Copy B To Be Filed W		2023	OMB No. 1545-0008	Copy 2 To Be Filed W	/ith Employee's State,	2023	OMB No.
a. Employee's SSN	1 Wages, tips, other comp. 21120.00	2 Federal income t		a. Employee's SSN	1 Wages, tips, other comp.	2 Federal income t	
XXX-XX-0397	3 Social security wages	4 Social security tax		XXX-XX-0397	3 Social security wages	4 Social security ta	
b. Employer ID number	5 Medicare wages and tips	6 Medicare tax with	held	b. Employer ID number	5 Medicare wages and tips	6 Medicare tax wit	thheld
88-0887838		o weareare tax with	incia	88-0887838	5 Wedicare wages and tips	o wedicare tax wit	illeid
c. Employer's name, addre SELECT IT TA				c. Employer's name, addres			
630 MINGLEWOO				630 MINGLEWOO			
UNIT 9301				UNIT 9301			
CHARLOTTE , NO	C 28262-0068			CHARLOTTE, NO	28262-0068		
12				12			
e. Employee's name, addre	ss, and ZIP code			e. Employee's name, addres	s, and ZIP code		
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TAMPA, FL 33				TAMPA, FL 336			
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10 Dependent care benefits	11 Nonqualified plans	12a Code See ii	not for how 12	10 Dependent care benefits	11 Nonqualified plans	12a Code See ir	not for how 12
			151.101 000 12	To Dependent care benefits		12a Code See II	151.101 00x 12
13 Statutory employee 1	4 Other	12b Code		13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code		Retirement plan		12c Code	
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15 State Emplr.'s state II 18 Local wages, tips,etc.	D # 16 State wages, tips, etc	. 17 State incom 20 Locality name		15 State Emplr.'s state II 18 Local wages, tips, etc.	D# 16 State wages, tips, e	tc. 17 State incor	
Form W-2 Wage and Tax S	Statement furnished to the Internal Revenue S	Dept. of the T	reasury IRS 39-1908647	Form W-2 Wage and Tax	State ment State ment	Dept. of the Tr	
This information is being	Turnished to the internal Revenue S	service.	39-1900047	ı			39-190864
This information is being	furnished to the IRS. If you are requ	ired to file a tay return	a negligence	_			
penalty/other sanction may Copy C For EMPLOYE	be imposed on you if this income is taxa	ble & you fail to report	it.	Conv 2 To Bo Filed W	Copyright AccountantsWorld, 2004 lith Employee's State,		0115.11
(See Notice to Emplo	yee)	2023	OMB No. 1545-0008	City, or Local Income	e Tax Return	2023	OMB No. 1545-0008
a. Employee's SSN	1 Wages, tips, other comp. 21120.00	2 Federal income t	2711.52	a. Employee's SSN XXX-XX-0397	1 Wages, tips, other comp. 21120.0	2 Federal income to	ax withheld 2711.52
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SELECT IT TA	LENT LLC			SELECT IT TAI	LENT LLC		
630 MINGLEWOOUNIT 9301	OD DR			630 MINGLEWOO	DD DR		
CHARLOTTE, NC 28262-0068				CHARLOTTE, NC 28262-0068			
d. Control number				d. Control number			
e. Employee's name, addres	ss, and ZIP code			e. Employee's name, addres	s, and ZIP code		
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13 Statutory employee		12b Code		13 Statutory employee	12b Code		
				, , ,	14 Other		
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