d Control number	1 Wa	ages, tips,	other co	mpensations	2 Federal inc	come tax withheld
000101				17282.24		1888.65
OMB NO. 1545-0008	3 Sc	cial secur	ity wage	S	4 Social sec	urity tax withheld
000000321				17282.24		1071.50
	edicare wa	iges and	tips	6 Medicare t	ax withheld	
FORM 1 of 1				17282.24		250.59
M3BI LLC 7336 E Deer Suite 100 Scottsdale, A						
7 Social security tips		8 Alloca	8 Allocated tips		9	
10 Dependent care benefits		11 None	11 Nonqualified plans		12a	
					DD	1023.26
12b		12c			12d	
b Employer identificati	on num	ber (EIN)		a Employee's s	ocial security	number
	,	27-223	6003			701-81-3184
13 Statutory employee Plan	nent Ti	nird-party ck pay	14 Othe	er		
e Employee's name, a	/ELL		code			
16825 N 14T UNIT# 30 PHOENIX, A	Z 850	22				
UNIT# 30 PHOENIX, A		22 Employer	s state I	D No.	16 State wag	ges, tips, etc.

202	3	AZ	0272236003	17282.24
W-2 Wage and Tax Statement Copy C for EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)		and Tax nent	17 State income tax 345.64	18 Local wages, tips, etc.
		plovee	19 Local income tax	20 Locality name

a control mann	ber 1	1 Wages, tips, other compensations 2 Federal income tax with				ome tax withheld	
000	0101	1			17282.24		1888.65
OMB NO. 1545	-0008	3 Social security wages			S	4 Social secu	rity tax withheld
000000321					17282.24		1071.50
5 Me			Medicare wages and tips			6 Medicare ta	ax withheld
FORM 1 of 1					17282.24		250.59
	Deer Va 00 lale, AZ	8525	5				
7 Social security tips			8 Allocated tips			9	
10 Dependent care benefits			11 Nonqualified plans			12a	
						DD	1023.26
12b			12c		12d		
b Employer ide	ntification r	number	(EIN)		a Employee's s	ocial security	number
		27	-223	6003			701-81-3184
	Retirement plan	t Third sick p	-party bay	14 Othe	er		
e Employee's I	A RAVE	LLA	a ZIP d	code			
16825 N UNIT#3 PHOEN	30 IX, AZ 8	3 5022		s state II		16 State wag	
PHOEN 202	30 IX, AZ 8	35022 ate Em	ployer'	02	272236003		17282.24
PHOEN 202	3 Is st AZ 8 AZ Wage and Statement to Filed With	ate Em	ployer'		272236003	16 State wag	17282.24

1	d Control number	1 Wa	ages, tips, other co	ompensations	2 Federal income tax withheld	
	000101		17282.2		1888.6	5
1	OMB NO. 1545-0008	3 So	cial security wages		4 Social security tax withheld	
	000000321		17282.2		1071.5	0
1		5 Me	edicare wages and	l tips	6 Medicare tax withheld	
	FORM 1 of 1			17282.24	250.5	9
	c Employer's name, a M3BI LLC 7336 E Deer Suite 100 Scottsdale,	Valle	y Road			
	7 Social security tips		8 Allocated tips		9	
1	10 Dependent care be	enefits	11 Nonqualified	plans	12a	_
l					DD 1023.2	6
l	12b	12b			12d	_
l						
1	b Employer identificati	on num	ber (EIN)	a Employee's s	social security number	_
		2	27-2236003		701-81-318	4
	13 Statutory employee Retirement plan Sick pay 14 Other sick pay e Employee's name, address and ZIP code LIKHITA RAVELLA 16825 N 14TH ST UNIT# 30 PHOENIX, AZ 85022					
	2023	15 State	Employer's state I	D No.	16 State wages, tips, etc.	
		ΑZ		272236003	17282.2	4
	W-2 Wage a	nd Tax	17 State income	tax	18 Local wages, tips, etc.	
	Copy B-To Be Filed	with		345.64		
	EMPLOYEE'S FED Tax Return	ERAL	19 Local income	tax	20 Locality name	
ı					easury - Internal Revenue Serv	

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service