| Copy B To Be F<br>FEDERAL Tax R                              | Return.                      | •                   | •   | <b>20</b> :                    | <b>23</b><br>B No. 1545-0008                    | Copy<br>City,  | y 2 To Be Fi<br>or Local Inc  | iled W<br>come | ith Em<br>Tax Re | oloyee's State<br>turn. |              | <b>123</b><br>1B No. 1545-0008 |
|--|------------------------------|---------------------|---|--------------------------------|---|----------------|-------------------------------|----------------|------------------|-------------------------|--------------|--------------------------------|
| a Employee's SSN   | 1 Wage                       |                     | ner comp.<br>75081.60                                 | 2 Federa                       | l income tax withheld<br>9423.00                | a Emp          | oloyee's SSN                  | 1 Wag          | jes, tips, o     | her comp.<br>75081.60   | 2 Federa     | al income tax withheld 9423.00 |
| 697-37-8949  | 3 Socia                      | l security          | wages   | 4 Social                       | security tax withheld                           | 697            | -37-8949                      | 3 Soci         | al security      | wages                   | 4 Social     | security tax withheld          |
| <b>b</b> Employer ID no. (EIN)                               | 5 Medic                      | are wage            | s and tips  | 6 Medica                       | re tax withheld                                 | <b>b</b> Empl  | loyer ID no. (EIN)            | 5 Med          | icare wage       | es and tips             | 6 Medic      | are tax withheld               |
| 26-2180482   |                              |                     | <u> </u>  |                                |   | 26-            | 2180482                       |                |                  |                         |              |                                |
| c Employer's name, ac<br>CIPHERNIN                           | ddress, ar<br>E IN(          | id ZIP cod          | le  |                                |   |                | oloyer's name, ad<br>PHERNINI |                |                  | de                      |              |                                |
| 462 HERND  | ON PI                        | KWY S               | STE 208A  |                                |   | 46             | 2 HERNDO                      | ON F           | KWY S            | STE 208A                |              |                                |
| HERNDON  |                              |                     |   | VA                             | 20170   | HE             | RNDON                         |                |                  |                         | VA           | 20170                          |
| d Control number   |                              |                     |   |                                |   | d Con          | trol number                   |                |                  |                         |              |                                |
| e Employee's name, a   | ddress, a                    | nd ZIP cod          | de  |                                | Suff.   | e Emp          | oloyee's name, a              | ddress,        | and ZIP co       | de                      |              | Suff.                          |
| HARI P LA  |                              |                     | 224   |                                |   |                | RI P LA                       |                |                  | 0.0.4                   |              |                                |
| 1218 AVEN<br>DENTON  | UŁ A                         | API                 | 224   | TX                             | 76201   |                | 18 AVENT<br>NTON              | OE A           | APT              | 224                     | TX           | 76201                          |
| 7 Social security tips                                       |                              | 8 Allocate          | d tips  | 9                              |   | 7 Socia        | al security tips              |                | 8 Allocat        | ed tips                 | 9            |                                |
| ''   |                              |                     | ·   |                                |   |                | , ,                           |                |                  | ·                       |              |                                |
| 10 Dependent care bene                                       | efits 1                      | 1 Nonqua            | lified plans  | <b>12a</b> C                   | ode See inst. for box 12                        | <b>10</b> Depe | endent care bene              | efits          | 11 Nonqu         | alified plans           | <b>12a</b> C | Code See inst. for box 12      |
| 13   | 14 Oth                       | er                  |   | <b>12b</b> C                   | ode   | 13             |                               | 14 0           | ther             |                         | <b>12b</b> C | Code                           |
| Statutory employee   |                              |                     |   | 12c C                          | ode   | Statutory      | y employee                    |                |                  |                         | 12c C        | Code                           |
| Retirement Plan  |                              |                     |   |                                |   | Retireme       | ent Plan                      |                |                  |                         |              |                                |
| Third-party sick pay   |                              |                     |   | 12d C                          | ode   | Third-par      | rty sick pay                  |                |                  |                         | 12d C        | Code                           |
|  |                              |                     |   |                                |   |                |                               |                |                  |                         |              |                                |
