Copy B To Be F FEDERAL Tax R					<b>20</b> 2 OM	<b>23</b> B No. 1545-00	08	Copy City,	/ 2 To Be F or Local In	iled W come	ith Emp Tax Ret	ployee's State turn.		<b>23</b> B No. 1545-0008
a Employee's SSN	1 Wag	es, tips, oth	ner comp. 46510 <b>.</b>		Pedera	l income tax wi 159	ithheld 924.00		oloyee's SSN			ther comp. .46510.00	2 Federa	al income tax withheld 15924.00
712-92-8748	3 Socia	al security v	wages 46510.		Social s	security tax wit	hheld 183.62		-92-8748	3 Socia	al security	wages 46510.00	4 Social	security tax withheld 9083.62
<b>b</b> Employer ID no. (EIN) 90-0786590	5 Medi	icare wage:	s and tips 46510 .		Medica	re tax withheld	24.40		oyer ID no. (EIN) 0786590	5 Medi	care wage	es and tips 46510.00	6 Medica	are tax withheld 2124.40
c Employer's name, ad ARKS TEK	idress, a			00			.24.40	<b>c</b> Emp	loyer's name, a	ddress, a				2124.40
2600 S PAI BUILDING AURORA d Control number	RKER		377		CO	80014-	-2745	26 BU AU	KS TEK 00 S PA ILDING RORA trol number	RKER		377	CO	80014-2745
e Employee's name, as HANISHA 1 14200 ALLO AUSTIN	KOGA	NTI	de		TX	78717	Suff.	H 14	oloyee's name, a ANISHA 200 ALL STIN	KOGA	NTI	ode	TX	Suff. 78717
7 Social security tips		8 Allocate	d tips		9			7 Socia	al security tips		8 Allocate	ed tips	9	
10 Dependent care bene	efits	11 Nonqua	lified plans		<b>12a</b> Co	ode See inst. fo	or box 12	<b>10</b> Depe	endent care ben	efits	11 Nonqua	alified plans	<b>12a</b> C	ode See inst. for box 12
13 14 Other Statutory employee			12b Code		13 Statutory	13 14 C Statutory employee		Other		<b>12b</b> C	ode			
Retirement Plan			12c Code			Retirement Plan				<b>12c</b> C	ode			
Third-party sick pay		12d Code			Third-party sick pay				12d Code					
15 State Employer's s	tate ID n	number	<b>16</b> State wa	ges, tips	, etc.	17 State incor	me tax	<b>15</b> State	Employer's sta	ite ID nun	nber	16 State wages, ti	ps, etc.	17 State income tax
18 Local wages, tips, etc	c.	19 Local in	come tax		<b>20</b> Loca	ality name		18 Loca	al wages, tips, et	tc.	19 Local in	ncome tax	20 Localit	y name
Form W-2 Wage and Ta This information is being furn	x Staten	nent ne Internal Re	venue Service.			Dept. of the Tr	reasury - IRS	Form W	/-2 Wage and Ta	ax Staten	nent			Dept. of the Treasury - IF

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 EMPLOYEE'S RECORDS. 2023 (See Notice to Employees). OMB No. 1545-0008										
a Employee's SSN	1 Wages, tips, other comp. 146510.00				dera	I income tax withheld				
' '					15924.00					
712-92-8748	3 Soci	al security	wages	4 Social security tax withheld						
<b>b</b> Employer ID no. (EIN)	146510.00				9083.62					
b Employer ID no. (Env)	5 Medicare wages and tips				6 Medicare tax withheld					
90-0786590		1	46510.00		2124.40					
c Employer's name, address, and ZIP code ARKS TEK INC  2600 S PARKER RD BUILDING 7 SUITE 377 AURORA CO 80014-2745 d Control number  e Employee's name, address, and ZIP code Suff.										
HANISHA KOGANTI										
14200 ALL	ORO	DR								
AUSTIN				Т	'X	78717				
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	<b>14</b> Ot	her		12	12b Code					
Statutory employee		1				12c Code				
Retirement Plan		12d				Code				
Third-party sick pay			ı			_				
45 Ctata Francisco et acta	ıa ID mı	mber 16 State wages, tip				47 Ctata income tou				
15 State Employer's stat			os, etc. 17 State income tax 20 Locality name							
18 Local wages, tips, et	U.	19 Local ir	icome tax	20 LC	ocant	y name				

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2023 OMB No. 1545-0008										
a Employee's SSN	1 Wag	es, tips, ot	ner comp.	2 Federal income tax withheld						
a Employee 3 0014	146510.00				15924.00					
712-92-8748	3 Soci	Social security wages				4 Social security tax withheld				
<b>b</b> Employer ID no. (EIN)		1	46510.00	9083.62						
2 Employer IS not (Emy	5 Medicare wages and tips				6 Medicare tax withheld					
90-0786590		1	2124.40							
c Employer's name, address, and ZIP code ARKS TEK INC  2600 S PARKER RD										
BUILDING ' AURORA	/ St	JITE :	3.7.7	C	О	80014-2745				
d Control number										
e Employee's name, address, and ZIP code Suff. HANISHA KOGANTI 14200 ALLORO DR										
AUSTIN TX 78717										
7 Social security tips		8 Allocate	ed tips	9						
10 Dependent care bene	fits	11 Nonqua	alified plans	12a Code See inst. for box 12						
13	<b>14</b> Ot	her		12b Code						
Statutory employee				120	12c Code					
Retirement Plan										
Thind a sale of the second			120	d Co	ode					
Third-party sick pay  15 State Employer's state ID number  16 State wages, tips, etc.  17 State income tax										
18 Local wages, tips, etc		19 Local ir	20 Locality name							
To Local wages, ups, etc	<i>,</i> .	Local II	,							
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS										