a Employee's SSN 702-99-9041	b Employer identification n	umber (E I N) 82-224		OMB No. 1545-0008
C Employer's name, address, and ZIP code SOLSTICE SOLUTIONS INC	1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	Form W-2
BOHOTTON BOHOTTON	20641.67 4 SS tax withheld	2683.00 5 Medicare wages & tips	20641.67 6 Medicare tax withheld	
750 MAIN STREET SUITE 704	1279.78	20641.67	299.30	Wage and Tax
HARRIEODD OR OCION	7 Social security tips	8 Allocated tips	9	Statement
HARTFORD CT 06103 d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	Statement
Control number	To Deputit care benefits	T I Nonqualified plans		2023
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	
ADUTCHER CAMEA	Statutory employee .		10	
ABHISHEK GANTA 100 WELLS ST APT 602	Retirement plan		12c 	Copy B To Be Filed with Employee's FEDERAL Tax Return
HARTFORD CT 06103-2919	Retirement plan []		12d	This information is being furnished to the Internal
	Third-party sick pay			Revenue Service.
15 State Employer's state ID number 16 State wages, tips, etc 1	7 State income tax 1034.02	18 Local wages, tips, etc	19 Local income tax	20 Locality name
F			-	-
REV 12/19/23 QBDT			Depar	tment of the Treasury - IRS
702 00 0041			40507	
a Employee's SSN 702-99-9041 C Employer's name, address, and ZIP code	b Employer identification r			OMB No. 1545-0008
SOLSTICE SOLUTIONS INC	1 Wgs, tips, other compn 20641.67	2 Fed inc tax withheld 2683.00	3 Social security wages 20641.67	Form W-2
750 10 70 000000 000000 704	4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
750 MAIN STREET SUITE 704	1279.78	20641.67	299.30	Tax
HARTFORD CT 06103	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2023
Employee's name, address, and ZIP code Suff.	13	14 Other	12b	2023
	Statutory employee	14 Other	12	Copy 2 To Be
ABHISHEK GANTA			12c	Filed With Employee's State,
100 WELLS ST APT 602	Retirement plan		40-1	City, or Local
HARTFORD	Third-party sick pay		12d 	Income Tax Return.
	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
CT 75896340-000 20641.67	1034.02			-
REV 12/19/23 QBDT				
			40507	
a Employee's SSN 702-99-9041 C Employer's name, address, and ZIP code	b Employer identification r		42587 quired to fi l e a tax return, a ne	OMB No. 1545-0008
SOLSTICE SOLUTIONS INC	other sanction may be impos	sed on you if this income is tax	able and you fail to report it.	
750 MATH CERRED CUTTO 704	1 Wgs, tips, other compn 20641.67	2683.00	3 Social security wages 20641.67	Form W-2
750 MAIN STREET SUITE 704	4 SS tax withheld 1279.78	5 Medicare wages & tips 20641.67	6 Medicare tax withheld 299.30	Wage and
HARTFORD CT 06103	7 Social security tips	8 Allocated tips	9	Tax
d Control No.	10 Depdnt care benefits	11 Nonqualified plans	12a	Statement
	TO Depont care benefits	I I Nonqualified plans		2023
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	2023
C Employee's harne, address, and zir code Sun.	1 00-0-0		10	Copy C For
	Statutory employee			
ABHISHEK GANTA			12c 	EMPLOYEE'S
	Retirement plan		12c 	EMPLOYEE'S RECORDS. (See Notice to
ABHISHEK GANTA 100 WELLS ST APT 602 HARTFORD CT 06103-2919	Retirement plan	49	12d	EMPLOYEE'S RECORDS. (See Notice to Employee.)
ABHISHEK GANTA 100 WELLS ST APT 602 HARTFORD CT 06103-2919	Retirement plan	18 Local wages, tips, etc		EMPLOYEE'S RECORDS. (See Notice to
ABHISHEK GANTA 100 WELLS ST APT 602 HARTFORD CT 06103-2919 15 State Employer's state ID No. 16 State wages, tips, etc 1	Retirement plan	18 Local wages, tips, etc	12d	EMPLOYEE'S RECORDS. (See Notice to Employee.)