

VOID <input type="checkbox"/>		a Employee's social security number <b>XXX-XX-7611</b>		OMB No. 1545-0008			
b Employer identification number (EIN) <b>35-2450798</b>		1 Wages, tips, other compensation <b>\$5845.00</b>		2 Federal income tax withheld <b>\$133.24</b>			
c Employer's name, address, and ZIP code <b>BEEHYV INC 6205 PETE DYE RD MCKINNEY, TX 75070</b>		3 Social security wages <b>\$5845.00</b>		4 Social security tax withheld <b>\$362.39</b>			
		5 Medicare wages and tips <b>\$5845.00</b>		6 Medicare tax withheld <b>\$84.76</b>			
		7 Social security tips <b>\$0.00</b>		8 Allocated tips <b>\$0.00</b>			
d Control number		9		10 Dependent care benefits <b>\$0.00</b>			
e Employee's first name and initial Last name Suff.  <b>KHYATI SHARMA KARKI 7200 PRESTON RD, APT 1517 PLANO, TX 75024</b>		11 Nonqualified plans <b>\$0.00</b>		12a See instructions for box 12 <b>\$0.00</b>			
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b <b>\$0.00</b>			
		14 Other <b>SUI - \$ 157.82</b>		12c <b>\$0.00</b>			
				12d <b>\$0.00</b>			
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement  
Copy D—For Employer

**2023**

Department of the Treasury - Internal Revenue Service  
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