Copy B To Be F FEDERAL Tax R	iled w leturn.	ith Emp	loyee's	20 : OM	23 B No. 1545-0008	Cop	y 2 To Be Fi , or Local Ind	iled W come	/ith Emp Tax Re	ployee's State turn.		23 B No. 1545-0008
a Employee's SSN	1 Wage	es, tips, oth	ner comp. 56957.40	2 Federa	l income tax withheld 5630.5	O a Emp	oloyee's SSN	1 Wag	ges, tips, o	ther comp. 56957.40	2 Federa	l income tax withheld 5630.50
781-48-9744	3 Socia	al security	wages	4 Social :	security tax withheld	781	-48-9744	3 Soci	ial security	wages	4 Social	security tax withheld
b Employer ID no. (EIN)	5 Medi	care wage	56957.40	6 Medica	3531.3	6 b Emp	loyer ID no. (EIN)	5 Med	licare wan	56957.40 es and tips	6 Medica	3531.36
86-1628308	3 Wear		56957.40	• Wedica	825.8	8 86-	1628308	3 IVICO	ilcare wagi	56957.40	• Medice	825.88
c Employer's name, ac PIONEER C				S INC			ployer's name, ad CONEER CO			^{de} G SERVICE	S INC	!
44335 PRE STE 120 ASHBURN	MIER	PLZ		VA	20147-5054	SI	335 PREM E 120 SHBURN	MIER	R PLZ		VA	20147-5054
d Control number						d Cor	itrol number					
e Employee's name, a SUBRAHMAN 1201 MAR SANDY SPR	YA M SH T	ANIKA		MANY <i>A</i> GA	Suff LM 30328	SU 12		YA M SH I	MANIK RAIL	ode ANTA SAI I CIR NE	MANYA GA	Suff. .M 30328
7 Social security tips		8 Allocate	d tips	9		7 Soci	ial security tips		8 Allocat	ted tips	9	
10 Dependent care bene	efits	11 Nonqua	lified plans	12a C	ode See inst. for box 12	10 Dep	endent care bene	efits	11 Nonqu	alified plans	12a Co	ode See inst. for box 12
13	14 Otl	her		12b C	ode	13		14 O	ther		12b Co	ode
Statutory employee				12c C	ode	Statutor	y employee				12c C	ode
Retirement Plan Third-party sick pay				12d C	ode	Retiremo	ent Plan rty sick pay				12d Co	ode
GA 3511704				7.40	2710.7	6 GA	3511704				57.40	2710.76
15 State Employer's s			16 State wages, tip	T T	17 State income tax		Employer's stat		1	16 State wages, tip		17 State income tax
18 Local wages, tips, et	c.	19 Local in	come tax	20 Loca	llity name	18 Loc	al wages, tips, etc	C.	19 Local i	ncome tax	20 Locality	y name
Form W-2 Wage and Ta This information is being furn	ax Statem ished to the	nent e Internal Re	venue Service.		Dept. of the Treasury -	RS Form V	V-2 Wage and Ta	x Stater	ment			Dept. of the Treasury - IRS

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 fall to report it.

Conv. C. For EMPLOYEE'S RECORDS

2023

Copy C For EMPLOYEE'S RECORDS. 2023 OMB No. 1545-0008								
a Employee's SSN	1 Wages, ti	ips, other comp.	2 Federal income tax withheld 5630.50					
		56957.40						
781-48-9744	3 Social se	curity wages	4 Social security tax withheld					
b Employer ID no. (EIN)		56957.40		3531.36				
Employer ID no. (Env)	5 Medicare	wages and tips	6 Medica	6 Medicare tax withheld				
86-1628308		56957.40		825.88				
c Employer's name, address, and ZIP code PIONEER CONSULTING SERVICES INC 44335 PREMIER PLZ								
STE 120 ASHBURN VA 20147-505								
d Control number								
e Employee's name, address, and ZIP code Suff. SUBRAHMANYA MANIKANTA SAI MANYAM 1201 MARSH TRAIL CIR NE SANDY SPRINGS GA 30328								
7 Social security tips	8 A	Illocated tips	9					
10 Dependent care bene	efits 11 N	lonqualified plans	12a C	12a Code See inst. for box 12				
13	14 Other		12b C	12b Code				
Statutory employee			12c C	12c Code				
Retirement Plan			12d C	12d Code				
Third-party sick pay			1240	1.24 0000				
GA 3511704	l-VD	569	57.40	2710.76				
15 State Employer's sta	te ID number	16 State wages, t	ips, etc.	etc. 17 State income tax				
18 Local wages, tips, et	c. 19 L	ocal income tax	20 Locali	ty name				

REV 12/19/23 QBDT

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2023 OMB No. 1545-0008								
1 - 1	1 Wages, tips, ot		2 Federal income tax withheld					
a Employee's SSN	3, 1	56957.40	5630.50					
781-48-9744	3 Social security		4 Social security tax withheld					
	Coolai occarity	56957.40	3531.36					
b Employer ID no. (EIN)	5 Medicare wage		6 Medicare tax withheld					
86-1628308	• Medicare wage	56957.40	825.88					
c Employer's name, address, and ZIP code PIONEER CONSULTING SERVICES INC								
44335 PREMIER PLZ STE 120 ASHBURN VA 20147-5054								
d Control number								
e Employee's name, address, and ZIP code SUBRAHMANYA MANIKANTA SAI MANYAM 1201 MARSH TRAIL CIR NE								
SANDY SPRINGS GA 30328								
7 Social security tips	8 Allocat	ed tips	9					
10 Dependent care benef	fits 11 Nonqua	alified plans	12a Code See inst. for box 12					
13	14 Other		12b Co	12b Code				
Statutory employee			12c Code					
Retirement Plan			12d Code					
Third-party sick pay	1=0 0000							
GA 3511704	-VD	57.40 2710.76						
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax								
18 Local wages, tips, etc	. 19 Local ii	ncome tax	20 Locality name					
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								