

OMB# 1545-0008

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

1 Wages, tips, other compensation 78975.00		2 Federal income tax withheld 7633.89	
3 Social security wages 78975.00		4 Social security tax withheld 4896.45	
a Employee's social security number 187-73-9279		5 Medicare wages and tips 78975.00	
		6 Medicare tax withheld 1145.14	
c Employer's name, address and ZIP code  PBITS INC 137 N OAK PARK AVE, STE 215, # 308 OAK PARK IL 60301			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name  SOMYAPRAVA MOHAPATRA 43061 PONY TRUCK TER ASHBURN VA 20147			
f Employee's address and ZIP Code		9	12a \$
b Employer identification number (EIN) 84-3366028		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	third-party sick pay <input type="checkbox"/>	12e \$
15 State VA	Employer's state ID number 30-843366028F-001	16 State wages, tips, etc. 78975.00	17 State income tax 4062.73
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury - Internal Revenue Service

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

1 Wages, tips, other compensation 78975.00		2 Federal income tax withheld 7633.89	
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c Employer's name, address and ZIP code  PBITS INC 137 N OAK PARK AVE, STE 215, # 308 OAK PARK IL 60301			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name  SOMYAPRAVA MOHAPATRA 43061 PONY TRUCK TER ASHBURN VA 20147			
f Employee's address and ZIP Code		9	12a \$
b Employer identification number (EIN) 84-3366028		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	third-party sick pay <input type="checkbox"/>	12e \$
15 State VA	Employer's state ID number 30-843366028F-001	16 State wages, tips, etc. 78975.00	17 State income tax 4062.73
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury - Internal Revenue Service

OMB# 1545-0008

**COPY B - To Be Filed With Employers FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service**

1 Wages, tips, other compensation 78975.00		2 Federal income tax withheld 7633.89	
3 Social security wages 78975.00		4 Social security tax withheld 4896.45	
a Employee's social security number 187-73-9279		5 Medicare wages and tips 78975.00	
		6 Medicare tax withheld 1145.14	
c Employer's name, address and ZIP code  PBITS INC 137 N OAK PARK AVE, STE 215, # 308 OAK PARK IL 60301			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name  SOMYAPRAVA MOHAPATRA 43061 PONY TRUCK TER ASHBURN VA 20147			
f Employee's address and ZIP Code		9	12a \$
b Employer identification number (EIN) 84-3366028		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	third-party sick pay <input type="checkbox"/>	12e \$
15 State VA	Employer's state ID number 30-843366028F-001	16 State wages, tips, etc. 78975.00	17 State income tax 4062.73
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury - Internal Revenue Service

OMB# 1545-0008

**COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee Below)**

1 Wages, tips, other compensation 78975.00		2 Federal income tax withheld 7633.89	
3 Social security wages 78975.00		4 Social security tax withheld 4896.45	
a Employee's social security number 187-73-9279		5 Medicare wages and tips 78975.00	
		6 Medicare tax withheld 1145.14	
c Employer's name, address and ZIP code  PBITS INC 137 N OAK PARK AVE, STE 215, # 308 OAK PARK IL 60301			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name  SOMYAPRAVA MOHAPATRA 43061 PONY TRUCK TER ASHBURN VA 20147			
f Employee's address and ZIP Code		9	12a \$
b Employer identification number (EIN) 84-3366028		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	third-party sick pay <input type="checkbox"/>	12e \$
15 State VA	Employer's state ID number 30-843366028F-001	16 State wages, tips, etc. 78975.00	17 State income tax 4062.73
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a