

a Employee's SSN 715-77-2674		b Employer identification number (EIN) 47-3580257			OMB No. 1545-0008	
c Employer's name, address, and ZIP code LORVENKTECHNOLOGIES LLC 5225 HICKORY PARK DR STE A GLEN ALLEN VA 23059		1 Wgs, tips, other compn 53040.00	2 Fed inc tax withheld 3841.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. SANTHOSH PALTHYAVATH 812 REDBUD COURT PAINESVILLE OH 44077		13 Statutory employee. <input type="checkbox"/>	14 Other		12b	
		Retirement plan . . <input type="checkbox"/>			12c	
		Third-party sick pay <input type="checkbox"/>			12d	
15 State OH	Employer's state ID number 54 229229	16 State wages, tips, etc 53040.00	17 State income tax 1863.78	18 Local wages, tips, etc	19 Local income tax 0.00	20 Locality name OH - Sc

Form **W-2**
Wage and Tax Statement
2023

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

a Employee's SSN 715-77-2674		b Employer identification number (EIN) 47-3580257			OMB No. 1545-0008	
c Employer's name, address, and ZIP code LORVENKTECHNOLOGIES LLC 5225 HICKORY PARK DR STE A GLEN ALLEN VA 23059		1 Wgs, tips, other compn 53040.00	2 Fed inc tax withheld 3841.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. SANTHOSH PALTHYAVATH 812 REDBUD COURT PAINESVILLE OH 44077		13 Statutory employee. <input type="checkbox"/>	14 Other		12b	
		Retirement plan . . <input type="checkbox"/>			12c	
		Third-party sick pay <input type="checkbox"/>			12d	
15 State OH	Employer's state ID No. 54 229229	16 State wages, tips, etc 53040.00	17 State income tax 1863.78	18 Local wages, tips, etc	19 Local income tax 0.00	20 Locality name OH - Sc

Form **W-2**
Wage and Tax Statement
2023

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

a Employee's SSN 715-77-2674		b Employer identification number (EIN) 47-3580257			OMB No. 1545-0008	
c Employer's name, address, and ZIP code LORVENKTECHNOLOGIES LLC 5225 HICKORY PARK DR STE A GLEN ALLEN VA 23059		This information is being furnished to the IRS. 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.				
		1 Wgs, tips, other compn 53040.00	2 Fed inc tax withheld 3841.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
d Control No.		7 Social security tips	8 Allocated tips	9		
		10 Depdnt care benefits	11 Nonqualified plans	12a		
		e Employee's name, address, and ZIP code Suff. SANTHOSH PALTHYAVATH 812 REDBUD COURT PAINESVILLE OH 44077		13 Statutory employee. <input type="checkbox"/>	14 Other	
Retirement plan . . <input type="checkbox"/>	12c					
Third-party sick pay <input type="checkbox"/>	12d					
15 State OH	Employer's state ID No. 54 229229	16 State wages, tips, etc 53040.00	17 State income tax 1863.78	18 Local wages, tips, etc	19 Local income tax 0.00	20 Locality name OH - Sc

Form **W-2**
Wage and Tax Statement
2023

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)