

b Employer's identification number c Employer's name, address, and ZIP code		82-4631424		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
ISTACK				\$	8448.00	1213.60
24044 CINCO VILLAGE CENTER BLVD				12b	3 Social security wages	4 Social security tax withheld
KATY TX 77494				\$	8448.00	523.78
e Employee's first name and initial		Last name		12c	5 Medicare wages and tips	6 Medicare tax withheld
ANUHYA JAMILI		11073907		\$	8448.00	122.50
3 COMMONS CIR				12d	7 Social security tips	8 Allocated tips
HAWTHORN WOODS IL 60047				\$		
f Employee's address and ZIP code				This information is being furnished to the Internal Revenue Service		9
				Copy B To Be Filed with Employee's FEDERAL Tax Return		10 Dependent care benefits
				a Employee's soc. sec. no.		11 Nonqualified plans
				838-46-7735		13 Statutory employee Retirement plan Third-party sick pay
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						14 Other
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	82-4631424000	8448.00	418.18			

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer's identification number c Employer's name, address, and ZIP code		82-4631424		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
ISTACK				\$	8448.00	1213.60
24044 CINCO VILLAGE CENTER BLVD				12b	3 Social security wages	4 Social security tax withheld
KATY TX 77494				\$	8448.00	523.78
e Employee's first name and initial		Last name		12c	5 Medicare wages and tips	6 Medicare tax withheld
ANUHYA JAMILI		11073907		\$	8448.00	122.50
3 COMMONS CIR				12d	7 Social security tips	8 Allocated tips
HAWTHORN WOODS IL 60047				\$		
f Employee's address and ZIP code				This information is being furnished to the Internal Revenue Service		9
				Copy 2 for State, City, or Local Tax Departments		10 Dependent care benefits
				a Employee's soc. sec. no.		11 Nonqualified plans
				838-46-7735		13 Statutory employee Retirement plan Third-party sick pay
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						14 Other
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	82-4631424000	8448.00	418.18			

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 01/26/24 OSP

b Employer's identification number c Employer's name, address, and ZIP code		82-4631424		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
ISTACK				\$	8448.00	1213.60
24044 CINCO VILLAGE CENTER BLVD				12b	3 Social security wages	4 Social security tax withheld
KATY TX 77494				\$	8448.00	523.78
e Employee's first name and initial		Last name		12c	5 Medicare wages and tips	6 Medicare tax withheld
ANUHYA JAMILI		11073907		\$	8448.00	122.50
3 COMMONS CIR				12d	7 Social security tips	8 Allocated tips
HAWTHORN WOODS IL 60047				\$		
f Employee's address and ZIP code				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.		9
				Copy 2 for State, City, or Local Tax Departments		10 Dependent care benefits
				a Employee's soc. sec. no.		11 Nonqualified plans
				838-46-7735		13 Statutory employee Retirement plan Third-party sick pay
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						14 Other
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	82-4631424000	8448.00	418.18			

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

b Employer's identification number c Employer's name, address, and ZIP code		82-4631424		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
ISTACK				\$	8448.00	1213.60
24044 CINCO VILLAGE CENTER BLVD				12b	3 Social security wages	4 Social security tax withheld
KATY TX 77494				\$	8448.00	523.78
e Employee's first name and initial		Last name		12c	5 Medicare wages and tips	6 Medicare tax withheld
ANUHYA JAMILI		11073907		\$	8448.00	122.50
3 COMMONS CIR				12d	7 Social security tips	8 Allocated tips
HAWTHORN WOODS IL 60047				\$		
f Employee's address and ZIP code				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.		9
				Copy C for Employee's Records (see notice to Employee on back.)		10 Dependent care benefits
				a Employee's soc. sec. no.		11 Nonqualified plans
				838-46-7735		13 Statutory employee Retirement plan Third-party sick pay
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						14 Other
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records