \$ 0.00		
		7 <input type="checkbox"/> 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.		
		8 Address or description of property securing mortgage (see instructions) 1309/1311 N JUNIPER STREET KANNAPOLIS, NC 28081		
9 Number of properties securing the mortgage 1	10 Other Prop Tax - \$2,749.15 Ins Paid - \$1,229.96			
Account number (see instructions) 1030327699				
Form 1098		(Keep for your records)		www.irs.gov/form1098

Form 1098

(Keep for your records)

www.irs.gov/form1098

Department of the Treasury - Internal Revenue Service

EXPERIS US LLC
100 MANPOWER PLACE
MILWAUKEE, WI 53212



SASIVIKAS TANAGALA
1516 VAN BUREN AVE SW
CONCORD, NC 28025

OMB No. 1545-0046
a Control Number

1 Wages, tips, other compensation	2 Federal income tax withheld
21,592.17	3,173.03

b Employer identification number (EIN)

3 Social security wages	4 Social security tax withheld
21,592.17	1,338.71

c Employee's social security number

5 Medicare wages and tips	6 Medicare tax withheld
21,592.17	313.09

d Employee's name, address and ZIP code

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MILWAUKEE, WI 53212

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MILWAUKEE, WI 53212

7 Social security tips

8 Allocated tips	9

10 Dependent care benefits

11 Nonqualified plans	12a See instructions for box 12
	DD 793.17

12b Code

12c Code	12d Code

13 Statutory employee Retirement plan Third-party sick pay 14 Other

e Employee's name, address and ZIP code

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1516 VAN BUREN AVE SW
CONCORD, NC 28025

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SASIVIKAS TANAGALA
1516 VAN BUREN AVE SW
CONCORD, NC 28025

2023 Form W-2

15 State Employer's state I.D. no. NC 600250115

16 State wages, tips, etc. 21,592.17

17 State income tax 918.00

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Wage and Tax Statement
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

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MILWAUKEE, WI 53212

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Department of the Treasury - Internal Revenue Service

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.

Employee Reference Copy W-2 Wage and Tax Statement 2023

OMB No. 1545-0048

Copy C for employer's records		Employer use only	
d Control number 176058 CL12/GWA	Dept. 01TECD	Corp. A	Employer use only 542
c Employer's name, address, and ZIP code INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST 12TH FLOOR NEW YORK NY 10168-0002			
Batch #02483			
e/f 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 Medicare wages and tips 78162.63	6 Medicare tax withheld 1133.36		
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 2007.75		
	12c		
	12d		
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		

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	GA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	78,076.95	78,076.95	78,076.95	78,076.95
Plus GTL (C-Box 12)	85.68	85.68	85.68	85.68
Less 403(b) (E-Box 12)	2,007.75	N/A	N/A	2,007.75
Reported W-2 Wages	76,154.88	78,162.63	78,162.63	76,154.88

2. Employee Name and Address.

**SASIVIKAS TANAGALA
1516 VAN BUREN AVE SW
CONCORD NC 28025**

© 2023 ADP, Inc. Fold and Detach Here

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Corp. A	Employer use only 542
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Federal Filing Copy W-2 Wage and Tax Statement 2023

OMB No. 1545-0048

Copy B to be filed with employer's Federal Income Tax Return.

GA. State Reference Copy W-2 Wage and Tax Statement 2023

OMB No. 1545-0048

Copy 2 to be filed with employer's State Income Tax Return.

