

Form **W-2 Wage and Tax Statement** **2023**

c Employer's name, address, and ZIP code <b>STRATA SOLAR, LLC 800 TAYLOR ST., SUITE 200 DURHAM, NC 27701</b>		7. Social security tips	1 Wages, tips, other compensation <b>29818.04</b>	2 Federal income tax withheld <b>3370.86</b>		
e Employee's name, address, and ZIP code <b>PAVAN KRISHNA CHINNI 1109 BERKELEY ST DURHAM, NC 27705</b>		8. Allocated tips	3 Social security wages <b>29818.04</b>	4 Social security tax withheld		
		9. Verification code	5 Medicare wages and tips <b>29818.04</b>	6 Medicare tax withheld		
		10. Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 <b>DD 1996.06</b>		
		13 Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b. 12c. 12d.		
		b Employer identification number <b>26-3129600</b>				
		d Employee's social security number <b>XXX-XX-1810</b>				
15 State <b>NC</b>	Employer's state I.D. no. <b>600700308</b>	16 State wages, tips, etc. <b>29818.04</b>	17 State income tax <b>1207.00</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
<b>NJ</b>	<b>263-129-600/000</b>	<b>20.75</b>				

COPY B To Be filed with Employee's FEDERAL tax return

OMB No. 1545-0008

Dept. of the Treasury --IRS

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c Employer's name, address, and ZIP code <b>STRATA SOLAR, LLC 800 TAYLOR ST., SUITE 200 DURHAM, NC 27701</b>		7. Social security tips	1 Wages, tips, other compensation <b>29818.04</b>	2 Federal income tax withheld <b>3370.86</b>		
e Employee's name, address, and ZIP code <b>PAVAN KRISHNA CHINNI 1109 BERKELEY ST DURHAM, NC 27705</b>		8. Allocated tips	3 Social security wages <b>29818.04</b>	4 Social security tax withheld		
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		10. Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 <b>DD 1996.06</b>		
		13 Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b. 12c. 12d.		
		b Employer identification number <b>26-3129600</b>				
		d Employee's social security number <b>XXX-XX-1810</b>				
15 State <b>NC</b>	Employer's state I.D. no. <b>600700308</b>	16 State wages, tips, etc. <b>29818.04</b>	17 State income tax <b>1207.00</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

COPY C FOR EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

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c Employer's name, address, and ZIP code <b>STRATA SOLAR, LLC 800 TAYLOR ST., SUITE 200 DURHAM, NC 27701</b>		7. Social security tips	1 Wages, tips, other compensation <b>29818.04</b>	2 Federal income tax withheld <b>3370.86</b>		
e Employee's name, address, and ZIP code <b>PAVAN KRISHNA CHINNI 1109 BERKELEY ST DURHAM, NC 27705</b>		8. Allocated tips	3 Social security wages <b>29818.04</b>	4 Social security tax withheld		
		9. Verification code	5 Medicare wages and tips <b>29818.04</b>	6 Medicare tax withheld		
		10. Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 <b>DD 1996.06</b>		
		13 Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b. 12c. 12d.		
		b Employer identification number <b>26-3129600</b>				
		d Employee's social security number <b>XXX-XX-1810</b>				
15 State <b>NJ</b>	Employer's state I.D. no. <b>263-129-600/000</b>	16 State wages, tips, etc. <b>20.75</b>	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

COPY C FOR EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

OMB No. 1545-0008

Dept. of the Treasury --IRS

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.

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c Employer's name, address, and ZIP code  <b>STRATA SOLAR, LLC</b> <b>800 TAYLOR ST., SUITE 200</b> <b>DURHAM, NC 27701</b>		7. Social security tips		1 Wages, tips, other compensation 29818.04		2 Federal income tax withheld 3370.86	
		8. Allocated tips		3 Social security wages 29818.04		4 Social security tax withheld	
		9. Verification code		5 Medicare wages and tips 29818.04		6 Medicare tax withheld	
		10. Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 DD 1996.06	
e Employee's name, address, and ZIP code  <b>PAVAN KRISHNA CHINNI</b> <b>1109 BERKELEY ST</b> <b>DURHAM, NC 27705</b>		13 Statutory Employee Retirement Plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		14 Other		12b. 12c. 12d.	
		b Employer identification number 26-3129600					
		d Employee's social security number XXX-XX-1810					
15 State NC	Employer's state I.D. no. 600700308	16 State wages, tips, etc. 29818.04	17 State income tax 1207.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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		10. Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 DD 1996.06	
e Employee's name, address, and ZIP code  <b>PAVAN KRISHNA CHINNI</b> <b>1109 BERKELEY ST</b> <b>DURHAM, NC 27705</b>		13 Statutory Employee Retirement Plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		14 Other		12b. 12c. 12d.	
		b Employer identification number 26-3129600					
		d Employee's social security number XXX-XX-1810					
15 State NJ	Employer's state I.D. no. 263-129-600/000	16 State wages, tips, etc. 20.75	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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