Copy B To Be F FEDERAL Tax R	eturn.				B No. 1545-0008		Copy City,	/ 2 To Be Fi or Local Inc	come	Tax Ret		ОМ	B No. 1545-0008
a Employee's SSN	,		18000.00			8.74		loyee's SSN	`	jes, tips, ot	18000.00		I income tax withheld 508.74
	3 Soci	al security	wages	4 Social:	security tax withhe	eld		-49-2265	3 Soci	ial security	wages	4 Social	security tax withheld
<b>b</b> Employer ID no. (EIN) 87–4506975	5 Med	icare wage	s and tips	6 Medica	re tax withheld		1 .	oyer ID no. (EIN) 4506975	5 Med	licare wage	es and tips	6 Medica	re tax withheld
c Employer's name, ad NEXTGEN I	r sc	LUTIC	ONS INC				NÉ	loyer's name, ad XTGEN I	r sc	LUTIC	ONS INC		
44121 HARI 	RY E	BRYD F	HWY STE 2	40			44	121 HARI	RY E	BRYD F	HWY STE 2	40	
ASHBURN				VA	20147			HBURN				VA	20147
d Control number							d Cont	trol number					
e Employee's name, ac BHAVANA RA 2433 DANBU LEANDER	AJAN	ΙΙ	de	TX	78641	Suff.	BH 24	loyee's name, ac AVANA RA 33 DANBI ANDER	AJAN	II	de	TX	Suff. 78641
7 Social security tips		8 Allocate	ed tips	9			7 Socia	al security tips		8 Allocate	ed tips	9	
10 Dependent care benefits 11 Nonqualified plans		<b>12a</b> C	12a Code See inst. for box 12		10 Dependent care benefits		efits	11 Nonqualified plans		12a Code See inst. for box 12			
13	<b>14</b> O	l ther		<b>12b</b> C	ode		13		140	<u>I</u> ther		<b>12b</b> Co	ode
Statutory employee		12c C	12c Code		Statutory employee				12c Code				
Retirement Plan					Retirement Plan								
Third-party sick pay				12d C	ode		Third-par	ty sick pay				12d C	ode
VA 30-87450	6975	F-001	1800	0.00	39	1.26	VA	30-87450	6975	F-001	1800	0.00	391.26
<b>15</b> State Employer's s	tate ID r	number	16 State wages, tip	os, etc.	17 State income	tax	15 State	Employer's stat	te ID nu	mber	16 State wages, tip	s, etc.	17 State income tax
<b>18</b> Local wages, tips, etc	с.	19 Local in	ncome tax	<b>20</b> Loca	lity name		18 Loca	al wages, tips, et	c.	19 Local in	ncome tax	<b>20</b> Localit	y name
Form W-2 Wage and Ta This information is being fumi	x Stater ished to th	nent ne Internal Re	venue Service.	1	Dept. of the Trea	sury - IRS	Form W	/-2 Wage and Ta	ıx Statei	nent			Dept. of the Treasury - IR

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.

Copy C For EMPLOYEE'S RECORDS.

2023

Copy C For EMI		2023							
(See Notice to E		OMB No. 1545-0008							
a Employee's SSN	1 wag	es, tips, otl	·	2 Federal income tax withheld					
190-49-2265			18000.00	508.74					
190-49-2265	3 Social security wages				4 Social security tax withheld				
<b>b</b> Employer ID no. (EIN)									
07 4506075	5 Med	icare wage	s and tips	6 Medicare tax withheld					
87-4506975									
c Employer's name, address, and ZIP code NEXTGEN IT SOLUTIONS INC									
44121 HARRY BRYD HWY STE 240									
ASHBURN				V	A 20	147			
d Control number									
e Employee's name, address, and ZIP code Suff. BHAVANA RAJANI									
2433 DANBURY LANE									
LEANDER TX 78641									
7 Social security tips		8 Allocate	ed tips	9					
10 Dependent care bene	efits	11 Nonqua	lified plans	12a Code See inst. for box 12					
13	<b>14</b> Ot	hor		12b Code					
Statutory employee	140	ilei		12b Code					
, , ,				12c Code					
Retirement Plan					40.10-1-				
Third-party sick pay									
	· · · · · · · · · · · · · · · · · · ·			0.0	00	391.26			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax									
18 Local wages, tips, et		19 Local ir		20 Locality name					
5 . 1 /									

Form W-2 Wage and Tax Statement

REV 12/19/23 QBDT

VEA 15/14/50 MPD.										
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2023 OMB No. 1545-0008										
a Employee's SSN	1 Wage	es, tips, oth	ner comp.	2 Federal income tax withheld						
Linployee's colv			18000.00	508.74						
190-49-2265	3 Socia	I security	wages	4 Social security tax withheld						
<b>b</b> Employer ID no. (EIN)	5 Medio	care wage	s and tips	6 Medicare tax withheld						
87-4506975										
c Employer's name, address, and ZIP code NEXTGEN IT SOLUTIONS INC										
44121 HARRY BRYD HWY STE 240										
ASHBURN	ASHBURN VA 20147									
d Control number										
e Employee's name, address, and ZIP code Suff.  BHAVANA RAJANI  24.2.2. DANDUDY JANE										
2433 DANBURY LANE LEANDER TX 78641										
7 Social security tips		8 Allocate	ed tips	9						
10 Dependent care bene	fits	11 Nonqua	lified plans	12a Code See inst. for box 12						
13	14 Oth	ner		12b Code						
Statutory employee				12c Code						
Retirement Plan					12d Code					
Third-party sick pay										
VA 30-874506975F-001 18000.00										
15 State Employer's stat	e ID num	nber	<b>16</b> State wages, tip	s, etc. 17 State income tax						
18 Local wages, tips, etc	c. ]	<b>19</b> Local ir	ncome tax	<b>20</b> Locality name						
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS										