Copy B To Be F FEDERAL Tax R	iled w eturn.	ith Emp	loyee's	<b>20</b> 2	<b>23</b> B No. 1545-0008	Cop	y 2 To Be Fi	iled W	ith Emp	oloyee's State		<b>23</b> B No. 1545-0008
a Employee's SSN	1 Wag	es, tips, oth		2 Federa	I income tax withheld	a Emp	oloyee's SSN	1 Wag	ges, tips, ot		2 Federa	I income tax withheld
296-83-3293	0.0	al security	31100.00	4.0:-1	4593.00	)     '	-83-3293	0.0	ial security	31100.00	4.0:-1	4593.00
<b>b</b> Employer ID no. (EIN)	<b>3</b> Soci		wages 31100.00	4 Social s	security tax withheld 1928.20	)	loyer ID no. (EIN)	3 500	ai security	31100.00	4 Social	security tax withheld 1928.20
81-3681809	5 Med	icare wage	s and tips 31100.00	6 Medica	re tax withheld 450.95		3681809	5 Med	licare wage	es and tips 31100.00	6 Medica	are tax withheld 450.95
c Employer's name, ad SLHT SERV	ldress, a	nd ZIP cod LLC	le			c Emp	oloyer's name, ad HT SERV					100,70
13873 PARI	K CE	NTER	RD STE 5	5D		13	873 PARI	K CE	INTER	RD STE 5	5D	
HERNDON				VA	20171	HE	RNDON				VA	20171
d Control number						<b>d</b> Con	trol number					
e Employee's name, ac SOWMYA MAI 2000 JUNEY MORRISVILI	NUKO	NDA		NC	Suff. 27560	SC 20	oloyee's name, ac DWMYA MAI 000 JUNE DRRISVIL	NUKC WOOL	NDA		NC	Suff. 27560
7 Social security tips		8 Allocate	d tips	9		<b>7</b> Soci	al security tips		8 Allocat	ed tips	9	
10 Dependent care bene	efits	11 Nonqua	lified plans	<b>12a</b> Co	ode See inst. for box 12	<b>10</b> Dep	endent care bene	efits	11 Nonqua	alified plans	<b>12a</b> Co	ode See inst. for box 12
13	<b>14</b> Ot	her		12b C	ode	13		140	<u>l</u> ther		<b>12b</b> Co	ode
Statutory employee						Statutory	employee					
Retirement Plan				12c C	ode	Retireme	ent Plan				12c C	ode
Third-party sick pay				<b>12d</b> Co	ode		rty sick pay				<b>12d</b> Co	ode
NC NC			3110	0.00	1413.00					3110	0.00	1413.00
15 State Employer's state ID number 16 State wages, tips,			s, etc.	, etc. 17 State income tax		15 State Employer's state ID number		mber	16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc	C.	<b>19</b> Local in	ncome tax	<b>20</b> Loca	ality name	18 Loc	al wages, tips, et	C.	19 Local in	ncome tax	20 Localit	y name
Form W-2 Wage and Ta This information is being furn	x Stater ished to th	nent e Internal Re	venue Service.	I	Dept. of the Treasury - IR	S Form V	V-2 Wage and Ta	x State	ment			Dept. of the Treasury - IR

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 FMPLOYEE'S RECORDS

2023

	Copy C For EMPLOYEE'S RECORDS.								
(See Notice to E		OMB No. 1545-0008							
a Employee's SSN	1 Wages, tips, ot		2 Federal income tax withheld						
296-83-3293		31100.00	4593.00						
290-83-3293	3 Social security	-	4 Social security tax withheld						
<b>b</b> Employer ID no. (EIN)		31100.00	1928.20						
81-3681809	5 Medicare wage		6 Medicare tax withheld						
		31100.00	450.95						
c Employer's name, address, and ZIP code SLHT SERVICES LLC									
SURI SERVICES DUC									
13873 PARK CENTER RD STE 55D									
HERNDON VA 20171									
d Control number									
e Employee's name, address, and ZIP code Suff.									
SOWMYA MANUKONDA									
2000 JUNEWOOD LANE									
MORRISVILLE NC 27560									
7 Social security tips	8 Allocate	ed tins	9						
. Goodar Goodinity tipo	• /	ou upo							
10 Dependent care bene	efits 11 Nonqua	alified plans	<b>12a</b> Co	ode See inst. for box 12					
10 Dependent care bene	efits 11 Nonqua	alified plans	<b>12a</b> Co	ode See inst. for box 12					
13	efits 11 Nonqua	alified plans	12a Co						
13	·	alified plans	12b Co	ode					
13 Statutory employee	·	alified plans		ode					
Statutory employee Retirement Plan	·	alified plans	12b Co	ode					
13 Statutory employee Retirement Plan Third-party sick pay	·	·	12b Co 12c Co 12d Co	ode ode					
13 Statutory employee Retirement Plan	·	·	12b Cc	ode ode					
13 Statutory employee Retirement Plan Third-party sick pay NC	14 Other	3110	12b Cc 12c Cc 12d Cc	ode ode 1413.00					
13 Statutory employee Retirement Plan Third-party sick pay NC  15 State Employer's star	14 Other	3110	12b Cc 12c Cc 12d Cc	ode ode 1413.00					
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	3110	12b Cc 12c Cc 12d Cc	ode ode 1413.00					
13 Statutory employee Retirement Plan Third-party sick pay NC  15 State Employer's star	14 Other	3110	12b Cc 12c Cc 12d Cc	ode ode 1413.00					

REV 12/19/23 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2023 OMB No. 1545-0008									
		es, tips, oth		2 Federal income tax withheld					
a Employee's SSN	Ü		31100.00	4593.00					
296-83-3293	3 Socia	al security		4 Social security tax withheld					
			31100.00	1928.20					
<b>b</b> Employer ID no. (EIN)	5 Medi	care wage		6 Medicare tax withheld					
81-3681809	31100.00			450.95					
c Employer's name, address, and ZIP code SLHT SERVICES LLC  13873 PARK CENTER RD STE 55D									
HERNDON VA 20171									
d Control number									
e Employee's name, address, and ZIP code SOWMYA MANUKONDA 2000 JUNEWOOD LANE									
MORRISVILLE NC 27560									
7 Social security tips		8 Allocated tips							
10 Dependent care bene	fits	its 11 Nonqualified plans			12a Code See inst. for box 12				
13 14 Other 12b Code									
Statutory employee									
Retirement Plan			12c Code						
Retirement Fidir	Retirement Plan								
Third-party sick pay									
NC			3110	0.00	1413.00				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax									
18 Local wages, tips, etc				20 Locality name					
Form W-2 Wage and Ta	Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								