<b>a</b> Employee's SSN 347-47-9131		b	Employer ID No. (EIN)	4-2646319	OMB No. 1545-0008
C Employer's name, address, and ZIP code		1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	Form <b>W-2</b>
BUSINESS CONSULTANTS INC		88477.92	17181.45	88477.92	Form VV-Z
BUSI-TANTS		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
PO BOX 251		5485.62	88477.92	1282.92	Tax
PROVIDENCE RI 02903		7 Social security tips	8 Allocated tips	9	
					Statement
d Control No.		10 Depdnt care benefits	11 Nonqualified plans	12a	2022
					2023
<b>e</b> Employee's name, address, and ZIP code	Suff.	13	14 Other	12b	
		Statutory employee			
CHAKRAPANI L SRINIVASA				12c	Copy B To Be Filed with
135 E MAIN ST APT A11		Retirement plan			Employee's FEDERAL Tax Return
WESTBOROUGH MA 01581				12d	This information is being furnished to the Internal
		Third-party sick pay			Revenue Service.
15 State Employer's state ID number 16 State wages, tip		7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
MA 04-2646319 8847	77.92	4390.50			1
					ment of the Treasury TRS
<b>a</b> Employee's SSN 347-47-9131			Employer ID No. (EIN)	4-2646319	OMB No. 1545-0008
C Employer's name, address, and ZIP code		1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	
BUSINESS CONSULTANTS INC		88477.92	17181.45	88477.92	Form <b>W-2</b>
BUSI-TANTS		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
PO BOX 251		5485.62		1282.92	_
PROVIDENCE RI 02903		7 Social security tips	8 Allocated tips	9	Tax
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d Control No.		10 Depdnt care benefits	11 Nonqualified plans	12a	
		2 Dopain date benenie	1 1 Hongaamoa piano		2023
€ Employee's name, address, and ZIP code	Suff.	13	14 Other	12b	
		Statutory employee			Copy 2 To Be
CHAKRAPANI L SRINIVASA		Statutory employees.		12c	Filed With
135 E MAIN ST APT A11		Retirement plan			Employee's State,
		Retirement plan 1		12d	City, or Local Income Tax
WESTBOROUGH MA 01581		Third-party sick pay			Return.
15 State Employer's state ID No. 16 State wages, tip	os, etc 1	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
	77.92	4390.50	3.07.7		
					1
<b>a</b> Employee's SSN 347-47-9131		b	Employer ID No. (EIN) 0	4-2646319	OMB No. 1545-0008
C Employer's name, address, and ZIP code		1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	Form <b>W-2</b>
BUSINESS CONSULTANTS INC		88477.92	17181.45	88477.92	
BUSI-TANTS		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
PO BOX 251		5485.62	88477.92	1282.92	Tax
PROVIDENCE RI 02903		7 Social security tips	8 Allocated tips	9	
		10		10	Statement
d Control No.		10 Depdnt care benefits	11 Nonqualified plans	12a	2022
		10		101	2023
<b>e</b> Employee's name, address, and ZIP code	Suff.	13	14 Other	12b	
		Statutory employee .			Copy 2 To Be
CHAKRAPANI L SRINIVASA				12c	Filed With Employee's State,
135 E MAIN ST APT A11		Retirement plan			City, or Local
WESTBOROUGH MA 01581				12d	Income Tax
		Third-party sick pay			Return.
15 State Employer's state ID No. 16 State wages, tip					
1		7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
	os, etc <b>1</b>	7 State income tax4390.50	18 Local wages, tips, etc	19 Local income tax	<b>20</b> Locality name