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a Employee's soc. sec. no. 026-99-7298		1 Wages, tips, other comp. 8461.54	2 Federal income tax withheld 725.84
b Employer ID number (EIN) 35-1299716		3 Social security wages 8461.54	4 Social security tax withheld 524.62
		5 Medicare wages and tips 8461.54	6 Medicare tax withheld 122.69
c Employer's name, address and ZIP code: THE TIRE RACK, INC 7101 VORDEN PKY South Bend IN 46628-8422			
d Control number WA-4398787854			
e Employer's name, address, and ZIP code: Sasivikas Tanagala 1516 Van Buren Avenue Southwest Concord, NC 28025			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	
13 Statutory employee <input type="checkbox"/>	14 Other	12b	
13 Retirement plan <input type="checkbox"/>		12c	
13 Third-party sick pay <input type="checkbox"/>		12d	
15 State Employer's state ID number NC 601185236	16 State wages, tips, etc. 8461.54	17 State income tax 362.00	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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c Employer's name, address and ZIP code: THE TIRE RACK, INC 7101 VORDEN PKY South Bend IN 46628-8422			
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13 Retirement plan <input type="checkbox"/>		12c	
13 Third-party sick pay <input type="checkbox"/>		12d	
15 State Employer's state ID number NC 601185236	16 State wages, tips, etc. 8461.54	17 State income tax 362.00	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2023** Dept. of the Treasury -- IRS

Copy C - For EMPLOYEE'S RECORDS

a Employee's soc. sec. no. 026-99-7298		1 Wages, tips, other comp. 8461.54	2 Federal income tax withheld 725.84
b Employer ID number (EIN) 35-1299716		3 Social security wages 8461.54	4 Social security tax withheld 524.62
		5 Medicare wages and tips 8461.54	6 Medicare tax withheld 122.69
c Employer's name, address and ZIP code: THE TIRE RACK, INC 7101 VORDEN PKY South Bend IN 46628-8422			
d Control number WA-4398787854			
e Employer's name, address, and ZIP code: Sasivikas Tanagala 1516 Van Buren Avenue Southwest Concord, NC 28025			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	
13 Statutory employee <input type="checkbox"/>	14 Other	12b	
13 Retirement plan <input type="checkbox"/>		12c	
13 Third-party sick pay <input type="checkbox"/>		12d	
15 State Employer's state ID number NC 601185236	16 State wages, tips, etc. 8461.54	17 State income tax 362.00	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2023** Dept. of the Treasury -- IRS
This information is being furnished to the IRS. 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.

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's soc. sec. no. 026-99-7298		1 Wages, tips, other comp. 8461.54	2 Federal income tax withheld 725.84
b Employer ID number (EIN) 35-1299716		3 Social security wages 8461.54	4 Social security tax withheld 524.62
		5 Medicare wages and tips 8461.54	6 Medicare tax withheld 122.69
c Employer's name, address and ZIP code: THE TIRE RACK, INC 7101 VORDEN PKY South Bend IN 46628-8422			
d Control number WA-4398787854			
e Employer's name, address, and ZIP code: Sasivikas Tanagala 1516 Van Buren Avenue Southwest Concord, NC 28025			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	
13 Statutory employee <input type="checkbox"/>	14 Other	12b	
13 Retirement plan <input type="checkbox"/>		12c	
13 Third-party sick pay <input type="checkbox"/>		12d	
15 State Employer's state ID number NC 601185236	16 State wages, tips, etc. 8461.54	17 State income tax 362.00	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2023** Dept. of the Treasury -- IRS

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. JLF Management Group, LLC 8410 Pit Stop Ct Suite 141 Concord, NC 28027 (704) 707-0602		1 Rents \$ 34099.25	OMB No. 1545-0115 Form 1099-MISC (Rev. January 2022) For calendar year 20 23	Miscellaneous Information Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S TIN 81-3686779		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S TIN XXX-XX-7298		3 Other income \$	5 Fishing boat proceeds \$	
RECIPIENT'S name Sasivikas Tanagala		6 Medical and health care payments \$	7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
Street address (including apt. no.) 1516 Van Buren Ave SW		8 Substitute payments in lieu of dividends or interest \$	9 Crop insurance proceeds \$	
City or town, state or province, country, and ZIP or foreign postal code Concord, NC, 28025		10 Gross proceeds paid to an attorney \$	11 Fish purchased for resale \$	
		12 Section 409A deferrals \$	13 FATCA filing requirement <input type="checkbox"/>	
		14 Excess golden parachute payments \$	15 Nonqualified deferred compensation \$	
Account number (see instructions) T593870306159859765		16 State tax withheld \$	17 State/Payer's state no. \$	
		18 State income \$		

Form 1099-MISC (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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 their tax returns.

