Copy B To Be Filed With Employee's FEDERAL Tax Return 2023									
a Employee's soc. sec. no 182-49-4983		1 Wages, tip: 59347.	s, other comp. .00	2 Federal income tax withheld 6526.29					
b Employer ID number		3 Social sect	, ,	4 Social security tax withheld 3679.51					
27-2716470		5 Medicare v 59347	vages and tips	6 Medicare tax withheld 860.53					
c Employer's name, address, and ZIP code POSITIVE GROUP LLC									
4080 MCGINNIS FERRY RD STE 1206									
ALPHARETTA, GA 30005									
d Control number 0000000001 Emp#163									
e Employee's name, address, and ZIP code									
SAI MANIDEEP ALLU									
230 WESTFIELD DR,									
GEORGETOWN,									
, TX 78628-7218									
7 Social security tips 8 Allocated tips									
10 Dependent care benefit	s	11 Nonqualifie	ed plans	12a Code DD 17050.00					
13 Statutory employee	de								
Retirement plan	Retirement plan 12c Code								
Third-party sick pay				12d Code					
TX EXEMPT 59347.00									
15 State Employer's s	state ID num		16 State wages, tips, e		17 State income tax				
18 Local wages, tips, etc		19 Local incor	ne tax	20 Locality name					

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service

	To Be File			e's State,		2023				
Employee's	soc. sec. no.		1 Wages, tip: 59347.	s, other comp.		deral income tax withheld				
182-49-	4983		3 Social secu		4 Social security tax withheld					
Employer II	D number		59347		3679.51					
27-271	6470		5 Medicare wages and tips 59347.00			6 Medicare tax withheld 860.53				
Employer's name, address, and ZIP code POSITIVE GROUP LLC										
4080 MCGINNIS FERRY RD STE 1206										
ALPHARETTA, GA 30005										
Control number 0000000001 Emp#163										
Employee's name, address, and ZIP code SAI MANIDEEP ALLU										
230 WESTFIELD DR,										
GEORGETOWN,										
TX 78628-7218										
Social secu	rity tips		8 Allocated tip	s						
0 Depender	nt care benefits		11 Nonaualifie	ed plans	12a Code DD 17050.00					
3 Statutory	employee	14 Other			12b Cc	12b Code				
Retirement pla	an		12			12c Code				
hird-party sid	ck pay		120			2d Code				
TX	EXEMI	PT		59347.00						
5 State	Employer's st	ate ID num	ber	16 State wages, tips, e	tc 17 State income tax					
8 Local wag	es, tips, etc		19 Local income tax 2			20 Locality name				

2023

2 Federal income tax withheld 6526.29

Social security tax withheld 3679.51

6 Medicare tax withheld 860.53

Form W-2 Wage and Tax Statement

a Employee's soc. sec. no. 182-49-4983

b Employer ID number

27-2716470

d Control number

c Employer's name, address, and ZIP code POSITIVE GROUP LLC

e Employee's name, address, and ZIP code SAI MANIDEEP ALLU 230 WESTFIELD DR, GEORGETOWN, , TX 78628-7218

ALPHARETTA, GA 30005

4080 MCGINNIS FERRY RD STE 1206

0000000001 Emp#163

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return

1 Wages, tips, other comp. 59347.00

5 Medicare wages and tips 59347.00

3 Social security wages 59347.00

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back) 2023									
	's soc. sec. no. 9-4983		59347		2 Federal income tax withheld 6526.29				
b Employer I	ID number		3 Social security wages 59347.00			4 Social security tax withheld 3679.51			
27-271	6470		5 Medicare v 59347	vages and tips	6 Medicare tax withheld 860.53				
	s name, addres GROUP LLO		code						
4080 MCG	SINNIS FERF	RY RD ST	TE 1206						
ALPHARE	TTA, GA 300)05							
d Control nui		000000 b#163)1						
	's name, addres		code						
SAI MANIE	DEEP ALLU								
230 WESTFIELD DR,									
GEORGETOWN,									
, TX 78628	3-7218								
7 Social secu									
	urity tips		8 Allocated tip	os					
10 Depender	urity tips int care benefits	;	8 Allocated tip		12a Co	ode 0 17050.00			
10 Depender	nt care benefits	14 Other	11 Nongualifie		12a Co DD 12h Co	17050.00			
	nt care benefits		11 Nongualifie		DE	0 17050.00 ode			
13 Statutorv	nt care benefits employee lan		11 Nongualifie		12h Cr	0 17050.00 orde			
13 Statutorv	nt care benefits employee lan	14 Other	11 Nongualifie		12b Co	0 17050.00 orde			
13 Statutorv Retirement pl Third-party si	employee lan	14 Other	11 Nonaualifie	ed olans	12h Cc	0 17050.00 orde			

al security tips 8 Allocated tips				7 Sc	7 Social security tips			8 Allocated tips						
pendent care benefits 11 Nonqualified plans			ed plans	12a Code DD 17050.00		10 [10 Dependent care benefits		11 Nonqualified plans		12a Code DD 17050.00			
tutorv	utorv employee 14 Other			12b Code		13 5	13 Statutory employee 14 (14 Other	4 Other		12b Code		
nent plan		12c Code		Retir	Retirement plan				12c Code					
arty si	v sick pay			12d Code		Third	Third-party sick pay					12d Code		
te	EXEMP Employer's sta	-	nber	59347.00 16 State wages, tips, 6	etc	17 State income tax	T)		EXEMF Employer's sta			59347.00 16 State wages, tips, e	etc	17 State income tax
al wag	ages, tips, etc 19 Local income tax		20 Locality name		18 L	18 Local wages, tips, etc			19 Local income tax 20		20 Loc	cality name		
V-2 Wage and Tax Statement Form W- formation is being furnished to the Internal Revenue Service. If you are required to file a tax return, a nece penalty or other sanction may be implosed on you if this income is taxable and you fail to report it.									ge and Tax Sta	tement				