a Employee's SSN 282-51-5985	b Employer identification n	umber (E IN) 46-45	01138	OMB No. 1545-0008
C Employer's name, address, and ZIP code ADWAY SERVICES INC	1 Wgs, tips, other compn 57740.64	2 Fed inc tax withheld 4416.00	3 Social security wages 57740.64	Form W-2
77 MILLTOWN RD	4 SS tax withheld 3579.92	5 Medicare wages & tips 57740.64	6 Medicare tax withheld 837.24	Wage and
C-5 EAST BRUNSWICK NJ 08816	7 Social security tips	8 Allocated tips	9	Tax Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2023
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	2023
GEETHA BHAVANI TUMATI	Statutory employee .		12c	Copy B To Be Filed with Employee's FEDERAL
25093 FRANCISCO TERRACE CHANTILLY VA 20152	Retirement plan		12d	Tax Return This information is being furnished to the Internal
	Third-party sick pay 17 State income tax	19	<u> </u>	Revenue Service.
15 State Employer's state ID number 16 State wages, tips, etc	2840.00	18 Local wages, tips, etc	19 Local income tax	
REV 11/30/23 QBDT			Dana	rtment of the Treasury — If
202 51 505		46.45	01120	
a Employee's SSN 282-51-5985	b Employer identification r			OMB No. 1545-0008
C Employer's name, address, and ZIP code ADWAY SERVICES INC	1 Wgs, tips, other compn 57740.64	2 Fed inc tax withheld 4416.00	3 Social security wages 57740.64	Form W-2
77 MILLTOWN RD	4 SS tax withheld 3579.92	5 Medicare wages & tips 57740.64	6 Medicare tax withheld 837.24	Wage and Tax
C-5 EAST BRUNSWICK NJ 08816	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2023
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	
GEETHA BHAVANI TUMATI	Statutory employee		12c	Copy 2 To Be Filed With Employee's State
25093 FRANCISCO TERRACE CHANTILLY VA 20152	Retirement plan		12d	City, or Local
	Third-party sick pay]	Return.
15 State Employer's state ID No.	17 State income tax 2840.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name
REV 11/30/23 QBDT				
a Employee's SSN 282-51-5985	b Employer identification r	number (E IN) 46-45		OMB No. 1545-0008
C Employer's name, address, and ZIP code	This information is being furn	nished to the IRS. If you are re	equired to file a tax return, a neable and you fail to report it.	egligence penalty or
ADWAY SERVICES INC	1 Wgs, tips, other compn 57740.64		3 Social security wages	Form W-2
77 MILLTOWN RD C-5	4 SS tax withheld 3579.92	5 Medicare wages & tips 57740.64	6 Medicare tax withheld 837.24	Wage and
EAST BRUNSWICK NJ 08816	7 Social security tips	8 Allocated tips	9	Tax
d Control No.	10 Depdnt care benefits	11 Nonqualified plans	12a	Statement
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	2023
GEETHA BHAVANI TUMATI	Statutory employee .		12c	Copy C For
25093 FRANCISCO TERRACE CHANTILLY VA 20152	Retirement plan		12d	EMPLOYEE'S RECORDS. (See Notice to
	Third-party sick pay	10.	<u> </u>	Èmployee.)
15 State Employer's state ID No. 16 State wages, tips, etc 1	17 State income tax 2840.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

REV 11/30/23 QBDT