



W-2 Wage and Tax Statement **2023**
 Copy C for employee's records. OMB No. 1545-0008

d Control number 000007 L9/TJ6	Dept.	Corp.	Employer use only A 1
c Employer's name, address, and ZIP code THE RELIABLE SOLUTIONS GROUP LLC 2530 MERIDIAN PKWY STE 300 DURHAM, NC 27713 Batch #94717			
e/f Employee's name, address, and ZIP code SANDEEPSRIVATSA SIRIVOLU 6260 WHITE CREEK DRIVE CELINA, TX 75009			
b Employer's FED ID number 85-4373503	a Employee's SSA number XXX-XX-7028		
1 Wages, tips, other comp. 12000.00	2 Federal income tax withheld 1350.08		
3 Social security wages 12000.00	4 Social security tax withheld 744.00		
5 Medicare wages and tips 12000.00	6 Medicare tax withheld 174.00		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
15 State	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	12,000.00	12,000.00	12,000.00
Reported W-2 Wages	12,000.00	12,000.00	12,000.00

2. Employee Name and Address.

SANDEEPSRIVATSA SIRIVOLU
 6260 WHITE CREEK DRIVE
 CELINA, TX 75009

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Federal Filing Copy
W-2 Wage and Tax Statement **2023**
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

State Reference Copy
W-2 Wage and Tax Statement **2023**
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

City or Local Reference Copy
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 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008