| Copy B To Be Filed W<br>FEDERAL Tax Return                                    |   | 2023                                      | OMB No.<br>1545-0008  |                        | To Be Filed V<br>Local Incom  |             | oyee's State,                                  | 2023                            | OMB No.<br>1545-0008      |  |
|---|---|---|-----------------------|------------------------|---|-------------|--|---------------------------------|---------------------------|--|
| a. Employee's SSN   | 1 Wages, tips, other comp.  | 2 Federal income tax                      | withheld              | a. Employe             |   |             | , tips, other comp.                            | 2 Federal income                | e tax withheld            |  |
| XXX-XX-2945   | 30260.0<br>3 Social security wages  | 4 Social security tax wi                  | 2416.49               | XXX-X                  | X-2945  | 2 Social    | 30260.00<br>security wages                     | 4 Social security               | 2416.49                   |  |
| b. Employer ID number   | 12500.0   | 0   | 775.00                | b. Employe             | er ID number  | 00001a1     | 12500.00                                       | + Obciai Security               | 775.00                    |  |
| 86-1943786  | 5 Medicare wages and tips 12500.0   | 6 Medicare tax withhele                   | 181.25                | 86-19                  | 943786  | 5 Medica    | re wages and tips 12500.00                     | 6 Medicare tax w                | withheld<br>181.25        |  |
| c. Employer's name, addres  |   | -   |                       | c. Employe             | er's name, addre  | ss, and ZIP |  |                                 |                           |  |
| Savvients Inc   | <b>.</b>  |   |                       | Savv                   | ients Ind   | -           |  |                                 |                           |  |
| 1490 S Price Rd Suite 202   |   |   |                       |                        | 1490 S Price Rd Suite 202   |             |  |                                 |                           |  |
| Chandler, AZ 85286  |   |   |                       |                        | Chandler, AZ 85286  |             |  |                                 |                           |  |
| d. Control number   |   |   |                       | d. Control i           | number  |             |  |                                 |                           |  |
| 42  |   |   |                       | 42                     |   |             |  |                                 |                           |  |
| e. Employee's name, address, and ZIP code                                     |   |   |                       |                        | e. Employee's name, address, and ZIP code                               |             |  |                                 |                           |  |
| Akhil Pentela   |   |   |                       |                        | Akhil Pentela<br>6867 W Spur Dr   |             |  |                                 |                           |  |
| 6867 W Spur I<br>Peoria, AZ 85  |   |   |                       |                        | ia, AZ 8  |             |  |                                 |                           |  |
|   |   |   |                       |                        | ·   |             |  | _                               |                           |  |
| 7 Social security tips  | 8 Allocated tips  |   |                       | 7 Social s             | ecurity tips  | 8           | Allocated tips                                 |                                 |                           |  |
| 10 Dependent care benefits  | 11 Nonqualified plans   | 12a Code See inst.                        | for box 12            | 10 Depende             | ent care benefits   | 11          | Nonqualified plans                             | 12a Code See                    | e inst. for box 12        |  |
| 13 Statutory employee 14  | mployee 14 Other  |   | 12b Code              |                        | 13 Statutory employee 14  |             |  | 12b Code                        |                           |  |
| Retirement plan   |   | 12c Code                                  |                       | Reti                   | rement plan   |             |  | 12c Code                        |                           |  |
| Third party sick pay  |   | 12d Code                                  |                       | Third                  | party sick pay  |             |  | 12d Code                        |                           |  |
| AZ 86-1943786   | 3026  | 0.00                                      | 302.60                | AZ                     | 86-194378   | B6          | 30260.   | 00                              | 302.60                    |  |
|   |   |   |                       | 45.0111                | <b>F</b>  | <b>.</b> "  | 10.0   |                                 |                           |  |
| 15 State Emplr.'s state II   18 Local wages, tips,etc.                        | D # 16 State wages, tips, e<br>19 Local income tax                            | tc. 17 State income ta 20 Locality name   | ax                    | 15 State<br>18 Local w | Emplr.'s state I<br>vages, tips, etc.                                   |             | 16 State wages, tips, etc.<br>Local income tax | 17 State inc<br>20 Locality n   |                           |  |
|   |   |   |                       |                        |   |             |  |                                 |                           |  |
| Form W-2 Wage and Tax S   | tatement  | Dept. of the Trea                         | sury IRS              | Form W                 | -2 Wage and Tax   | Statement   |  | Dept. of the                    | Treasur y IRS             |  |
| This information is being   | furnished to the Internal Revenu  | e Service.                                | 39-1908647            |                        |   |             |  |                                 | 39-190864                 |  |
|   |   |   | _                     | <u> </u>               |   |             |  |                                 |                           |  |
