

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

**c** Employer's name, address, and ZIP code  
 SIGNATURE COMMERCIAL SOLUTIONS  
 8270 GREENSBORO DR  
 SUITE 1000  
 MCLEAN VA 22102

**e** Employee's name, address, and ZIP code  
 ANIRUDH PENDEM  
 7421 FRANKFORD ROAD  
 APT#916  
 DALLAS TX 75252

7 Social security tips	1 Wages, tips, other comp. 71707.11	2 Federal income tax withheld 10712.02
8 Allocated tips	3 Social security wages 32927.37	4 Social security tax withheld 2041.50
9	5 Medicare wages and tips 32927.37	6 Medicare tax withheld 477.45
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 4120.17
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
b Employer identification number (EIN) 27-0221186		12c
a Employee's social security no. 797-82-1814		12d
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

**Copy B To Be Filed With Employee's FEDERAL Tax Return** This information is being furnished to the Internal Revenue Service. **Dept. of the Treasury - IRS**  
 OMB No. 1545-0008 Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile)

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

**c** Employer's name, address, and ZIP code  
 SIGNATURE COMMERCIAL SOLUTIONS  
 8270 GREENSBORO DR  
 SUITE 1000  
 MCLEAN VA 22102

**e** Employee's name, address, and ZIP code  
 ANIRUDH PENDEM  
 7421 FRANKFORD ROAD  
 APT#916  
 DALLAS TX 75252

7 Social security tips	1 Wages, tips, other comp. 71707.11	2 Federal income tax withheld 10712.02
8 Allocated tips	3 Social security wages 32927.37	4 Social security tax withheld 2041.50
9	5 Medicare wages and tips 32927.37	6 Medicare tax withheld 477.45
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 4120.17
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
b Employer identification number (EIN) 27-0221186		12c
a Employee's social security no. 797-82-1814		12d
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

**Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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

**c** Employer's name, address, and ZIP code  
 SIGNATURE COMMERCIAL SOLUTIONS  
 8270 GREENSBORO DR  
 SUITE 1000  
 MCLEAN VA 22102

**e** Employee's name, address, and ZIP code  
 ANIRUDH PENDEM  
 7421 FRANKFORD ROAD  
 APT#916  
 DALLAS TX 75252

7 Social security tips	1 Wages, tips, other comp. 71707.11	2 Federal income tax withheld 10712.02
8 Allocated tips	3 Social security wages 32927.37	4 Social security tax withheld 2041.50
9	5 Medicare wages and tips 32927.37	6 Medicare tax withheld 477.45
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 4120.17
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
b Employer identification number (EIN) 27-0221186		12c
a Employee's social security no. 797-82-1814		12d
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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

**c** Employer's name, address, and ZIP code  
 SIGNATURE COMMERCIAL SOLUTIONS  
 8270 GREENSBORO DR  
 SUITE 1000  
 MCLEAN VA 22102

**e** Employee's name, address, and ZIP code  
 ANIRUDH PENDEM  
 7421 FRANKFORD ROAD  
 APT#916  
 DALLAS TX 75252

7 Social security tips	1 Wages, tips, other comp. 71707.11	2 Federal income tax withheld 10712.02
8 Allocated tips	3 Social security wages 32927.37	4 Social security tax withheld 2041.50
9	5 Medicare wages and tips 32927.37	6 Medicare tax withheld 477.45
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 4120.17
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
b Employer identification number (EIN) 27-0221186		12c
a Employee's social security no. 797-82-1814		12d
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return** L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**