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 return.

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

Copy C, for employee's records

c Employer's name, address, and ZIP code JALARAM CONVENIENCE CORP 9711 MOSS PLANTATION AVE NW CONCORD NC 28027			d Control number 0033-70089575 0000834020 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
e Employer's name, address, and ZIP code SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025			b Employer identification number (EIN) 88-4037945	a Employee's social security number 026-99-7298		1 Wages, tips, other compensation 9519.17	2 Federal income tax withheld 100.76			
			13 Statutory employee	Retirement plan	Third-party sick pay	3 Social security wages 9519.17	4 Social security tax withheld 590.19			
			12 See instructions for box 12		14 Other		5 Medicare wages and tips 9519.17	6 Medicare tax withheld 138.03		
							7 Social Security Tips	8 Allocated Tips		
							10 Dependent care benefits	11 Nonqualified plans		
15 State NC	Employer's state ID number 601491841	16 State wages, tips, etc. 9519.17	17 State income tax 235.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				

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.

Form W-2 Wage and Tax Statement 2023

Copy B, to be filed with employee's FEDERAL tax return

c Employer's name, address, and ZIP code JALARAM CONVENIENCE CORP 9711 MOSS PLANTATION AVE NW CONCORD NC 28027			d Control number 0033-70089575 0000834020 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
e Employer's name, address, and ZIP code SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025			b Employer identification number (EIN) 88-4037945	a Employee's social security number 026-99-7298		1 Wages, tips, other compensation 9519.17	2 Federal income tax withheld 100.76			
			13 Statutory employee	Retirement plan	Third-party sick pay	3 Social security wages 9519.17	4 Social security tax withheld 590.19			
			12 See instructions for box 12		14 Other		5 Medicare wages and tips 9519.17	6 Medicare tax withheld 138.03		
							7 Social Security Tips	8 Allocated Tips		
							10 Dependent care benefits	11 Nonqualified plans		
15 State NC	Employer's state ID number 601491841	16 State wages, tips, etc. 9519.17	17 State income tax 235.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				

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Form W-2 Wage and Tax Statement 2023

Copy 2, to be filed with employee's tax return for NC

c Employer's name, address, and ZIP code JALARAM CONVENIENCE CORP 9711 MOSS PLANTATION AVE NW CONCORD NC 28027			d Control number 0033-70089575 0000834020 -		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
e Employer's name, address, and ZIP code SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025			b Employer identification number (EIN) 88-4037945	a Employee's social security number 026-99-7298		1 Wages, tips, other compensation 9519.17	2 Federal income tax withheld 100.76			
			13 Statutory employee	Retirement plan	Third-party sick pay	3 Social security wages 9519.17	4 Social security tax withheld 590.19			
			12 See instructions for box 12		14 Other		5 Medicare wages and tips 9519.17	6 Medicare tax withheld 138.03		
							7 Social Security Tips	8 Allocated Tips		
							10 Dependent care benefits	11 Nonqualified plans		
15 State NC	Employer's state ID number 601491841	16 State wages, tips, etc. 9519.17	17 State income tax 235.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				

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Form W-2 Wage and Tax Statement 2023

c Employer's name, address, and ZIP code			d Control number		Void X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
e Employer's name, address, and ZIP code			b Employer identification number (EIN)	a Employee's social security number		1 Wages, tips, other compensation	2 Federal income tax withheld			
			13 Statutory employee	Retirement plan	Third-party sick pay	3 Social security wages	4 Social security tax withheld			
			12 See instructions for box 12		14 Other		5 Medicare wages and tips	6 Medicare tax withheld		
							7 Social Security Tips	8 Allocated Tips		
							10 Dependent care benefits	11 Nonqualified plans		
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				

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.