|   | furnished to the IRS. If you are re<br>be imposed on you if this income is ta |   | negligence            | AWW                    | /2-B22C   | Copyrig     | ht AccountantsWorld, 2004                      |                                 |                           |  |
| Copy C For EMPLOYE  | E'S RECORDS   | 2023                                      | OMB No.               |                        |   |             | oyee's State,                                  | 2023                            | OMB No.                   |  |
| (See Notice to Employ<br>a. Employee's SSN                                    | <b>yee)</b><br>1 Wages,tips, other comp.                                      | 2 Federal income tax                      | 1545-0008<br>withhe1d | a. Employe             | Local Income<br>e's SSN   |             |  | 2 Federal income                | 1545-0008<br>tax withheld |  |
| XXX-XX-2945   | 30260.0   |   | 2416.49               | XXX-X                  | X-2945  |             | 30260.00                                       |                                 | 2416.49                   |  |
| b. Employer ID number   | 3 Social security wages 12500.0   | 4 Social security tax w                   | 775.00                | b. Employ              | er ID number  | 3 Social    | security wages<br>12500.00                     | Social security t               | tax withheld<br>775.00    |  |
|   | 5 Medicare wages and tips   | 6 Medicare tax with he                    |                       |                        |   |             | re wages and tips                              | 6 Medicare tax w                |                           |  |
| 86-1943786 12500.00 181.25   c. Employer's name, address, and ZIP code 181.25 |   |   |                       |                        | 86-1943786 12500.00 181.25<br>c. Employer's name, address, and ZIP code |             |  |                                 |                           |  |
| Savvients Inc   |   |   |                       |                        | Savvients Inc   |             |  |                                 |                           |  |
| 1490 S Price Rd Suite 202   |   |   |                       |                        | 1490 S Price Rd Suite 202   |             |  |                                 |                           |  |
| Chandler, AZ 85286  |   |   |                       |                        | Chandler, AZ 85286  |             |  |                                 |                           |  |
| d. Control number   |   |   |                       | d. Control r           | umber   |             |  |                                 |                           |  |
| 42  |   |   |                       | 42                     |   |             |  |                                 |                           |  |
| e. Employee's name, address, and ZIP code                                     |   |   |                       |                        | e. Employee's name, address, and ZIP code                               |             |  |                                 |                           |  |
| Akhil Pentela   |   |   |                       | Akhil Pentela          |   |             |  |                                 |                           |  |
| 6867 W Spur Dr<br>Peoria, AZ 85383  |   |   |                       |                        | 6867 W Spur Dr<br>Peoria, AZ 85383                                      |             |  |                                 |                           |  |
| FEOLIA, AL 0.   | 505   |   |                       | FEOI                   | IA, AL 0.   | 505         |  |                                 |                           |  |
| 7 Social security tips  | 8 Allocated tips  |   |                       | 7 Social s             | security tips   | 8.          | Allocated tips                                 |                                 |                           |  |
| 10 Dependent care benefit   | s 11 Nonqualified plans   | 12a Code See inst.                        | for box 12            | 10 Depende             | ent care benefits   | 11          | Nonqualified plans                             | 12a Code See                    | inst. for box 12          |  |
| 13 Statutory employee 14  | l Other   | 12b Code                                  |                       | 13 Statutor            | ry employee   | 14 Other    |  | 12b Code                        |                           |  |
| Retirement plan   |   | 12c Code                                  |                       | Retir                  | ement plan  |             |  | 12c Code                        |                           |  |
| Third party sick pay  |   | 12d Code                                  |                       | Third                  | party sick pay  |             |  | 12d Code                        |                           |  |
| AZ 86-1943786   | 3026  |   | 302.60                | AZ                     | 86-194378   | 86          | 30260.   |                                 | 302.60                    |  |
|   |   |   |                       |                        |   |             |  |                                 |                           |  |
| 15 State Emplr.'s state II<br>18 Local wages, tips, etc.                      | D # 16 State wages, tips, e<br>19 Local income tax                            | tc. 17 State income t<br>20 Locality name | ax                    | 15 State<br>18 Local v | Emplr.'s state li<br>wages, tips, et c.                                 |             | 16 State wages, tips, etc.                     | 17 State inco<br>20 Locality na |                           |  |
|   |   |   |                       |                        |   |             |  |                                 |                           |  |
| Form W-2 Wage and Tax 3   | Statement 39-190864   | 7 Dept. of the Trea                       | asurv IRS             | Form W                 | /-2 Wage and Tax  | State ment  | 39-1908647                                     | Dept. of the                    | Treasury IRS              |  |