| Copy B, To Be Filed wit FEDERAL Tax Return. | h Employee's | OMB No. 1545-0008 | |
|--|--|--|--|
| a Employee's SSN | 1 Wages, tips, other compensation | 2 Federal income tax withheld | |
| 695-81-4500 | 553.50 3 Social security wages | 4 Social security tax withheld | |
| b Employer ID no. (EIN) | 553.50 | 34.32 | |
| | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| 81-1247498 | 553.50 | 8.03 | |
| c Employer's name, address | | | |
| KT BLACK SERVICES, LLC 910 SW 7TH AVENUE AMARILLO, TX 79101 | | | |
| d Control Number | | | |
| 177519 | | | |
| e Employee's first name and | l initial Last name | Suff. | |
| VIRAJ M. PATIL 3130 4TH ST APT 207 LUBBOCK, TX 79415 f Employee's address and ZIP code | | | |
| 7 Social security tips | 8 Allocated tips | 9 | |
| | | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 | |
| 13 Statutory employee | 14 Other | 12b Code | |
| Retirement plan | | 12c Code | |
| Third-party sick pay | | 12d Code | |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax TX 553.50 <td< td=""></td<> | | | |
| 18 Local wages, tips, etc. | 19 Local income tax 20 L | ocality name | |
| VBA Form W-2 This information is being furnis | Wage and Tax Statement 2 Red to the Internal Revenue Service. | Department of the Treasury Internal Revenue Service | |

| Copy 2, To Be Filed with State, City, or Local Inco | | OMB No. 1545-0008 |
|---|-------------------------------|---|
| a Employee's SSN | 1 Wages, tips, other compensa | tion 2 Federal income tax withheld |
| COE 01 4500 | 553 | .50 |
| 695-81-4500 | 3 Social security wages | 4 Social security tax withheld |
| b Employer ID no. (EIN) | 553 | .50 34.32 |
| 81-1247498 | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 01-1247490 | 553 | .50 8.03 |
| c Employer's name, address | and ZIP code | |
| KT BLACK SERVIC 910 SW 7TH AVEN AMARILLO, TX 79 | JE | |
| d Control Number | | |
| 177519 e Employee's first name and | initial Last name | Suff. |
| VIRAJ M. PATIL 3130 4TH ST APT 207 LUBBOCK, TX 794 f Employee's address and Z | | |
| 7 Social security tips | 8 Allocated tips | 9 |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code |
| 13 Statutory employee | 14 Other | 12b Code |
| Retirement plan | | 12c Code |
| Third-party sick pay | | 12d Code |
| 15 State Employer's state ID | | etc. 17 State income tax 53.50 |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| VBA Form W-2 | Wage and Tax Statement | 2023 Department of the Treasury Internal Revenue Service |

| Copy C, For EMPLOYEE' (See Notice to Employee | | | OMB No. 1545-0008 |
|--|---|---------------|---|
| a Employee's SSN | 1 Wages, tips, other compensation | 2 Feder | al income tax withheld |
| 695-81-4500 | 553.50 | | |
| 093-01-4300 | 3 Social security wages | 4 Socia | I security tax withheld |
| b Employer ID no. (EIN) | 553.50 | | 34.32 |
| 81-1247498 | 5 Medicare wages and tips | 6 Medic | care tax withheld |
| | 553.50 | | 8.03 |
| c Employer's name, address KT BLACK SERVICE 910 SW 7TH AVENU AMARILLO, TX 791 | ES, LLC JE | | |
| d Control Number 177519 | | | |
| e Employee's first name and | initial Last name | Suff. | |
| VIRAJ M. PATIL 3130 4TH ST APT 207 LUBBOCK, TX 7941 f Employee's address and Zlf | | | |
| 7 Social security tips | 8 Allocated tips | 9 | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Co | de See inst. for box 12 |
| 13 Statutory employee | 14 Other | 12b Co | de |
| Retirement plan | | 12c Co | de |
| Third-party sick pay | | 12d Co | de |
| 15 State Employer's state ID n TX | umber 16 State wages, tips, etc. 553.5 | - | ate income tax |
| 18 Local wages, tips, etc. | 19 Local income tax 20 Lo | ocality nam | le |
| This information is being furnished to | the Internal Revenue Service. If you are requ or other sanction may be imposed on you if t | ired to Int | partment of the Treasury ernal Revenue Service |

| This information is being furnished to the internal nevenue 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 2, To Be Filed with Employee's | OMB No. 1545-0008 | |

| State, City, or Local Income Tax Return. OMB No. 1545-0008 | | | | |
|--|-----------------------------------|--------------------------------|--|--|
| a Employee's SSN | 1 Wages, tips, other compensation | 2 Federal income tax withheld | | |
| 695-81-4500 | 553.50 | | | |
| 095-01-4500 | 3 Social security wages | 4 Social security tax withheld | | |
| b Employer ID no. (EIN) | 553.50 | 34.32 | | |
| 81-1247498 | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| | 553.50 | 8.03 | | |
| c Employer's name, address and ZIP code KT BLACK SERVICES, LLC 910 SW 7TH AVENUE AMARILLO, TX 79101 | | | | |
| d Control Number | | | | |
| 177519 | | | | |
| e Employee's first name and | initial Last name | Suff. | | |
| VIRAJ M. PATIL 3130 4TH ST APT 207 LUBBOCK, TX 79415 f Employee's address and ZIP code | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code | | |
| 13 Statutory employee | 14 Other | 12b Code | | |
| Retirement plan | | 12c Code | | |
| Third-party sick pay | | 12d Code | | |
| 15 State Employer's state ID r TX | 16 State wages, tips, etc. 553.5 | 17 State income tax | | |
| 18 Local wages, tips, etc. | 19 Local income tax 20 Lo | cality name | | |
| VBA Form W-2 | Nage and Tax Statement 2[| 123 Department of the Treasury | | |