

<b>a</b> Employee's SSN 347-47-9131		<b>b</b> Employer ID No. (EIN) 04-2646319			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code BUSINESS CONSULTANTS INC BUSI-TANTS PO BOX 251 PROVIDENCE RI 02903		<b>1</b> Wgs, tips, other compn 39910.40	<b>2</b> Fed inc tax withheld 5021.01	<b>3</b> Social security wages 39910.40		
		<b>4</b> SS tax withheld 2474.44	<b>5</b> Medicare wages & tips 39910.40	<b>6</b> Medicare tax withheld 578.70		
		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>d</b> Control No.		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>		
<b>e</b> Employee's name, address, and ZIP code Suff. CHAKRAPANI LAKKOJU SRINIVASA 135 E MAIN ST APT A11 WESTBOROUGH MA 01581		<b>13</b> Statutory employee.. <input type="checkbox"/>	<b>14</b> Other	<b>12b</b>		
		Retirement plan . . <input type="checkbox"/>		<b>12c</b>		
		Third-party sick pay <input type="checkbox"/>		<b>12d</b>		
<b>15</b> State MA	Employer's state ID number 04-2646319	<b>16</b> State wages, tips, etc 39910.40	<b>17</b> State income tax 1968.41	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

Department of the Treasury — IRS

Form **W-2**  
**Wage and Tax Statement**  
**2023**

Copy B To Be Filed with Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service.

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