



**W-2** Employee Reference Copy  
Wage and Tax Statement  
**2023**  
OMB No. 1545-0008

Copy C for employee's records.

d Control number 000004	Dept. KY/5Z4	Corp.	Employer use only A	6
----------------------------	-----------------	-------	------------------------	---

c Employer's name, address, and ZIP code  
**H9 CONSULTING LLC**  
**8011 34TH AVE S STE 239**  
**BLOOMINGTON, MN 55425**

Batch #90804

e/f Employee's name, address, and ZIP code  
**SAI SANKETH SANKURI**  
**6100 SILVERADO TRAIL**  
**MCKINNEY, TX 75070**

b Employer's FED ID number 88-2946983	a Employee's SSA number XXX-XX-3137
1 Wages, tips, other comp. 21800.00	2 Federal income tax withheld 1585.03
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
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	21,800.00	21,800.00	21,800.00
Reported W-2 Wages	21,800.00	0.00	0.00

2. Employee Name and Address.

**SAI SANKETH SANKURI**  
**6100 SILVERADO TRAIL**  
**MCKINNEY, TX 75070**

© 2023 ADP, Inc.

1 Wages, tips, other comp. 21800.00	2 Federal income tax withheld 1585.03			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number 000004	Dept. KY/5Z4	Corp.	Employer use only A	6
c Employer's name, address, and ZIP code <b>H9 CONSULTING LLC</b> <b>8011 34TH AVE S STE 239</b> <b>BLOOMINGTON, MN 55425</b>				
b Employer's FED ID number 88-2946983	a Employee's SSA number XXX-XX-3137			
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			
e/f Employee's name, address and ZIP code <b>SAI SANKETH SANKURI</b> <b>6100 SILVERADO TRAIL</b> <b>MCKINNEY, TX 75070</b>				
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			

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

1 Wages, tips, other comp. 21800.00	2 Federal income tax withheld 1585.03			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number 000004	Dept. KY/5Z4	Corp.	Employer use only A	6
c Employer's name, address, and ZIP code <b>H9 CONSULTING LLC</b> <b>8011 34TH AVE S STE 239</b> <b>BLOOMINGTON, MN 55425</b>				
b Employer's FED ID number 88-2946983	a Employee's SSA number XXX-XX-3137			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a			
14 Other	12b			
	12c			
	12d			
	13 Stat emp Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code <b>SAI SANKETH SANKURI</b> <b>6100 SILVERADO TRAIL</b> <b>MCKINNEY, TX 75070</b>				
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			

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

1 Wages, tips, other comp. 21800.00	2 Federal income tax withheld 1585.03			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number 000004	Dept. KY/5Z4	Corp.	Employer use only A	6
c Employer's name, address, and ZIP code <b>H9 CONSULTING LLC</b> <b>8011 34TH AVE S STE 239</b> <b>BLOOMINGTON, MN 55425</b>				
b Employer's FED ID number 88-2946983	a Employee's SSA number XXX-XX-3137			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a			
14 Other	12b			
	12c			
	12d			
	13 Stat emp Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code <b>SAI SANKETH SANKURI</b> <b>6100 SILVERADO TRAIL</b> <b>MCKINNEY, TX 75070</b>				
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			

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