Copy B To Be Filed With Employee's			2023 OMB No. 1545-0008		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			20	23	OMB No	
a. Employee's SSN			2 Federal income tax withheld	a. Em	, or Local Incon nployee's SSN		ages, tips, other comp.		income tax		
XXX-XX-2915	0.0	16044.08	1163.0	9 XXX	x-xx-2915	0.0	16044.08	40		163.0	
b. Employer ID number		1444.03	4 Social security tax withheld 89.5 6 Medicare tax withheld	3 b. En	nployer ID number		cial security wages 1444.03		curity tax wi	89.5	
46-3430776	5 Med IC	1444.03	20.9	4 46	-3430776	5 Me	edicare wages and tips 1444.03	6 Medicare	tax withhe	20.9	
c. Employer's name, address, and ZIP code					nployer's name, addre						
GOOD ONE IT SOLUTIONS INC					GOOD ONE IT SOLUTIONS INC 1401 21ST STREET						
1401 2151 S1 STE R	KEET.				401 ZIST ST TE R	KEET.					
SACRAMENTO,	CA 95	5811			ACRAMENTO,	CA 9	5811				
d. Control number		· · ·		d. Co	introl number						
5 e. Employee's name, addro	ann and T	ZID oo do		_ 5			7ID				
		I REDDY VENKATAR	EDDYGA		nployee's name, addre IJAY GUNAVA		ZIP code N REDDY VENKATARI	EDDYGA			
7101 CHASE C	DAKS E	BLVD		7	101 CHASE O	AKS	BLVD				
UNIT 813					NIT 813	005					
PLANO, TX 75		Allocated tips		_	LANO, TX 75	025	0.0000000000000000000000000000000000000				
7 Social security tips	(3 Allocated tips		/ 500	7 Social security tips		8 Allocated tips				
10 Dependent care benefits	s 11	Nonqualified plans	12a Code See inst. for box 12	10 De	pendent care benefits	S	11 Nonqualified plans	12a Coo	de See inst.	for box	
	14 Other CA SD:	I 13.00	12b Code	13 Sta	atutory employee	14 Oth CA		12b Co	de		
Retirement plan			12c Code		Retirement plan	1		12c Co	de		
Third party sick pay			12d Code	-	Third party sick pay	1		12d Co	de		
CA		1444.0	13.7	1 C.	A		1444.	03		13.7	
15 State Emplr.'s state	ID #	16 State wages, tips, etc.	17 State income tax	15 St	ate Emplr.'s state	ID#	16 State wages, tips, etc.	17 St	ate income t	tav	
18 Local wages, tips,etc.		Local income tax	20 Locality name		cal wages, tips, etc		19 Local income tax		ality name	lax	
penalty/other sanction may Copy C For EMPLOYE	be impos EE'S RE	ed on you if this income is taxable	2023 OMB No.	Сор		With E	pyright AccountantsWorld, 2004 mployee's State,	20		OMB N	
(See Notice to Emplo a. Employee's SSN		s, tips, other comp. 2	2 Federal income tax withheld		or Local Incom		Return ages, tips, other comp.		ncome tax v	1545-00 withheld	
XXX-XX-2915		16044.08	1163.0	9	X-XX-2915		16044.08			163.0	
b. Employer ID number	3 Socia	I security wages 1444.03	Social security tax with held 89.5	a	ployer ID number	3 So	cial security wages 1444.03	4 Social se	curity tax w	ithheld 89.5	
, ,	5 Medic	- · · · · · · · · · · · · · · · · · · ·	6 Medicare tax with held		, ,,,	5 Me	dicare wages and tips	6 Medicare	tax with he		
46-3430776	occ and	1444.03	20.9		-3430776		1444.03			20.9	
c. Employer's name, address, and ZIP code GOOD ONE IT SOLUTIONS INC					c. Employer's name, address, and ZIP code GOOD ONE IT SOLUTIONS INC						
1401 21ST STREET					1401 21ST STREET						
STE R SACRAMENTO, CA 95811					STE R SACRAMENTO, CA 95811						
d. Control number	CA 95	0811			ntrol number	CA 9	2811				
5					5						
e. Employee's name, addre VIJAY GUNAVA		IP code I REDDY VENKATAR	EDDYGA	e. Em	ployee's name, addre IJAY GUNAVA	ss, and RDHA	ZIP code N REDDY VENKATARI	EDDYGA			
7101 CHASE OAKS BLVD					101 CHASE O	AKS	BLVD				
UNIT 813					NIT 813						
PLANO, TX 75 7 Social security tips		3 Allocated tips			LANO, TX 75	025	8 Allocated tips				
10 Dependent care benef		·	40- Cada Casinat for hav 40				·	10.0	0		
To Dependent care benef	iits i i	Nonqualified plans	12a Code See inst. for box 12	10 De	ependent care benefit	S	11 Nonqualified plans	12a Cod	e See inst.	TOF DOX	
	14 Other CA SD:	13.00	12b Code	13 St	atutory employee	14 Othe CA		12b Co	de		
Retirement plan			12c Code		Retirement plan			12c Co	de		
Third party sick pay			12d Code		Third party sick pay	-		12d Cod	de		
CA		1444.0	13.7	1 C.	A	1	1444.	03		13.7	
15 State Emplr.'s state	ID#	16 State wages, tips, etc.	17 State income tax	15 St	ate Emplr.'s state	ID#	16 State wages, tips, etc.	17 Sta	ate income ta	ax	
18 Local wages, tips, etc.		Local income tax	20 Locality name		cal wages, tips, etc.		19 Local income tax		lity name		
Form W-2 Wage and Tax	Stateme	nt 39-1908647	Dept. of the Treasury IRS	Fo	rm W-2 Wage and Ta	x Stater	ne nt 39-1908647	Dept.	of the Treas	sury IF	

Dept. of the Treasury -- IRS