C Employer's name, address, and ZIP code   MAHA CONSULTING SERVICES INC   1849 CONANT IN   FRISCO I X 75035				OMB No. 1545-0008			
\$ 10000.00   \$ 676.88	c Employer's name, address, and ZIP code			1 Wages, tips, other			
Social Security wages							
S			•				
Control number   S   Medicare wages and tips   S   Medicare tax withheld   S   10000.00   S   145.00   S   1000   S   1		5 Social security wages					
S   10000,00   S   145,00				\$ 10000.00	\$ 620.00	)	
Employee's first name and initial   Last name   Suff.   7   Social security tips   8   Allocated tips   8   Allocated tips   8   Allocated tips   8   Allocated tips   9   10   Dependent care benefits   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00	d Control number			5 Medicare wages and tips		re tax	
VENKATA R				\$ 10000.00	<b>\$</b> 145.00	<b>\$</b> 145.00	
10   Dependent care benefits   \$ 0.00   12a   See instructions for box 12   See instructions f	e.Employee's first name and initial	Last name	Suff.	7 Social security tips	8 Allocate	ed tips	
1849 CONANT LN   FRISCO TX 75035   12 a See   Instructions for box 12   8   0.00     12 a See   Instructions for box 12   8   0.00     13 Statutory   Retiremen Third-party sick   8   0.00     14 Other   1 2 c   8   0.00     14 Other   1 2 c   8   0.00     1 2 c   8   0.00     1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c   1 2 c	VENKATA R	AVALA		\$ 0.00	\$ 0.00		
11   Nonqualified plans   12a   See instructions for box 12   Section	f Employee's address and ZIP code						
S					\$ 0.00		
13Statutory   Retiremen Third-employee   t plan   party sick   8   0.00				11 Nonqualified plans	instructio	ns for	
13Statutory   Retiremen Third-employee   1 plan   party sick   8   0.00					cod		
a Employee's social security number   b Employer identification number (EIN)   92-1232911     18 Local wages, tips, etc.   19 Local income tax   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				•	<u> </u>		
14 Other				employee t plan party sick	8		
S					क 0.00		
a Employee's social security number  XXX-XX-7677  b Employer identification number (EIN) 92-1232911  s  15 State Employer's state ID number tips, etc.  \$  \$  \$  12d  8  0.00  12d  8  0.00  15 State Employer's state ID number  16 State wages, tips, etc. tips, etc. \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$				14 Other	_		
a Employee's social security number  XXX-XX-7677  b Employer identification number (EIN) 92-1232911  s  15 State Employer's state ID number tips, etc.  \$  \$  17 State income tax \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$					cod		
a Employee's social security number  XXX-XX-7677  b Employer identification number (EIN)  92-1232911  s  15 State Employer's state ID number  16 State wages, tips, etc. tips, etc. s  17 State income tax s  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$				\$	Φ <b>[</b> 0.00		
a Employee's social security number  XXX-XX-7677  b Employer identification number (EIN)  92-1232911  \$  15 State Employer's state ID number  16 State wages, tips, etc. tips, etc.  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$							
Sample   S	a Employee's social security number		fication number	•	1 -		
\$ 15 State Employer's state ID number 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	XXX-XX-7677	, ,		•	code		
15 State Employer's state ID number  16 State wages, tips, etc.  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		92-1232911		•	Φ [0.00		
tips, etc. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				\$			
tips, etc. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	15 State Employer's state ID number	16 State wages.	17 State	18 Local wages, tips, etc.	19	20	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	. ,				Local	Localit	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$	\$	\$		name	
\$ \$ \$ \$   							
		\$	\$	\$	\$		
\$ \$ \$		\$	\$	\$	\$		
		\$	\$	\$	\$		

Form W-2 Wage and Tax Statement 2023 www.tax1099.com -IRS Approved e File Provider Copy C—For EMPLOYEE'S RECORDS

Instructions for Employee (continued from back of Copy C)

Box 12 (continued)

**F—** Elective deferrals under a section 408(k)(6) salary reduction SEP **G—** Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H— Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

J— Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K— 20% excise tax on excess golden parachute payments. See the

Instructions for Forms 1040 and 1040-SR.

 L— Substantiated employee business expense reimbursements (nontaxable)

**M**— Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

**N—** Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P— Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q— Nontaxable combat pay. See the Instructions for Forms 1040 and

1040-SR for details on reporting this amount. **R—** Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S— Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T— Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable

V— Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

**W**— Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y— Deferrals under a section 409A nonqualified deferred compensation plan Z— Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA— Designated Roth contributions under a section 401(k) plan

BB— Designated Roth contributions under a section 403(b) plan

**DD—** Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.** 

**EE**— Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a taxexempt organization section 457(b) plan.

**FF**— Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

**HH**— Aggregate deferrals under section 83(i) elections as of the close of the calendar year

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

**Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

22222			OMB No. 1545-0008	1545-0008		
c Employer's name, address, and ZIP code			1 Wages, tips, other		2 Federal income	
MAHA CONSULTING SERVICES INC			compensation	tax withh		
11849 CONANT LN FRISCO TX 75035			\$ 10000.00 \$ 676.68			
US Phone: 510-366-4317	3 Social security wages 4 Social Sec Tax WithHe					
			\$ 10000.00	\$ 620.00		
d Control number			5 Medicare wages and tips	6 Medica withheld	ire tax	
			\$ 10000.00	<b>\$</b> 145.00		
e.Employee's first name and initial	Last name	Suff.	7 Social security tips	8 Allocate	ed tips	
VENKATA R	AVALA		\$ 0.00	\$ 0.00		
f Employee's address and ZIP code			9	10 Deper		
11849 CONANT LN				\$ 0.00		
FRISCO TX 75035 US			11 Nonqualified plans	12a See instructio box 12	ns for	
			\$ 0.00	CO e 0.00		
			<b>13</b> Statutory Retiremen Third-	12b		
			employee t plan party sick pay	Code 0.00		
				क  0.00		
			14 Other	12c		
				CO 6 0.00		
			\$	कि  0.00		
	<b>T</b>		- \$			
a Employee's social security number	b Employer identif (EIN)	fication number		12d		
XXX-XX-7677	92-1232911		\$	0.00		
	02 1202011			0.00		
			\$			
15 State Employer's state ID number	16 State wages,	17 State	18 Local wages, tips, etc.	19	20	
	tips, etc.	income tax		Local income	Locality name	
	\$	\$	\$	tax	Hame	
				\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
VAV 0	2022		av1099 com -IRS Approved e File Pro	<u> </u>		

Form W-2 Wage and Tax Statement 2023
Copy 1—For State, City, or Local Tax Department

www.tax1099.com -IRS Approved e File Provider

Department of the Treasury—Internal Revenue Service