

a Employee's SSN 269-79-7269		b Employer identification number (EIN) 84-3531392			OMB No. 1545-0008	
c Employer's name, address, and ZIP code SFORCE CORP 1320 GREENWAY DR STE 850 IRVING TX 75038-2570		1 Wgs, tips, other compn 46500.00	2 Fed inc tax withheld 5479.00	3 Social security wages 46500.00	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.	
		4 SS tax withheld 2883.00	5 Medicare wages & tips 46500.00	6 Medicare tax withheld 674.25		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. PRATHYUSHA KAPOOR 5202 MASTERS WAY ALPHARETTA GA 30005		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

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Department of the Treasury — IRS

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c Employer's name, address, and ZIP code SFORCE CORP 1320 GREENWAY DR STE 850 IRVING TX 75038-2570		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 46500.00	2 Fed inc tax withheld 5479.00	3 Social security wages 46500.00	Form W-2 Wage and Tax Statement 2023 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)	
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