|  |                              |                     |   |                                |   |                |                               |                |                  |                         |              |                                |
| 15 State Employer's s  | state ID nu                  | ımber               | 16 State wages, tip                                   | s, etc.                        | 17 State income tax                             | 15 State       | Employer's stat               | te ID nui      | mber             | 16 State wages, tip     | os, etc.     | 17 State income tax            |
| 18 Local wages, tips, et                                     | tc. 1                        | I <b>9</b> Local ir | come tax  | <b>20</b> Loca                 | ality name                                      | 18 Loca        | al wages, tips, et            | C.             | 19 Local i       | ncome tax               | 20 Localit   | ty name                        |
|  |                              |                     |   |                                |   |                |                               |                |                  |                         |              |                                |
| Form W-2 Wage and Ta<br>This information is being furn       | ax Statem<br>nished to the   | ent<br>Internal Re  | venue Service.  | <u> </u>                       | Dept. of the Treasury - IRS                     | Form V         | V-2 Wage and Ta               | ax Stater      | nent             |                         | <u>l</u>     | Dept. of the Treasury - IR     |
|  |                              |                     |   |                                |   |                |                               |                |                  |                         |              |                                |
| This information is being furn penalty or other sanction may | nished to the<br>y be impose | Internal Re         | venue Service. If you are<br>his income is taxable an | e required to<br>d you fail to | o file a tax return, a negligence<br>report it. |                |                               |                | RE               | V 12/19/23 QBDT         |              |                                |
| Conv.C. For EM   | DLOVE                        | E'C DE              | COBDS   | 20                             | 22  | Con            | 2 To Do E                     | ilad M         | lith Emi         | alovoo's Stato          | 20           | 123                            |

| Copy C For EMI  | 20                  | 2023              |                        |                                |  |  |  |
|---|---------------------|-------------------|------------------------|--------------------------------|--|--|--|
| (See Notice to E  | mploye              | ees).             |                        |                                | IB No. 1545-0008   |  |  |
| a Employee's SSN  | 1 Wage              |                   | her comp.              | 2 Federal income tax withheld  |  |  |  |
| , ,   | 75081.60            |                   |                        | 9423.00                        |  |  |  |
| 697-37-8949   | 3 Social            | I security        | wages                  | 4 Social security tax withheld |  |  |  |
| <b>b</b> Employer ID no. (EIN)  |                     |                   | Le                     |                                |  |  |  |
| 26-2180482  | 5 Medic             | are wage          | s and tips             | 6 Medicare tax withheld        |  |  |  |
| c Employer's name, ac   | ddress, an<br>E INO |                   | le                     |                                |  |  |  |
|   |                     | _                 |                        |                                |  |  |  |
| 462 HERND   | ON PI               | KWY S             | 5TE 208A               |                                |  |  |  |
| HERNDON   | VA                  | 20170             |                        |                                |  |  |  |
| d Control number  |                     |                   |                        |                                |  |  |  |
| e Employee's name, a  | ddress. ar          | nd ZIP cod        | de                     |                                | Suff.  |  |  |
|   | GGON                |                   |                        |                                |  |  |  |
| 1218 AVEN   | UE A                | APT               | 224                    |                                |  |  |  |
|   |                     |                   | <u> </u>               |                                |  |  |  |
| DENTON  |                     |                   | 224                    | TX                             | 76201  |  |  |
| DENTON 7 Social security tips   |                     | 8 Allocate        |                        | TX                             | 76201  |  |  |
| 7 Social security tips  |                     |                   | ed tips                | 9                              |  |  |  |
| 7 Social security tips  |                     |                   |                        | 9                              | 76201<br>Code See inst. for box 12                           |  |  |
| 7 Social security tips  10 Dependent care beneat  |                     | I <b>1</b> Nonqua | ed tips                | 9                              | Code See inst. for box 12                                    |  |  |
| 7 Social security tips  | efits 1             | I <b>1</b> Nonqua | ed tips                | 9<br>12a (                     | Code See inst. for box 12                                    |  |  |
| 7 Social security tips  10 Dependent care beneat  | efits 1             | I <b>1</b> Nonqua | ed tips                | 9<br>12a (<br>12b (<br>12c (   | Code See inst. for box 12 Code                               |  |  |
