Copy B - For Emplo	yee's Federal Inco	me Tax Return	2023	OMB No. 1545-0008	Copy 2 - For E	nployee's St	ate Income	Tax Return	[FL] 2023	
a Employee's social security number	1 Wages, tips, othe	r comp. 2587.05	2 Federal income tax withhe 821	ld 9.05	a Employee's social security number		ages, tips, other o	587.05	Federal income tax withhouse 821	
815-25-8494	3 Social security wa	ages 1254.59	4 Social security tax withheld	d 3.80	815-25-84	- 000	cial security wag	es 254.59	Social security tax withhe 5.84	
b Employer ID number 59-2941216	5 Medicare wages		6 Medicare tax withheld	3.00	b Employer ID numb 59 – 294121		dicare wages an	- · · · · I	Medicare tax withheld	
	94	254.59	136	6.71			942	254.59	136	
c Employer's name, address					c Employer's name,		code			
Trellance In	Trellance Inc									
7650 W Court Ste 900	7650 W Courtney Campbell Cswy Ste 900									
Tampa, FL 33	Tampa, FL 33607									
d Control number 87076 277					d Control number 87076 27	7				
e Employee's name, addres	s, and ZIP code				e Employee's name,	address, and ZIP	code			
Bhavani Jerripothula					Bhavani Jerripothula					
13513 stansil avenue					13513 stansil avenue Odessa, FL 33556					
Odessa, FL 3	3556				Odessa, F	L 33556				
7 Social security tips	8 Allocated tip	S	9 Advance EIC payment		7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualifie	d plans			10 Dependent care b	enefits	11 Nonqualified	plans		
12a C	48.00	13 Statutory emple		d-party sick pay	^{12a} C		48.00	13 Statutory employ		
12b D	21667.54	14 Other	X		12b D	216	567.54	14 Other	X	
12c		- In outer			12c			14 Outci		
12d		-			12d					
N/A		N/A	N/A		FL NOT N	EEDED		72587.05		
15 State Employer's State ID# 16 S		ages, tips, etc.	17 State income tax		15 State Employer's State ID#		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.	19 Local in		20 Locality name		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
N/A		N/A	N/A	.	N/A		N/A		N/A	
I	ı		1		1				1	

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Retirement plan 3rd-party sick pay

OMB No. 1545-0008

8219.05

5843.80 1366.71

Copy C	FOR EMP	LOYI	EE'S RE	CORDS ON	ILY	2023	OMB No. 1545-0008		
a Employee's social security number		1 Wages, tips, other comp. 72587.05			2 Fede	2 Federal income tax withheld 8219.05			
815-25-8494		·			4 Socia	4 Social security tax withheld			
b Employer ID number 59-2941216		94254.59				5843.80			
		5 Medicare wages and tips 94254.59			6 Medi	6 Medicare tax withheld 1366.71			
c Employer's r	name, address, and	d ZIP co	de		1				
Trella	ince Inc								
	Courtne	y Ca	mpbell	Cswy					
Ste 90		_							
Tampa,	FL 3360	7							
d Control num 87076	ber 277								
e Employee's	name, address, an	d ZIP co	ode						
	i Jerrip								
	stansil a		.ue						
0dessa	i, FL 335	56							
7 Social security tips		8 /	8 Allocated tips			9 Advance EIC payment			
10 Dependent care benefits			11 Nonqualified plans						
^{12a} C		48.00		13 Statutory emp	oloyee	Retirement plan 3rd-party sick p			
12b D	D 216		57.54	14 Other					
12c			14 Other						
12d									
FL NO	T NEEDED			72587.05					
15 State Employer's State ID#			16 State wages, tips, etc.			17 State income tax			
18 Local wages, tips, etc.			19 Local income tax			20 Locality name			
N/A			N/A			N/A			

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS