Carry D. Ta Da Ell	la al costela Essass		10000		0	. 0 T- D- F	: I a al 14/	ith Franc	Jamas'a Ctata	1000	
Copy B To Be Fil FEDERAL Tax Re	ied with Emp eturn.	noyee s	2023 OMB No	. 1545-0008	City,	y ∠ 10 Be Fi , or Local Ind	come	itn ⊑mp Tax Ret	oloyee's State urn.	, 202 OME	!3 3 No. 1545-0008
a Employee's SSN	1 Wages, tips, ot	her comp. 6736.00	2 Federal inco	ome tax withheld 750.00	a Emp	oloyee's SSN	1 Wag	es, tips, otl	her comp. 6736.00	2 Federa	income tax withheld 750.0
682-76-7129	3 Social security	wages	4 Social secur	rity tax withheld	682	-76-7129	3 Socia	al security	wages	4 Social s	security tax withheld
b Employer ID no. (EIN)	5 Medicare wage	s and tips	6 Medicare ta	x withheld	b Empl	loyer ID no. (EIN)	5 Medi	care wage	s and tips	6 Medica	re tax withheld
82-2161882	ŭ					2161882		ŭ	•		
c Employer's name, add ARKTEK IT	SOLUTION	IS LLC	O		AR	oloyer's name, ad KTEK IT	SOL	MOITU	IS LLC	~	
4100 LAFAY	E.L.I.E. CEL	TRE DR,	SULTE		41	.00 LAFA	ХЕ.I.I.	E CEN	TRE DR,	SULTE	
CHANTILLY VA 20151			0151	CHANTILLY				VA	20151		
d Control number					d Con	trol number					
e Employee's name, add TRIVENI LI 309 CROWNE BIRMINGHAM	NGA RESERVE		AL 3	Suff. 5244	TR 30	oloyee's name, ac ZIVENI L: 9 CROWNI RMINGHAI	INGA E RE			AL	Suff
7 Social security tips	8 Allocate	ed tips	9		7 Soci	al security tips		8 Allocate	ed tips	9	
Dependent care benefits 11 Nonqualified plans		12a Code See inst. for box 12		10 Dependent care benefits		efits	11 Nonqualified plans		12a Co	de See inst. for box 12	
13	14 Other		12b Code		13		14 Ot	her		12b Co	ode
Statutory employee		12c Code	12c Code		Statutory employee				12c Co	ode	
Retirement Plan		12d Code	12d Codo		Retirement Plan			12d		ndo	
Third-party sick pay			120 Code		Third-pa	rty sick pay				120 00	de
AL R011868	814	673	6.00	269.72	AL	R011868	3814		673	6.00	269.7
15 State Employer's sta	ate ID number	16 State wages, tip	os, etc. 17 S	State income tax	15 State	Employer's stat	te ID nur	nber	16 State wages, tip	s, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local in	ncome tax	20 Locality r	name	18 Loc	al wages, tips, etc	c.	19 Local ir	ncome tax	20 Locality	name
Form W-2 Wage and Tax This information is being furnish	Statement hed to the Internal Re	venue Service.	Dept	t. of the Treasury - IRS	Form V	V-2 Wage and Ta	ax Staten	nent			Dept. of the Treasury -

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

Copy C For EM		2023						
(See Notice to E		OMB No. 1545-0008						
a Employee's SSN	1 Wages, tips,		2 Federal income tax withheld					
		6736.00	750.00					
682-76-7129	3 Social securit	ty wages	4 Social security tax withheld					
b Employer ID no. (EIN)								
00 0161000	5 Medicare was	ges and tips	6 Medicare tax withheld					
82-2161882								
c Employer's name, ac ARKTEK IT	dress, and ZIP c SOLUTIC	ode ONS LLC						
4100 LAFAYETTE CENTRE DR, SUITE								
CHANTILLY VA 20151								
d Control number								
e Employee's name, address, and ZIP code Suff. TRIVENI LINGA								
309 CROWNE RESERVE DR								
BIRMINGHAM AL 35244								
7 Social security tips	8 Alloca	ated tips	9					
10 Dependent care bene	efits 11 Nonq	ualified plans	12a Co	12a Code See inst. for box 12				
13	14 Other		12b Cc	12b Code				
Statutory employee			40.0	42a Cada				
Retirement Plan			12 c Cc	12c Code				
reduction in their			12d Co	12d Code				
Third-party sick pay								
AL R011868	3814	673	6736.00 269.					
15 State Employer's sta	te ID number	os, etc. 17 State income tax						
18 Local wages, tips, et	c. 19 Local	I income tax	20 Locality name					
Form W-2 Wage and Tax Statement Dept. of the Treasury - IR								

REV 01/11/24 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2023 OMB No. 1545-0008								
	1 Wages, tips, oth			2 Federal income tax withheld				
a Employee's SSN		6736.00		750.00				
682-76-7129	3 Social security		4 Social	security tax withheld				
	• Coolai cooaiii,	agoo	· Coolai	socurity tax maniora				
b Employer ID no. (EIN)	5 Medicare wage	s and tins	6 Medica	re tax withheld				
82-2161882	9-							
c Employer's name, address, and ZIP code ARKTEK IT SOLUTIONS LLC								
4100 LAFAYETTE CENTRE DR, SUITE								
CHANTILLY	CHANTILLY VA 20151							
d Control number	d Control number							
e Employee's name, address, and ZIP code Suff. TRIVENI LINGA 309 CROWNE RESERVE DR								
BIRMINGHAN	BIRMINGHAM AL 35244							
7 Social security tips	8 Allocate	ed tips	9					
10 Dependent care bene	fits 11 Nonqua	lified plans	12a Co	12a Code See inst. for box 12				
13	14 Other		12b Co	ode				
Statutory employee			12c Co					
Retirement Plan	Patirament Plan							
reaction rian	Retirement Plan							
Third-party sick pay								
AL R011868	814	673	6.00	269.72				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax								
18 Local wages, tips, etc	:. 19 Local ir	ncome tax	20 Locality	/ name				
Form W-2 Wage and Ta	Form W-2 Wage and Tax Statement Dept. of the Treasury - IF							
-								