| Copy B To Be Fil FEDERAL Tax Re | ed with E | mployee's | 2023 OMB No. 1545- | -0008 | Copy City, | / 2 To Be Fi or Local Ind | iled W come | ith Emp Tax Re | oloyee's State turn. | |)23 //B No. 1545-0008 |
|--|------------------|----------------------|------------------------------|------------------|----------------|------------------------------|----------------|-------------------|-------------------------|-----------|--|
| a Employee's SSN | | 89000.00 | | L898.00 | | loyee's SSN | | | ther comp. 89000.00 | | al income tax withheld 11898.00 |
| | 3 Social secu | 89000.00 | 4 Social security tax | withheld | | | 3 Socia | al security | wages 89000.00 | | security tax withheld 5518.00 |
| b Employer ID no. (EIN) | 5 Medicare w | ages and tips | 6 Medicare tax withh | eld | | oyer ID no. (EIN) | 5 Medi | care wage | es and tips | 6 Medic | are tax withheld |
| 86-1628308 | 7ID | 89000.00 | | L290.50 | | 1628308 loyer's name, ad | 144000 0 | ad 71D aa | 89000.00 | | 1290.50 |
| c Employer's name, add | NSULTI | NG SERVICES | SINC | | | | | | G SERVICE | ES IN | C |
| 44335 PREM STE 120 | IER PL | ıZ | | | | 335 PREI E 120 | MIER | PLZ | | | |
| ASHBURN | | | VA 2014 | 7-5054 | ASHBURN | | | VA | 20147-5054 | | |
| d Control number | | | | | d Cont | trol number | | | | | |
| e Employee's name, add | dress, and ZIF | o code | | Suff. | e Emp | loyee's name, a | ddress, a | ind ZIP co | de | | Suff. |
| RAJANI KUM | | | | | | JANI KUI | | | | | |
| 613 BERNAR DENTON, | D ST A | 75.1. 2 | TX 7620 | 1 | | 3 BERNAI NTON, | RD S | T AP | ľ 5 | TX | 76201 |
| , | | | | | | - , | | | | | |
| 7 Social security tips | 8 Allo | cated tips | 9 | | 7 Socia | al security tips | | 8 Allocat | ed tips | 9 | |
| 10 Dependent care benefit | ts 11 Nor | nqualified plans | 12a Code See ins | t. for box 12 | 10 Depe | endent care bene | efits | 11 Nonqu | alified plans | 12a (| Code See inst. for box 12 |
| 13 | 14 Other | | 12b Code | | 13 | | 14 Otl | her | | 12b (| Code |
| Statutory employee | | | 10 - O - d - | | Statutory | employee | | | | 40- 6 | N- 4- |
| Retirement Plan | | | 12c Code | | Retireme | nt Plan | | | | 12c (| ode |
| Third north cials now | | | 12d Code | | Third nor | tu olah nau | | | | 12d (| Code |
| Third-party sick pay | | | 1 | | miru-par | ty sick pay | | | | <u> </u> | |
| | | | | | | | | | | | |
| 15 State Employer's sta | to ID number | 16 State wages, tips | s. etc. 17 State in | nome toy | 1E State | Employer's stat | to ID nun | ahor | 16 State wages, t | ina ata | 17 State income tax |
| 18 Local wages, tips, etc. | | cal income tax | 20 Locality name | come tax | | al wages, tips, etc | | | ncome tax | 20 Locali | The state of the s |
| 16 Local wages, tips, etc. | 19 100 | cal income tax | 20 Locality Harrie | | 10 LUC | ii wages, iips, eii | C. | 19 LUCAII | ncome tax | 20 Locali | ny name |
| | | | | | | | | | | | |
| Form W-2 Wage and Tax This information is being furnish | Statement | al Povonuo Sorvico | Dept. of the | Treasury - IRS | Form W | /-2 Wage and Ta | ax Staten | nent | | 1 | Dept. of the Treasury - IR |
| This information is being fulfills | nea to the mitem | ai Nevellue Service. | | | | | | | | | |
