

| | | | | | | |
|---|----------------------------|--|--|--|----------------------------|-------------------------|
| a Employee's SSN 045-53-0790 | | b Employer identification number (EIN) 47-2643117 | | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP code ARGUELLO VENTURES INC DBA THE LIL THE LILYPAD 18952 REDLAND RD, #1 SAN ANTONIO TX 78259 | | 1 Wgs, tips, other compn 35094.05 | 2 Fed inc tax withheld | 3 Social security wages 35094.05 | | |
| | | 4 SS tax withheld 2175.83 | 5 Medicare wages & tips 35094.05 | 6 Medicare tax withheld 508.86 | | |
| | | 7 Social security tips | 8 Allocated tips | 9 | | |
| d Control number | | 10 Depdnt care benefits 306.50 | 11 Nonqualified plans | | 12a | |
| e Employee's name, address, and ZIP code Suff. NUPUR BISWAL 19314 SALVIA BEND SAN ANTONIO TX 78259 | | 13 Statutory employee <input type="checkbox"/> | 14 Other | | 12b | |
| | | Retirement plan <input type="checkbox"/> | | | 12c | |
| | | Third-party sick pay <input type="checkbox"/> | | | 12d | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc | 17 State income tax | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name |

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

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

REV 12/19/23 QBDT

Department of the Treasury — IRS

| | | | | | | |
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| e Employee's name, address, and ZIP code Suff. NUPUR BISWAL 19314 SALVIA BEND SAN ANTONIO TX 78259 | | 13 Statutory employee <input type="checkbox"/> | 14 Other | | 12b | |
| | | Retirement plan <input type="checkbox"/> | | | 12c | |
| | | Third-party sick pay <input type="checkbox"/> | | | 12d | |
| 15 State | Employer's state ID No. | 16 State wages, tips, etc | 17 State income tax | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name |

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

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

REV 12/19/23 QBDT

| | | | | | | |
|---|-------------------------|---|--|--|----------------------------|-------------------------|
| a Employee's SSN 045-53-0790 | | b Employer identification number (EIN) 47-2643117 | | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP code ARGUELLO VENTURES INC DBA THE LIL THE LILYPAD 18952 REDLAND RD, #1 SAN ANTONIO TX 78259 | | This information is being furnished to the IRS. 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. | | | | |
| | | 1 Wgs, tips, other compn 35094.05 | 2 Fed inc tax withheld | 3 Social security wages 35094.05 | | |
| | | 4 SS tax withheld 2175.83 | 5 Medicare wages & tips 35094.05 | 6 Medicare tax withheld 508.86 | | |
| d Control No. | | 7 Social security tips | 8 Allocated tips | 9 | | |
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| | | 13 Statutory employee <input type="checkbox"/> | 14 Other | | 12b | |
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| Third-party sick pay <input type="checkbox"/> | 12d | | | | | |
| 15 State | Employer's state ID No. | 16 State wages, tips, etc | 17 State income tax | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name |

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

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)

REV 12/19/23 QBDT