| d Control number 0021-16064999 | | | c Employer's name, address, and ZIP code | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|--|------------------------------|-------------------------|---|-------------------------------|--|--|--|--|
| Employer identification number (EIN) a Employee's social security number | | r | ZENQ LLC 4100 SPRING VALLEY ROAD | | 1 Wages, tips, other compensation 27666.68 | 2 Federal income tax withheld 3506.84 | | |
| 46-5403380 13 Statutory Reference on the statutory employee | irement Third-party sick pay | / | SUITE 910 FARMERS BRANCH DALLAS TX 75244 | | 3 Social security wages 27666.68 | 4 Social security tax withheld 1715.33 | | |
| 12 See instructions for box 12 | 14 Other | | e Employee's name, address, and ZIP code | and the state of the state of | 5 Medicare wages and tips 27666.68 | 6 Medicare tax withheld 401.17 | | |
| i generalista de la manda de la composição de la composição de la manda de la composição de la composição de l La composição de la compo La composição de la compo | | SREENIVASULU GODLAVEETY | | 7 Social Security Tips | 8 Allocated Tips | | | |
| | | | 2084 RAILROAD VINE DRIVE APT #108 ODESSA FL 33556 | | 10 Dependent care benefits | 11 Nonqualified plans | | |
| | | | ODESSA PE 33330 | | | | | |
| 15 State Employer's state ID | number 16 State | wages, t | ips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |
| | | | | d well this income is | | | | |

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it

Form W-2 Wage and Tax Statement 2023

Copy B, to be filed with employee's FEDERAL tax return

| d Control number 0021-16064995 Void . b Employer identification number (EIN) a Employee's social security number | | c Employer's name, address, and ZIP code ZENQ LLC 4100 SPRING VALLEY ROAD | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|---|---------|--|--|--|--|---|--|
| | | | | 1 Wages, tips, other compensation 27666.68 | 2 Federal income tax withheld 3506.84 | | |
| 46-5403380 XXX-XX-2398 13 Statutory Retirement plan Sick pay | | 98 Third-party sick pay | SUITE 910 FARMERS BRANCH DALLAS TX 75244 e Employee's name, address, and ZIP code | | 3 Social security wages 27666.68 | 4 Social security tax withheld 1715.33 | |
| 12 See instructions for box 12 14 Other | | | | | 5 Medicare wages and tips 27666.68 | 6 Medicare tax withheld 401.17 | |
| | | | SREENIVASULU GODLAVEETY | | 7 Social Security Tips | 8 Allocated Tips | |
| | | | 2084 RAILROAD VINE DRIVE APT #108 ODESSA FL 33556 | | 10 Dependent care benefits | 11 Nonqualified plans | |
| 15 State Employer's state ID | aumhor. | 16 State wages, tip | ss. etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |
| 15 State Employer's state ID | number | To Grate Hallery A | | en de la laction de la communicación de la com | | ne se abita na make territ. Me a | |

Form W-2 Wage and Tax Statement 2023

| Control number | Void X | c Employer's name, address, and ZIP code | De ON | epartment of the Treasury - MB No. 1545-0008 | ury - Internal Revenue Service | |
|---|-------------------------|--|----------------------------|--|--------------------------------|--|
| Employer identification number (EIN) a Employee's soc | ial security number | | 1 V | Vages, tips, other compensation | 2 Federal income tax withheld | |
| 13 Statutory Retirement plan | Third-party sick pay | | 3.5 | Social security wages | 4 Social security tax withheld | |
| employée plan plan 12 See instructions for box 12 14 Other | olon pay | e Employee's name, address, and ZIP code | 5.1 | Medicare wages and tips | 6 Medicare tax withheld | |
| 12 See Instructions for box 12 | | The Carlo Carlo and Cold Spiriting | 7 | Social Security Tips | 8 Allocated Tips | |
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| personal real certain destruction and the second | | Androhe Ville see comme | | | participates a security | |
| 15 State Employer's state ID number | 16 State wages, t | ips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20-Locality name | |
| This information is being furnished to the Internal Revenue | | | | dente de la companya | AND COMPANY OF THE STREET | |

Form W-2 Wage and Tax Statement 2023

| d Control number | | c Employer's name, address, and ZIP code | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | |
|--|-------------|--|----------------------------|-------------|---|--|--|
| Employer identification number (EIN) a Employee's social security number | . 12., 24. | | | 1 Wages, ti | ps, other compensation | 2 Federal income tax withheld | |
| 3 Statutory Retirement Third-party employee plan sick pay | | | | 3 Social se | curity wages | 4 Social security tax withheld | |
| 2 See instructions for box 12 14 Other | 9.31 | e Employee's name, address, and ZIP code | | 5 Medicare | wages and tips | 6 Medicare tax withheld | |
| | | | | 7 Social Se | ecurity Tips | 8 Allocated Tips | |
| | 16, 11 | | | 10 Depend | ent care benefits | 11 Nonqualified plans | |
| | | | | | | om til etter av state er state er state er Skorske vik skole tor kritig state er st | |
| 15 State Employer's state ID number 16 State | wages, tips | s, etc. 17 State income tax | 18 Local wages, tips, etc. | The Mileson | 19 Local income tax | 20 Locality name | |
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