| | rer's name, address, and ZIP code SOLUTIONS, INC. | | 1 Wgs, tips, other compn 4 0 5 0 0 . 0 0 | 2 Fed inc tax withheld 5040.00 | 3 Social security wages 40500.00 | Form W-2 | |
|--|--|---------------------------|---|---|-----------------------------------|--|--|
| 8951 | CYPRESS WATERS | BLVD. | 4 SS tax withheld 2511.00 | 5 Medicare wages & tips 4 0 5 0 0 . 0 0 | 6 Medicare tax withheld 587.25 | Wage and | |
| STE # | | 75019 | 7 Social security tips | 8 Allocated tips | 9 | Tax Statement | |
| d Control | | 73019 | 10 Depdnt care benefits | 11 Nonqualified plans | 12a | • | |
| e Employee's name, address, and ZIP code Suff. | | | 13 | 14 Other | 12b | 2023 | |
| NIKHI | L KUMAR NARA | Г.A | Statutory employee- | | 12c | Copy B To Be Filed with | |
| 1353 | MEADOW CREK DR. | | Retirement plan | | | Copy B To Be Filed with Employee's FEDERAL Tax Return | |
| IRVIN | G TX | 75038 | Third-party sick pay | | 12d | This information is being furnished to the Internal Revenue Service. | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc | 17 State income tax | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name | |
| DEV 04/44/0 | | | | | 1 | - + | |
| REV 01/11/2 | 4 QBDT | | | | Бера | rtment of the Treasury — IRS | |
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| | | | | | | | |
| | | | | | | | |
| a Employ | ree's SSN 753-60-53 rer's name, address, and ZIP code | | b Employer identification | 1 ' ' | 1 | OMB No. 1545-0008 | |
| | SOLUTIONS, INC. | | 1 Wgs, tips, other compn 40500.00 | 2 Fed inc tax withheld 5040.00 | 3 Social security wages 40500.00 | Form W-2 | |
| 8951 | CYPRESS WATERS | BLVD. | 4 SS tax withheld 2511.00 | 5 Medicare wages & tips 4 0 5 0 0 . 0 0 | 6 Medicare tax withheld 587.25 | Wage and | |
| STE # DALLA | | 75019 | 7 Social security tips | 8 Allocated tips | 9 | - Tax Statement | |
| d Control number | | | 10 Depdnt care benefits | 11 Nonqualified plans | 12a | 1 | |
| e Employ | ree's name, address, and ZIP cod | le Suff. | 13 | 14 Other | 12b | 2023 | |
| ' ' | | | Statutory employee | | | Copy 2 To Be | |
| | L KUMAR NARA: MEADOW CREK DR. | | Retirement plan | | 12c | Filed With Employee's State, | |
| ISSS IRVIN | | 75038 | Retirement plan | | 12d | City, or Local Income Tax | |
| 15 State | Employer's state ID No. | 16 State wages, tips, etc | Third-party sick pay 17 State income tax | 18 Local wages, tips, etc | 19 Local income tax | Return. 20 Locality name | |
| | | | | | | | |
| REV 01/11/2 | 4 ORDT | | <u> </u> | | | | |
| NEV OITTIZ | - | | | | | | |
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| | | | | | | | |
| a Employ | ree's SSN 753-60-53 | <u>85</u> | b Employer identification | number (EIN) 20 - 33 | 93951 | OMB No. 1545-0008 | |
| C Employ | rer's name, address, and ZIP code | e | | This information is being furnished to the IRS. 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. | | | |
| ARKA | SOLUTIONS, INC. | | 1 Wgs, tips, other compn | 2 Fed inc tax withheld | 3 Social security wages | Form W-2 | |
| | CYPRESS WATERS | BLVD. | 40500.00 4 SS tax withheld | 5 0 4 0 . 0 0 5 Medicare wages & tips | 40500.00 6 Medicare tax withheld | Wage and | |
| STE # DALLA | | 75019 | 2511.00 7 Social security tips | 4 0 5 0 0 . 0 0 8 Allocated tips | 587.25 | Tax | |
| d Control | No. | | | ' | 10 | Statement | |
| | | | 10 Depdnt care benefits | 11 Nonqualified plans | 12a | 2023 | |
| e Employ | ree's name, address, and ZIP cod | le Suff. | " | 14 Other | 12b | | |
| NIKHI | L KUMAR NARA | LA | Statutory employee . | | 12c | Copy C For | |
| | MEADOW CREK DR. | | Retirement plan | | | EMPLOYEE'S RECORDS. | |
| IRVIN | G TX | 75038 | Third-party sick pay | | 12d | (See Notice to Employee.) | |
| 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 | |

b Employer identification number (EIN)

20-3393951

OMB No. 1545-0008

a Employee's SSN 753-60-5385