| 55555 | a Employee's social security number 337-47-5650 | OMB No. 154 | 5-0008 | | | | |
|---------------------------------------------------|-------------------------------------------------|----------------|--------------|-------------------------------------------------------------------|--------------------------------|---------------|--|
| b Employer identification number (EIN) 92-1347631 | | | 1 W | ages, tips, other compensation 11000.00 2 Federal income tax with | | | |
| c Employer's name, address, and ZIP code | | | 3 So | ocial security wages | 4 Social security tax withheld | | |
| SPESH TALENT LLC | | | | 11000.00 | | 682.00 | |
| 1911 CANYON LN | | | 5 M | edicare wages and tips 11000.00 | • | | |
| MELISSA TX 75454 | | | 7 Sc | ocial security tips | 8 Allocated tips | | |
| d Control number | | | 9 | | 10 Dependent care ben | efits | |
| e Employee's first name and initial | | Suff. | 11 N | onqualified plans | 12a | | |
| SARASWATHI 1911 CANYON LN | SEEMAKURTHI | | 13 Sta | atutory Retirement Third-party sick pay | | | |
| 1911 CANTON LIN | | | 14 Ot | her | 12c | | |
| MELISSA TX 75454 | | | | | 12d C 0 0 0 | | |
| f Employee's address and ZIP cod | de | | | | | | |
| 15 State Employer's state ID numb | eer 16 State wages, tips, etc. | 17 State incon | ne tax | 18 Local wages, tips, etc. | 19 Local income tax 20 | Locality name | |
| _ W_2 Wage and | d Tax Statement | בחל ' | | Department of | I I | enue Service | |

Copy 1—For State, City, or Local Tax Department

| | a Employee's social security number 337-47-5650 | OMB No. 1545 | 5-0008 | Safe, accurate, FAST! Use | ≁file | Visit the IRS website at www.irs.gov/efile | |
|---------------------------------------------------|-------------------------------------------------|----------------|---------------------------------------------------------------|----------------------------------------|--------------------------------|--------------------------------------------|--|
| b Employer identification number (EIN) 92-1347631 | | | 1 Wag | ges, tips, other compensation 11000.00 | 2 Federa | al income tax withheld 1646.33 | |
| c Employer's name, address, and | ZIP code | | 3 Soc | cial security wages | 4 Social security tax withheld | | |
| SPESH TALENT LLC | | | 11000.00 682. | | | | |
| 1911 CANYON LN | | | 5 Medicare wages and tips 11000.00 6 Medicare tax withheld 15 | | | eare tax withheld 159.50 | |
| MELISSA TX 75454 | | | 7 Social security tips 8 Allocated tips | | | ted tips | |
| d Control number | | | 9 | | 10 Deper | ndent care benefits | |
| e Employee's first name and initial | | Suff. | 11 No | nqualified plans | 12a See in | nstructions for box 12 | |
| SARASWATHI | SEEMAKURTHI | <u> </u> | 13 Statu | utory Retirement Third-party | 12b | | |
| 1911 CANYON LN | | | employée plan sick pay C | | | | |
| | | | 14 Oth | er | 12c | | |
| MELISSA TX 75454 | | | | | 12d | | |
| f Employee's address and ZIP cod | le | | | | е | | |
| 15 State Employer's state ID numb | | 17 State incom | e tax | 18 Local wages, tips, etc. | 19 Local inc | ome tax 20 Locality name | |
| | | | | + | | | |

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



Department of the Treasury-Internal Revenue Service

| | a Employee's social security number 337-47-5650 | OMB No. 154 | | This information is being furnis are required to file a tax return may be imposed on you if this | , a negligence | penalty or o | other sanction |
|-----------------------------------------------------------------------------|--------------------------------------------------------|----------------|-----------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------|------------------|
| b Employer identification number (EIN) 92-1347631 | | | 1 Wag | jes, tips, other compensation 11000.00 | 2 Federal income tax withheld 1646.33 | | |
| c Employer's name, address, and ZIP code SPESH TALENT LLC | | | 3 Soc | ial security wages 11000.00 | 4 Social security tax withheld 682.00 | | |
| 1911 CANYON LN | | | 5 Med | dicare wages and tips 11000.00 | 6 Medicare tax withheld 159.50 | | |
| MELISSA TX 75454 | | | 7 Soc | ial security tips | 8 Alloca | ted tips | |
| d Control number | | | 9 | | 10 Deper | ident care | benefits |
| e Employee's first name and initial | Last name | Suff. | 11 Nor | nqualified plans | 12a See in | structions | for box 12 |
| SARASWATHI 1911 CANYON LN | SEEMAKURTHI | | 13 Statue emplo | oyee plan sick pay | 12b | | |
| MELISSA TX 75454 | | | | | 12d | | |
| f Employee's address and ZIP cod | e | | | | | | |
| 15 State Employer's state ID numb | er 16 State wages, tips, etc. | 17 State incon | ne tax | 18 Local wages, tips, etc. | 19 Local inco | ome tax | 20 Locality name |
| | | | | | | | |
| Form W-2 Wage and Copy C-For EMPLOYEE'S RE (See Notice to Employee on the I | CORDS | 208 | 23 | Sa | f the Treasury fe, accurate, ST! Use | -Internal | Revenue Service |



| | a Employee's social security number | | | | | |
|-----------------------------------------------|-------------------------------------|----------------|---------------|-------------------------------------------------------------|--------------------------------------|--|
| | 337-47-5650 | OMB No. 154 | 5-0008 | | | |
| b Employer identification number (EIN) | | | 1 Wag | 1 Wages, tips, other compensation 2 Federal income tax with | | |
| 92-1347631 | | | | 11000.00 | 1646.33 | |
| c Employer's name, address, and ZIP code | | | 3 Soc | 3 Social security wages 4 Social security tax withh | | |
| SPESH TALENT LLC | | | 11000.00 682. | | | |
| 1911 CANYON LN | | | 5 Me | dicare wages and tips | 6 Medicare tax withheld | |
| | | | | 11000.00 | 159.50 | |
| MELISSA TX 75454 | | | 7 Soc | cial security tips | 8 Allocated tips | |
| MELISSA 1X 75454 | | | | | | |
| d Control number | | | 9 | | 10 Dependent care benefits | |
| | | | | | | |
| e Employee's first name and init | tial Last name | Suff. | 11 No | nqualified plans | 12a | |
| SARASWATHI | SEEMAKURTHI | | | | o d e | |
| SANASWATTII | GEEWARORTH | | 13 Stati | utory Retirement Third-party loyee plan sick pay | 12b | |
| 1911 CANYON LN | | | | | d e | |
| | | | 14 Oth | er | 12c | |
| | | | | | d e | |
| MELISSA TX 75454 | | | | | 12d | |
| | | | | | d e | |
| f Employee's address and ZIP of | | | | | | |
| 15 State Employer's state ID nu | mber 16 State wages, tips, etc. | 17 State incon | ne tax | 18 Local wages, tips, etc. | 19 Local income tax 20 Locality name | |
| | | | | | ļ | |
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| | | 1 | | 1 | i l | |

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



Department of the Treasury-Internal Revenue Service