

**Copy B - To Be Filed With Employee's FEDERAL Tax Return.**

a Employee's soc. sec. no. 880-31-0549		1 Wages, tips, other comp. 19657.91	2 Federal income tax withheld 2819.11
b Employer ID number (EIN) 46-5367837		3 Social security wages 21693.30	4 Social security tax withheld 1344.98
		5 Medicare wages and tips 21693.30	6 Medicare tax withheld 314.55
c Employer's name, address and ZIP code Socotra, Inc. 33 New Montgomery Street Suite 290 San Francisco CA 94105			
d Control number WA-4397056185			
e Employee's name, address, and ZIP code Biplov Goyal 7201 York Avenue South APT 1007 Edina, MN 55435			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	
		C	12.15
13 Statutory employee <input type="checkbox"/>	14 Other	12b	
		D	2035.39
13 Retirement plan <input checked="" type="checkbox"/>		12c	
		DD	1274.55
13 Third-party sick pay <input type="checkbox"/>		12d	
15 State Employer's state ID number MN 8052306	16 State wages, tips, etc. 19657.91	17 State income tax 1208.00	
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 1 - To Be Filed With Employee's State, City, or Local Income Tax Return.**

a Employee's soc. sec. no. 880-31-0549		1 Wages, tips, other comp. 19657.91	2 Federal income tax withheld 2819.11
b Employer ID number (EIN) 46-5367837		3 Social security wages 21693.30	4 Social security tax withheld 1344.98
		5 Medicare wages and tips 21693.30	6 Medicare tax withheld 314.55
c Employer's name, address and ZIP code Socotra, Inc. 33 New Montgomery Street Suite 290 San Francisco CA 94105			
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		C	12.15
13 Statutory employee <input type="checkbox"/>	14 Other	12b	
		D	2035.39
13 Retirement plan <input checked="" type="checkbox"/>		12c	
		DD	1274.55
13 Third-party sick pay <input type="checkbox"/>		12d	
15 State Employer's state ID number MN 8052306	16 State wages, tips, etc. 19657.91	17 State income tax 1208.00	
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. 880-31-0549		1 Wages, tips, other comp. 19657.91	2 Federal income tax withheld 2819.11
b Employer ID number (EIN) 46-5367837		3 Social security wages 21693.30	4 Social security tax withheld 1344.98
		5 Medicare wages and tips 21693.30	6 Medicare tax withheld 314.55
c Employer's name, address and ZIP code Socotra, Inc. 33 New Montgomery Street Suite 290 San Francisco CA 94105			
d Control number WA-4397056185			
e Employee's name, address, and ZIP code Biplov Goyal 7201 York Avenue South APT 1007 Edina, MN 55435			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	
		C	12.15
13 Statutory employee <input type="checkbox"/>	14 Other	12b	
		D	2035.39
13 Retirement plan <input checked="" type="checkbox"/>		12c	
		DD	1274.55
13 Third-party sick pay <input type="checkbox"/>		12d	
15 State Employer's state ID number MN 8052306	16 State wages, tips, etc. 19657.91	17 State income tax 1208.00	
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 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.**

a Employee's soc. sec. no. 880-31-0549		1 Wages, tips, other comp. 19657.91	2 Federal income tax withheld 2819.11
b Employer ID number (EIN) 46-5367837		3 Social security wages 21693.30	4 Social security tax withheld 1344.98
		5 Medicare wages and tips 21693.30	6 Medicare tax withheld 314.55
c Employer's name, address and ZIP code Socotra, Inc. 33 New Montgomery Street Suite 290 San Francisco CA 94105			
d Control number WA-4397056185			
e Employee's name, address, and ZIP code Biplov Goyal 7201 York Avenue South APT 1007 Edina, MN 55435			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	
		C	12.15
13 Statutory employee <input type="checkbox"/>	14 Other	12b	
		D	2035.39
13 Retirement plan <input checked="" type="checkbox"/>		12c	
		DD	1274.55
13 Third-party sick pay <input type="checkbox"/>		12d	
15 State Employer's state ID number MN 8052306	16 State wages, tips, etc. 19657.91	17 State income tax 1208.00	
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 Internal Revenue Service.

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.