Copy B To Be Fi	led with Employee	e's	202	2 3 3 No. 1545-000	8	Copy	/ 2 To Be Fi	iled W	ith Emp	oloyee's State		23 B No. 1545-0008
a Employee's SSN	1 Wages, tips, other com 291!	2 Federal income tax withheld 2604.00		a Emp	oloyee's SSN	1 Wages, tips, other comp. 29150.00			2 Federal income tax withheld 2604.00			
059-91-6140 b Employer ID no. (EIN)		00.00			held 10.00		-91-6140 oyer ID no. (EIN)		ial security	5000.00		security tax withheld 310.00
47-1223006		ps 00.00	6 Medicare	e tax withheld	72.50		1223006		licare wage	5000.00	6 Medica	re tax withheld 72.50
	SOCIATES LLC						loyer's name, ac ROIT AS					
8520 COTTE	ER ST					85	20 COTT	ER S	ST			
LEWIS CENT	TER		OH	43035			WIS CEN'	TER			OH	43035
u Control number						u 0011	ii oi riuribei					
	Y BASAREDDY ERBROOKE WAY		ОН	43081	Suff.	SA 53	oloyee's name, ad NGAREDD 6 HEATH STERVIL	Y BA ERBR	SAREI	DDY	ОН	Suff. 43081
7 Social security tips	8 Allocated tips		9			7 Socia	al security tips		8 Allocate	ed tips	9	
10 Dependent care benef	fits 11 Nonqualified pl	ans	12a Co	de See inst. for	r box 12	10 Depe	endent care bene	efits	11 Nonqua	alified plans	12a Co	ode See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other		12b Cod	de		Retireme	employee Int Plan Ity sick pay	14 O	ther		12b Co	ode
ОН 54 0123	93	2915	0.00	75	71.68	ОН	54 0123	393		2915	50.00	771.68
15 State Employer's st	ate ID number 16 Star	e wages, tip	os, etc.	17 State incom	e tax	15 State	Employer's stat	te ID nui	mber	16 State wages, ti	os, etc.	17 State income tax
18 Local wages, tips, etc			20 Locali	ity name	encupy IBS		al wages, tips, et			ncome tax	20 Locality	y name Dept. of the Treasury - IRS
This information is being furnis	shed to the Internal Revenue Se	ervice.	L	Jopa Or are TTE	asury - IINS	I OIIII V	vvaye and la	in Glatel	HOIIL			Dept. of the Treasury - IRC

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 fail to report it.

Copy C. For EMPLOYEE'S RECORDS.

2023

Copy C For EM	23							
(See Notice to E					OMB No. 1545-0008			
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld				
050 01 6140	29150.00			2604.00				
059-91-6140	3 Social security wages			4 Social security tax withheld				
b Employer ID no. (EIN)	5000.00			310.00				
45 1002006	5 Medi	care wage		6 Medicare tax withheld				
47-1223006			5000.00	72.50				
c Employer's name, ac ADROIT AS 8520 COTT	SOCI	ATES	te LLC					
LEWIS CEN	TER			ОН 43035				
d Control number								
e Employee's name, a SANGAREDD 536 HEATH WESTERVIL	Y BA ERBR	SAREI	DDY	ОН	Suff. 43081			
		O Allegati	a d tip a	9	13001			
7 Social security tips		8 Allocate	ed tips	9				
10 Dependent care bene	efits	11 Nonqua	alified plans	12a Code See inst. for box 12				
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Retirement Plan					120 0000			
				12d Code				
Third-party sick pay			I		I			
OH 54 0123	393		2915	50.00	771.68			
15 State Employer's sta	te ID nun	nber	16 State wages, tip	os, etc.	c. 17 State income tax			
18 Local wages, tips, et	c.	19 Local in	ncome tax	20 Locality name				
Form W-2 Wage and Tax Statement Dept. of the Treasury					Dept. of the Treasury - IRS			

REV 12/19/23 QBDT

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Copy 2 To Be F City, or Local In	come Tax Rei		OM	B No. 1545-0008		
a Employee's SSN	1 Wages, tips, ot		2 Federal income tax withheld			
, ,		29150.00	2604.00			
059-91-6140	3 Social security	wages	4 Social security tax withheld			
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, , ,	5 Medicare wage	s and tips	6 Medicare tax withheld			
47-1223006		5000.00	72.50			
c Employer's name, ac ADROIT AS 8520 COTT	SOCIATES	de LLC				
			ОН	43035		
LEWIS CENTER OH 43035						
u Control number						
SANGAREDD 536 HEATH WESTERVIL	ERBROOKE		ОН	43081		
7 Social security tips	8 Allocate	ed tips	9			
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13	14 Other		12b Code			
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Third-party sick pay OH 54 0123 15 State Employer's sta 18 Local wages, tips, et	te ID number		0.00	771 . 68		