| 7 Social security tips  10 Dependent care bene  13 Statutory employee  Retirement Plan  | efits 1             | I <b>1</b> Nonqua | ed tips                | 9 12a (                        | Code See inst. for box 12 Code                               |  |  |
| 7 Social security tips  10 Dependent care beneat  13  Statutory employee  | efits 1             | I <b>1</b> Nonqua | ed tips                | 9<br>12a (<br>12b (<br>12c (   | Code See inst. for box 12 Code                               |  |  |
| 7 Social security tips  10 Dependent care beneat  13  Statutory employee  Retirement Plan   | efits 1             | I <b>1</b> Nonqua | ed tips                | 9<br>12a (<br>12b (<br>12c (   | Code See inst. for box 12 Code                               |  |  |
| 7 Social security tips 10 Dependent care beneat 13 Statutory employee Retirement Plan Third-party sick pay                            | efits 1             | I <b>1</b> Nonqua | ed tips                | 9 12a C 12b C 12c C 12d C      | Code See inst. for box 12<br>Code                            |  |  |
| 7 Social security tips  10 Dependent care beneat  13 Statutory employee Retirement Plan Third-party sick pay  15 State Employer's sta | afits 1 14 Oth      | 11 Nonqua         | ed tips                | 9 12a C 12b C 12c C 12d C      | Code See inst. for box 12 Code Code Code T7 State income tax |  |  |
| 7 Social security tips  10 Dependent care bene  13 Statutory employee  Retirement Plan  | afits 1 14 Oth      | 11 Nonqua         | ed tips  alified plans | 9 12a ( 12b ( 12c ( 12d ( )    | Code See inst. for box 12 Code Code Code T7 State income tax |  |  |

| a Employee's SSN                   |                   | Tax Ret           |                     |  | B No. 1545-0008        |  |  |  |
|------------------------------------|-------------------|-------------------|---------------------|--|------------------------|--|--|--|
| , ,                                | 1 Wag             | es, tips, otl     | her comp.           | 2 Federa   | Il income tax withheld |  |  |  |
| , ,                                |                   |                   |                     | 2 Federal income tax withheld                            |                        |  |  |  |
| 697-37-8949                        | 1                 |                   | 75081.60            | 9423.00  |                        |  |  |  |
|                                    | 3 Soci            | al security       | wages               | 4 Social security tax withheld                           |                        |  |  |  |
| b Employer ID no. (EIN)            | 1                 |                   |                     |  |                        |  |  |  |
| Employer is no. (Ent)              | 5 Med             | icare wage        | s and tips          | 6 Medicare tax withheld                                  |                        |  |  |  |
| 26-2180482                         |                   |                   |                     |  |                        |  |  |  |
| c Employer's name, ac<br>CIPHERNIN | ddress, a<br>E IN | ind ZIP cod<br>IC | le                  |  |                        |  |  |  |
| 462 HERND                          | ON F              | KWY S             | STE 208A            |  |                        |  |  |  |
| HERNDON                            | VA                | VA 20170          |                     |  |                        |  |  |  |
| d Control number                   |                   |                   |                     |  |                        |  |  |  |
|                                    |                   |                   |                     |  |                        |  |  |  |
| e Employee's name, a<br>HARI P LA  |                   |                   | de                  |  | Suff.                  |  |  |  |
| 1218 AVEN                          | UE A              | APT               | 224                 |  |                        |  |  |  |
| DENTON                             | 01                |                   |                     | ΤХ   | 76201                  |  |  |  |
|                                    |                   | 1                 |                     |  | 70201                  |  |  |  |
| 7 Social security tips             |                   | 8 Allocate        | ed tips             | 9  |                        |  |  |  |
| 10 Dependent care bene             | efits             | 11 Nonqua         | alified plans       | 12a Code See inst. for box 12                            |                        |  |  |  |
| 13                                 | 14 01             |                   |                     | 12b C  |                        |  |  |  |
| Statutory employee                 | 140               | ner               |                     | 126 0  | ode                    |  |  |  |
|                                    |                   |                   |                     | 12c C  | ode                    |  |  |  |
| Retirement Plan                    |                   |                   |                     |  |                        |  |  |  |
| Third and aid.                     |                   |                   |                     | 12d C  | ode                    |  |  |  |
| Third-party sick pay               | <u> </u>          |                   | ı                   |  |                        |  |  |  |
|                                    |                   |                   |                     |  |                        |  |  |  |
| AE Chata Faradawa (                | 4- ID -           |                   | 46 04-4             | 4_   | 47 Ct-t- i t-          |  |  |  |
| 15 State Employer's sta            |                   |                   | 16 State wages, tip | ges, tips, etc.   17 State income tax   20 Locality name |                        |  |  |  |
| 18 Local wages, tips, et           | C.                | 19 Local in       | ncome tax           | 20 Localit   | y name                 |  |  |  |
|                                    |                   |                   |                     |  |                        |  |  |  |