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|--|----------------------------|--|---|----------------------------|--|
| 22222 | | a Employee's social security number 337-47-5650 | | OMB No. 1545-0008 | |
| b Employer identification number (EIN) 92-1347631 | | | 1 Wages, tips, other compensation 11000.00 | | 2 Federal income tax withheld 1646.33 |
| c Employer's name, address, and ZIP code SPESH TALENT LLC 1911 CANYON LN MELISSA TX 75454 | | | 3 Social security wages 11000.00 | | 4 Social security tax withheld 682.00 |
| | | | 5 Medicare wages and tips 11000.00 | | 6 Medicare tax withheld 159.50 |
| | | | 7 Social security tips | | 8 Allocated tips |
| d Control number | | | 9 | | 10 Dependent care benefits |
| e Employee's first name and initial SARASWATHI | Last name SEEMAKURTHI | Suff. | 11 Nonqualified plans | | 12a |
| 1911 CANYON LN MELISSA TX 75454 | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b |
| | | | 14 Other | | 12c |
| f Employee's address and ZIP code | | | | | 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
Copy 1—For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service

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|--|----------------------------|----------------------------|---|--|--|--|--|
| a Employee's social security number 337-47-5650 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use  | | Visit the IRS website at www.irs.gov/efile | |
| b Employer identification number (EIN) 92-1347631 | | | 1 Wages, tips, other compensation 11000.00 | | 2 Federal income tax withheld 1646.33 | | |
| c Employer's name, address, and ZIP code SPESH TALENT LLC 1911 CANYON LN MELISSA TX 75454 | | | 3 Social security wages 11000.00 | | 4 Social security tax withheld 682.00 | | |
| | | | 5 Medicare wages and tips 11000.00 | | 6 Medicare tax withheld 159.50 | | |
| | | | 7 Social security tips | | 8 Allocated tips | | |
| d Control number | | | 9 | | 10 Dependent care benefits | | |
| e Employee's first name and initial SARASWATHI | Last name SEEMAKURTHI | Suff. | 11 Nonqualified plans | | 12a See instructions for box 12 | | |
| 1911 CANYON LN MELISSA TX 75454 | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b | | |
| | | | 14 Other | | 12c | | |
| f Employee's address and ZIP code | | | | | 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
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2023

Department of the Treasury—Internal Revenue Service

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|---|----------------------------|---|---|-----------------------------------|---|-------------------------|--|--|--|--|
| | | a Employee's social security number 337-47-5650 | OMB No. 1545-0008 | | | | 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. | | | |
| b Employer identification number (EIN) 92-1347631 | | | 1 Wages, tips, other compensation 11000.00 | | 2 Federal income tax withheld 1646.33 | | | | | |
| c Employer's name, address, and ZIP code SPESH TALENT LLC 1911 CANYON LN MELISSA TX 75454 | | | 3 Social security wages 11000.00 | | 4 Social security tax withheld 682.00 | | | | | |
| | | | 5 Medicare wages and tips 11000.00 | | 6 Medicare tax withheld 159.50 | | | | | |
| | | | 7 Social security tips | | 8 Allocated tips | | | | | |
| d Control number | | | 9 | | 10 Dependent care benefits | | | | | |
| e Employee's first name and initial Last name Suff. SARASWATHI SEEMAKURTHI 1911 CANYON LN MELISSA TX 75454 | | | 11 Nonqualified plans | | 12a See instructions for box 12 | | | | | |
| | | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 12b | | | | | |
| | | | 14 Other | | 12c | | | | | |
| f Employee's address and ZIP code | | | | | 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
Copy C—For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of Copy B.)

2023

Department of the Treasury—Internal Revenue Service



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|---|----------------------------|---|---|-----------------------------------|---|-------------------------|--|--|--|--|
| | | a Employee's social security number 337-47-5650 | OMB No. 1545-0008 | | | | | | | |
| b Employer identification number (EIN) 92-1347631 | | | 1 Wages, tips, other compensation 11000.00 | | 2 Federal income tax withheld 1646.33 | | | | | |
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| | | | 5 Medicare wages and tips 11000.00 | | 6 Medicare tax withheld 159.50 | | | | | |
| | | | 7 Social security tips | | 8 Allocated tips | | | | | |
| d Control number | | | 9 | | 10 Dependent care benefits | | | | | |
| e Employee's first name and initial Last name Suff. SARASWATHI SEEMAKURTHI 1911 CANYON LN MELISSA TX 75454 | | | 11 Nonqualified plans | | 12a | | | | | |
| | | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 12b | | | | | |
| | | | 14 Other | | 12c | | | | | |
| f Employee's address and ZIP code | | | | | 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
**Copy 2—To Be Filed With Employee's State, City, or Local
Income Tax Return**

2023

Department of the Treasury—Internal Revenue Service