| This information is being furnish | | | | rn, a negligence | | | | DE | V 12/19/23 QBDT | | |
| penalty or other sanction may b | | | d you fail to report it. | | Conv | , 2 To Bo Fi | ilod W | | Novee's State | 20 | 123 |

| Copy C For EM | PLOYE | 2023 | | | | | | |
|---|---------------------------------------|-------------|---------------------|------------------------------------|---------------------|--|--|--|
| (See Notice to E | <u> </u> | | | OM | B No. 1545-0008 | | | |
| a Employee's SSN | 1 Wages, tips, other comp. | | | 2 Federal income tax withheld | | | | |
| | 89000.00 | | | 11898.00 | | | | |
| 200-45-6559 | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| b Employer ID no. (EIN) | 89000.00 5 Medicare wages and tips | | | 5518.00 6 Medicare tax withheld | | | | |
| | | | | | | | | |
| 86-1628308 | 89000.00 | | | 1290.50 | | | | |
| c Employer's name, ac PIONEER C 44335 PRE STE 120 | ONSU | LTINC | | | | | | |
| ASHBURN d Control number | | | | VA | 20147-5054 | | | |
| a Control number | | | | | | | | |
| e Employee's name, address, and ZIP code Suff. RAJANI KUMARI JANGITI 613 BERNARD ST APT 5 | | | | | | | | |
| DENTON, | | TX 76201 | | | | | | |
| 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 | | | | |
| 13 | 14 Ot | her | | 12b Code | | | | |
| Statutory employee | | | | 12c Code | | | | |
| Retirement Plan | | | | | 12C Code | | | |
| | | | | 12d Code | | | | |
| Third-party sick pay | | | ı | | 1 | | | |
| 15 State Employer's sta | to ID num | nhor | 16 State wages, tij | an ata | 17 State income tax | | | |
| 18 Local wages, tips, et | | 19 Local ir | | 20 Locality name | | | | |
| io Locai wages, tips, et | C. | Te Local I | ісопіе тах | Locality harne | | | | |
| Form W-2 Wage and Tax Statement Dept. of the Treasury - IR | | | | | | | | |

| Copy 2 To Be Fi | | | | , 20 | 23 | | | |
|--|---|---------------|--------------------|--------------------------------|-----------------|--|--|--|
| City, or Local Inc | | | | | B No. 1545-0008 | | | |
| a Employee's SSN | 1 Wag | jes, tips, ot | her comp. | 2 Federal income tax withheld | | | | |
| , , | | | 89000.00 | 11898.00 | | | | |
| 200-45-6559 | 3 Soci | al security | wages | 4 Social security tax withheld | | | | |
| b Employer ID no. (EIN) | | | 89000.00 | 5518.00 | | | | |
| | 5 Med | icare wage | s and tips | 6 Medicare tax withheld | | | | |
| 86-1628308 | | | 89000.00 | 1290.50 | | | | |
| c Employer's name, and PIONEER Co | ONSU | JLTIN(| de G SERVICE | S INC | C | | | |
| STE 120 ASHBURN | | VA | 20147-5054 | | | | | |
| d Control number | | | | | | | | |
| e Employee's name, address, and ZIP code Suff. RAJANI KUMARI JANGITI | | | | | | | | |
| 613 BERNARD ST APT 5 DENTON, TX 76201 | | | | | | | | |
| 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 | | | | |
| 13 | 14 Ot | ther | | 12b Code | | | | |
| Statutory employee | | | | 12c Code | | | | |
| Retirement Plan | | | | 12d Code | | | | |
| Third-party sick pay | | | | 12 d C | ode | | | |
| | | | 40.00 | | 47.00 | | | |
| 15 State Employer's state ID number 16 State wages, tip | | | | | | | | |
| 18 Local wages, tips, etc | 19 Local in | ncome tax | x 20 Locality name | | | | | |
| Form W-2 Wage and Ta | Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS | | | | | | | |