	40- C in-tti f D 40	1	05 1 1:
b Employer's Identification number c Employer's name, address, and ZIP code 81-4095059	12a See instructions for Box 12	1 Wages, tips, other compensation 94124.92	2 Federal income tax withheld 7775.88
HEXAR IT SOLUTIONS, INC*	12b	3 Social security wages	4 Social security tax withheld
HEMAR II BOHOIIOND, INC	l\$	94124.92	5835.75
3526 N CALIFORNIA AVE.SUITE 205	12c	5 Medicare wages and tips 94124.92	6 Medicare tax withheld 1364.81
	\$ 12d	7 Social security tips	8 Allocated tips
PEORIA IL 61603	l\$		
E Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
7845471	Internal Revenue Service	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
HARSHITA BISHT	Copy B To Be Filed with		employee plan sick pay
358 W BURGUNDY ST, UNIT 17	Employee's FEDERAL	14 Other	
HIGH ANDS DANISH SO 00100	Tax Return		
HIGHLANDS RANCH CO 80129	a Employee's soc. sec. no		
f Employee's address and ZIP code	206-49-3778		001
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax CO 94913804 94124.92 3	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Vith Employee's FEDERAL Tax Retur
b Employer's Identification number 81 – 4095059	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
C Employer's hame, address, and zir code	\$	94124.92	7775.88
HEXAR IT SOLUTIONS, INC*	12b	3 Social security wages 94124.92	4 Social security tax withheld 5835.75
2506 N. GRITTODHIR AND GRITTOD 005	\$ 12c	5 Medicare wages and tips	6 Medicare tax withheld
3526 N CALIFORNIA AVE.SUITE 205	\$	94124.92	1364.81
PEORIA IL 61603	12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name		9	10 Dependent care benefits
7845471			
HARSHITA BISHT	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
358 W BURGUNDY ST, UNIT 17	Local Tax Departments		
330 W BURGUNDI SI, UNII I/		14 Other	
HIGHLANDS RANCH CO 80129			
	a Employee's soc. sec. no 206-49-3778		
f Employee's address and ZIP code 15 State Employee's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CO 94913804 94124.92	918.00	1	
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	LATE, CITY, or LOCAL Tax Department
2022			
REV 01/03/23 OSP			
b Employer's Identification number c Employer's name, address, and ZIP code 81-4095059	12a See instructions for Box 12	1 Wages, tips, other compensation	
	\$ 12b	94124.92 3 Social security wages	7775.88
HEXAR IT SOLUTIONS, INC*	le le	94124.92	5835.75
3526 N CALIFORNIA AVE.SUITE 205	12c	5 Medicare wages and tips	6 Medicare tax withheld
5520 N CADIFORNIA AVE.BUITE 205	\$ 12d	94124.92 7 Social security tips	1364.81 8 Allocated tips
PEORIA IL 61603		7 Social security tips	o Allocateu tips
e Employee's first name and initial Last name		9	10 Dependent care benefits
7845471	, ,	11 Nonqualified plans	40 -
HARSHITA BISHT	Copy 2 for State, City, or	11 Nonqualmed plans	13 Statutory Retirement Third-party employee plan sick pay
358 W BURGUNDY ST, UNIT 17	Local Tax Departments	14 Other	
c K			
HIGHLANDS RANCH CO 80129	a Employee's soc. sec. no		
f Employee's address and ZIP code	206-49-3778	1	
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	TE, CITY, or LOCAL Tax Department
b Employer's Identification number 81 – 4095059	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	94124.92	7775.88
HEXAR IT SOLUTIONS, INC*	12b	3 Social security wages 94124.92	4 Social security tax withheld 5835.75
2506 N GN TRODNIN NIE GWIER 005	12c	5 Medicare wages and tips	6 Medicare tax withheld
3526 N CALIFORNIA AVE.SUITE 205	\$	94124.92	1364.81
PEORIA IL 61603	12d	7 Social security tips	8 Allocated tips
Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
7845471	Internal Revenue Service. If you are required to file a tax return, a negligence		
HARSHITA BISHT	penalty or other sanction may be imposed on you if this income is taxable and you	11 Nonqualified plans	13 Statutory Retirement Third-party sick pay
358 W BURGUNDY ST, UNIT 17	fail to report it. Copy C for Employee's	14 Other	
	Records (see notice to	14 Other	
HIGHLANDS RANCH CO 80129	Employee on back.)	1	
6 Employee's address and 7ID code	a Employee's soc. sec. no 206-49-3778	1	
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CO 94913804	3918.00	+	
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	ļ	Copy C For Employee's Record
202			