					1 -						
Copy B To Be F FEDERAL Tax R				3 No. 1545-0008	Copy City,	y 2 To Be Fi or Local Inc	led W	ith Emp	oloyee's State arn.	OM	B No. 1545-0008
a Employee's SSN	1 Wages, tips,	other comp. 33333.35	2 Federal	income tax withheld 4110.00	a Emp	oloyee's SSN	1 Wag	es, tips, ot	her comp. 33333.35	2 Federa	I income tax withheld $4110.00$
721-51-6483	3 Social securit		4 Social s	ecurity tax withheld	721	-51-6483	3 Soci	al security		4 Social	security tax withheld
<b>b</b> Employer ID no. (EIN)					<b>b</b> Empl	oyer ID no. (EIN)					
77-0561842	5 Medicare wag	es and tips	6 Medicar	re tax withheld	77-	0561842	5 Med	icare wage	s and tips	6 Medica	re tax withheld
c Employer's name, ad SRIVEN INI	dress, and ZIP c FO INC	ode	•			oloyer's name, ad LIVEN INI			le		
400 S OYST SUITE # 30 HICKSVILLE		RD	NY	11801	SU	0 S OYST ITE # 30 CKSVILLE	03A	BAY F	RD	NY	11801
d Control number					<b>d</b> Con	trol number					
e Employee's name, ac SIRISHA PO 4447 NW WO PORTLAND	OLA		OR	Suff. 97229	SI 44	oloyee's name, ac RISHA PO 47 NW WO RTLAND	ALC			OR	Suff. 97229
7 Social security tips	8 Alloca	ted tips	9		<b>7</b> Soci	al security tips		8 Allocate	ed tips	9	
10 Dependent care bene	fits 11 Nonqu	alified plans	<b>12a</b> Co	ode See inst. for box 12	<b>10</b> Dep	endent care bene	efits	11 Nonqua	alified plans	<b>12a</b> Co	ode See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other		12b Co	ode	Retireme	ent Plan	<b>14</b> Ot	ther		12b Co 12c Co 12d Co	ode
OR 1386284	. <b>-</b> 9	3333	33.35	2420.00	OR	1386284	<u>l</u> – 9		3333	3.35	2420.00
15 State Employer's st	tate ID number	16 State wages, ti	os, etc.	17 State income tax	15 State	Employer's stat	e ID nur	mber	16 State wages, tip	s, etc.	17 State income tax
18 Local wages, tips, etc	c. 19 Local	income tax	20 Local	lity name	18 Loc	al wages, tips, etc	Э.	19 Local in	ncome tax	20 Locality	y name
Form W-2 Wage and Ta This information is being furni	x Statement shed to the Internal	Revenue Service.		Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	x Stater	nent	'		Dept. of the Treasury - IR

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.

Copy C. For FMPLOYEE'S RECORDS

2023

Copy C For EM (See Notice to E	PLOYEE'S R	ECORDS.	202	<b>23</b> B No. 1545-0008		
	1 Wages, tips, o	other comp		l income tax withheld		
a Employee's SSN	. Tragos, aps, s	33333.35	4110.00			
721-51-6483	3 Social security	ial security wages		security tax withheld		
<b>b</b> Employer ID no. (EIN)						
77-0561842	5 Medicare wag	es and tips	6 Medicare tax withheld			
c Employer's name, ac SRIVEN IN	ddress, and ZIP co FO INC	ode				
400 S OYSTER BAY RD SUITE # 303A HICKSVILLE NY 11801						
d Control number						
e Employee's name, a SIRISHA P 4447 NW W	OLA			Suff.		
PORTLAND			OR	97229		
7 Social security tips	8 Alloca	ted tips	9			
10 Dependent care bene	efits 11 Nonqu	ualified plans	<b>12a</b> Co	12a Code See inst. for box 12		
13	14 Other		<b>12b</b> Co	12b Code		
Statutory employee			12c C	12c Code		
Retirement Plan			12d C	<b>12d</b> Code		
Third-party sick pay			124 0	040		
OR 1386284	2420.00					
15 State Employer's sta	te ID number	16 State wages, ti	ps, etc.	17 State income tax		
18 Local wages, tips, et	tc. 19 Local	income tax	20 Locality	y name		
Form W-2 Wage and Ta	ax Statement			Dept. of the Treasury - IRS		

REV 12/19/23 QBDT

A	nea with Emb	oloyee's State,				
City, or Local Inc				No. 1545-0008		
a Employee's SSN	1 Wages, tips, ot	·	2 Federal income tax withheld			
		33333.35	4110.00			
721-51-6483	3 Social security	al security wages		curity tax withheld		
<b>b</b> Employer ID no. (EIN)						
, , , ,	5 Medicare wage	s and tips	6 Medicare tax withheld			
77-0561842						
c Employer's name, ac SRIVEN IN	ldress, and ZIP coo FO INC	le				
400 S OYS' SUITE # 3 HICKSVILL	03A	RD	NY	11801		
d Control number			TAT	<u> </u>		
- Control Hambol						
e Employee's name, ac SIRISHA P		de		Suff.		
4447 NW W	OODAGATE	AVE				
PORTLAND			OR	97229		
7 Social security tips	8 Allocate	ed tips	9			
10 Dependent care bene	efits 11 Nonqua	alified plans	12a Code See inst. for box 12			
13			l l			
	14 Other		<b>12b</b> Cod	e		
Statutory employee	14 Other		12b Cod 12c Cod	_		
Statutory employee Retirement Plan	14 Other		1	e		
Statutory employee Retirement Plan  Third-party sick pay  OR 1386284		3333	12c Cod	e e		
Statutory employee Retirement Plan  Third-party sick pay  OR 1386284	1 - 9	3333	12c Cod 12d Cod 3 . 3 5	e e		
Statutory employee Retirement Plan Third-party sick pay	1 – 9	<b>16</b> State wages, tip	12c Cod 12d Cod 3 . 3 5	e 2420.00		
Statutory employee  Retirement Plan  Third-party sick pay  OR 1386284	1 – 9	<b>16</b> State wages, tip	12c Cod 12d Cod 3 . 3 5 s, etc.	e 2420.00		