Copy B To Be Filed with Employee's PEDERAL Tax Return. 2023 OMB No. 1545-0008							Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.					
a Employee's SSN		ther comp. 64166.69	? Federa	l income tax withheld 9611.00	i		oyee's SSN		ges, tips, ot		9 2	
092-29-5801	3 Social Security	wages 4	Social:	security tax withheld 3 9 7 8 . 3 3	<u> </u>			3 Soci	ial security	wages 64166.6	a 4	
b Employer ID no. (EIN) 20 – 3757054	5 Medicare wage		6 Medica	re tax withheld 930.42		' '	ver ID no. (EIN) 3757054	5 Med	licare wage		6	
c Employer's name, a CANDOR PS	address, and ZIP co.	de			С	Emplo	oyer's name, ad IDOR PS ,	dress, a	and ZIP cod			
6060 HELI	YER AVE	#100				606	0 HELL	YER	AVE ‡	‡1 00		
SAN JOSE			CA	95138	SAN JOSE							
d Control number					d	Contro	ol number					
e Employee's name, a LINGAIAH 135 RIO R SAN JOSE	NARRA		CA	95134		LIN 135	oyee's name, ad IGAIAH 1 5 RIO RO I JOSE	NARR	2A			
7 Social security tips 8 Allocated tips		9		7 Social security tips 8 Allocated tip			ed tips					
10 Dependent care ber	nefits 11 Nonqua	11 Nonqualified plans		12a Code See inst. for box 12		10 Dependent care benefits		11 Nonqualified plans				
13		577.50 12b Code 12c Code 12d Code		ode	13 Statutory employee Retirement Plan		14 Other CA – SDI 577		577.	50		
Third-party sick pay			1200		Thir	rd-party	sick pay			T		
CA 306-97	45-2	64166	5.69	4170.77	С	CA 306-9745-2			64166			
15 State Employer's	state ID number	16 State wages, tips	, etc.	17 State income tax	15	State	Employer's state	e ID nui	mber	16 State wages	s, tips.	
18 Local wages, tips, e	etc. 19 Local i	ncome tax	20 Loca	ality name	18	Local	wages, tips, etc	.	19 Local in	ncome tax	2	
Form W-2 Wage and Tax Statement			Dent_of the Treasury - IRS			PS Form W-2 Wage and Tax Statement						

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service.

address, and ZIP code S, LLC LYER AVE #100 ${\sf CA}$ 95138 address, and ZIP code Suff. NARRA ROBELS E UNIT CA 95134 8 Allocated tips nefits 11 Nonqualified plans 12a Code See inst. for box 12 14 Other 12b Code CA-SDI 577.50 12c Code 12d Code 45-2 64166.69 4170.77 ate ID number 16 State wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name

Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

2023 OMB No. 1545-0008

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

9611.00

3978.33

930.42

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.

penany of other sanction may be imposed on you if this income is taxable and you fail to report it.								
Copy C For EMPLOYEE'S RECORDS. 2023 (See Notice to Employees). OMB No. 1545-0008								
1 War			ges, tips, other comp.		2 Federal income tax withheld			
a Employee's SSN			64166.69		9611.00			
092-29-5801 3 8		3 Soci	al security	wages	4 Social security tax withheld			
b Employer ID	no. (EIN)			64166.69	3978.33			
. ,		5 Med	icare wage	s and tips	6 Medica	re tax withheld		
20-375	7054			64166.69	930.4			
c Employer's name, address, and ZIP code CANDOR PS, LLC								
6060 HELLYER AVE #100								
SAN J	JOSE				CA	95138		
d Control number								
e Employee's name, address, and ZIP code Suff. LINGAIAH NARRA								
135 RIO ROBELS E UNIT								
SAN JOSE CA 95134								
7 Social security tips 8 Alloc			8 Allocate	ed tips	9			
10 Dependent care benefits 11			11 Nonqua	alified plans	12a Code See inst. for box 12			
13 14 Other			her	12b Code				
Statutory employee CA – S			SDI	577.5		12c Code		
Retirement Plan					12c Code			
					12d Cd	ode		
Third-party sick pay								
CA 306-9745-2			6416	6.69	4170.77			
15 State Employer's state ID number				16 State wages, tip	17 State income tax			
18 Local wages, tips, etc. 19 Local			19 Local ir	ncome tax	20 Locality	y name		

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Copy 2 To Be F	Copy 2 To Be Filed With Employee's State, 2023						
	City, or Local Income Tax Return. 2023 OMB No. 1545-0008						
a Employee's SSN	1 Wages, tips, of	ther comp.	2 Federal income tax withheld				
L Limpleyees a co. t		64166.69	9611.00				
092-29-5801	3 Social security	wages	4 Social security tax withheld				
b Employer ID no. (EIN)		64166.69	3978.33				
, , , , ,	5 Medicare wage		6 Medicare tax withheld				
20-3757054		64166.69		930.42			
c Employer's name, ac CANDOR PS	ldress, and ZIP co , LLC	de					
6060 HELLYER AVE #100							
SAN JOSE			CA 95138				
d Control number							
e Employee's name, ac LINGAIAH 1				Suff.			
SAN JOSE CA 95134							
7 Social security tips	8 Allocat	ed tips	9				
10 Dependent care bene	fits 11 Nonqu	alified plans	12a Code See inst. for box 12				
13	14 Other			12b Code			
Statutory employee	CA-SDI	577.5	12c Code				
Retirement Plan			.20				
			12d Code				
Third-party sick pay							
CA 306-974	15-2	6416		6.69 4170.75			
15 State Employer's stat	e ID number	ber 16 State wages, tips		s, etc. 17 State income tax			
18 Local wages, tips, et	c. 19 Local i	ncome tax	20 Locality name				
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS							