

Form W-2 Wage and Tax Statement 2023

Copy C, for employee's records

d Control number 0940-Y426X875 0000000950 - IT RES		Void	c Employer's name, address, and ZIP code IT RESOURCES INC 220 CONTINENTAL DR STE#104 NEWARK DE 19713		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 45-4313691		a Employee's social security number XXX-XX-2634		1 Wages, tips, other compensation 63674.71		2 Federal income tax withheld 9533.29
13 Statutory employee		Retirement plan	Third-party sick pay		3 Social security wages 63674.71	4 Social security tax withheld 3947.83
12 See instructions for box 12		14 Other CTPFL 223.75		e Employee's name, address, and ZIP code REVANTH REDDY MANDALA 45 BLOHM ST UNIT 1 WEST HAVEN CT 06516		5 Medicare wages and tips 63674.71
						6 Medicare tax withheld 923.28
						7 Social Security Tips
						8 Allocated Tips
						10 Dependent care benefits
						11 Nonqualified plans
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.
CT 70081229-000 DE 1-454313691-001		44751.55 18923.16		2378.85 941.19		19 Local income tax
						20 Locality name

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.

Form W-2 Wage and Tax Statement 2023

Copy B, to be filed with employee's FEDERAL tax return

d Control number 0940-Y426X875 0000000950 - IT RES		Void	c Employer's name, address, and ZIP code IT RESOURCES INC 220 CONTINENTAL DR STE#104 NEWARK DE 19713		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 45-4313691		a Employee's social security number XXX-XX-2634		1 Wages, tips, other compensation 63674.71		2 Federal income tax withheld 9533.29
13 Statutory employee		Retirement plan	Third-party sick pay		3 Social security wages 63674.71	4 Social security tax withheld 3947.83
12 See instructions for box 12		14 Other CTPFL 223.75		e Employee's name, address, and ZIP code REVANTH REDDY MANDALA 45 BLOHM ST UNIT 1 WEST HAVEN CT 06516		5 Medicare wages and tips 63674.71
						6 Medicare tax withheld 923.28
						7 Social Security Tips
						8 Allocated Tips
						10 Dependent care benefits
						11 Nonqualified plans
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.
CT 70081229-000 DE 1-454313691-001		44751.55 18923.16		2378.85 941.19		19 Local income tax
						20 Locality name

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Form W-2 Wage and Tax Statement 2023

Copy 2, to be filed with employee's tax return for CT

d Control number 0940-Y426X875 0000000950 - IT RES		Void	c Employer's name, address, and ZIP code IT RESOURCES INC 220 CONTINENTAL DR STE#104 NEWARK DE 19713		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 45-4313691		a Employee's social security number XXX-XX-2634		1 Wages, tips, other compensation 63674.71		2 Federal income tax withheld 9533.29
13 Statutory employee		Retirement plan	Third-party sick pay		3 Social security wages 63674.71	4 Social security tax withheld 3947.83
12 See instructions for box 12		14 Other CTPFL 223.75		e Employee's name, address, and ZIP code REVANTH REDDY MANDALA 45 BLOHM ST UNIT 1 WEST HAVEN CT 06516		5 Medicare wages and tips 63674.71
						6 Medicare tax withheld 923.28
						7 Social Security Tips
						8 Allocated Tips
						10 Dependent care benefits
						11 Nonqualified plans
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.
CT 70081229-000		44751.55		2378.85		19 Local income tax
						20 Locality name

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Form W-2 Wage and Tax Statement 2023

Copy 2, to be filed with employee's tax return for DE

d Control number 0940-Y426X875 0000000950 - IT RES		Void	c Employer's name, address, and ZIP code IT RESOURCES INC 220 CONTINENTAL DR STE#104 NEWARK DE 19713		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 45-4313691		a Employee's social security number XXX-XX-2634		1 Wages, tips, other compensation 63674.71		2 Federal income tax withheld 9533.29
13 Statutory employee		Retirement plan	Third-party sick pay		3 Social security wages 63674.71	4 Social security tax withheld 3947.83
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code REVANTH REDDY MANDALA 45 BLOHM ST UNIT 1 WEST HAVEN CT 06516		5 Medicare wages and tips 63674.71
						6 Medicare tax withheld 923.28
						7 Social Security Tips
						8 Allocated Tips
						10 Dependent care benefits
						11 Nonqualified plans
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.
DE 1-454313691-001		18923.16		941.19		19 Local income tax
						20 Locality name

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