Copy B To Be Filed with Employee's FEDERAL Tax Return.				202 OM	<b>23</b> B No. 1545-0008	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.					<b>2023</b> OMB No. 1545-0008		
a Employee's SSN	1 Wag	ges, tips, ot			income tax withheld		oloyee's SSN		es, tips, ot	her comp.		al income tax withheld	
404-81-1528	3 500	ial security	84000.00	A Social	10740.00 security tax withheld	404	-81-1528	2 500	al security	84000.00	4 Social	10740.00 security tax withheld	
	3 300	al security	wages	4 300iai 3	security tax withheid	-		3 3000	al security	wages	4 30ciai	security tax withheld	
<b>b</b> Employer ID no. (EIN)	5 Med	licare wage	s and tips	6 Medica	re tax withheld		oyer ID no. (EIN)	5 Medi	icare wage	es and tips	6 Medica	are tax withheld	
86-1628308									4.0				
c Employer's name, address, and ZIP code PIONEER CONSULTING SERVICES INC						c Employer's name, address, and ZIP code PIONEER CONSULTING SERVICES INC							
44335 PREMIER PLZ							335 PRE	MIER	PLZ				
STE 120 ASHBURN VA				20147-5054		E 120 HBURN				VA	20147-5054		
d Control number					10117 0001		trol number					2011, 3031	
e Employee's name, a					Suff.		oloyee's name, a					Suff.	
VINAY CHA							NAY CHA						
1515 AUTUMN SAGE WAY ROUND ROCK TX 78664							1515 AUTUMN SAGE WAY ROUND ROCK					78664	
7 Social security tips		8 Allocate	ed tips	9		7 Soci	al security tips		8 Allocate	ed tips	9		
10 Dependent care benefits		11 Nonqualified plans		<b>12a</b> Co	12a Code See inst. for box 12		10 Dependent care benefits		11 Nonqualified plans		<b>12a</b> C	12a Code See inst. for box 12	
13	14 0	ther		12b C	ode	13		14 Ot	her		12b C	ode	
Statutory employee							employee						
Retirement Plan				12c C	ode	Retireme	int Plan				<b>12c</b> C	ode	
			12d Code		Rearente					12d Code			
Third-party sick pay						Third-par	ty sick pay			1		1	
VA 30-86162	28308	F-001	8400	0.00	4116.00	VA	30-86162	28308	F-001	8400	00.00	4116.00	
15 State Employer's s	tate ID i	number	16 State wages, ti	os, etc.	17 State income tax	15 State	Employer's stat	te ID nur	nber	16 State wages, tip	os, etc.	17 State income tax	
18 Local wages, tips, etc. 19 Local income tax			20 Loca	lity name	18 Loca	al wages, tips, et	tc.	<b>19</b> Local ir	ncome tax	20 Localit	y name		
Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS						Form V	V-2 Wage and Ta	ax Staten	nent			Dept. of the Treasury - IRS	
5													
This information is he'	1-1	ha lata and D	Consider If		file a terrar terrar a secolar								
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.						REV 12/19/23 QBDT							
Copy C For EMPLOYEE'S RECORDS. 2023						Copy 2 To Be Filed With Employee's State. 2023							

(See Notice to El	mplovees).	OMB No. 1545-0008	City, or Local Income	OMB No. 1545-0008				
a Employee's SSN	1 Wages, tips, other comp.	2 Federal income tax withheld		ages, tips, other comp.	2 Federal income tax withheld			
a Employee's SSN	84000.00	10740.00	a Employee's SSN	84000.00	10740.00			
404-81-1528	3 Social security wages	4 Social security tax withheld	404-81-1528 3 So	cial security wages	4 Social security tax withheld			
b Employer ID no. (EIN)			b Employer ID no. (EIN)					
	5 Medicare wages and tips	6 Medicare tax withheld	5 Me	dicare wages and tips	6 Medicare tax withheld			
86-1628308			86-1628308					
c Employer's name, ad PIONEER CO	dress, and ZIP code DNSULTING SERVIC	ES INC	c Employer's name, address, and ZIP code PIONEER CONSULTING SERVICES INC					
44335 PREN	MIER PLZ		44335 PREMIE	R PLZ				
STE 120			STE 120					
ASHBURN d Control number		VA 20147-5054	ASHBURN d Control number		VA 20147-5054			
	NDRA CHITNENI	Suff.	e Employee's name, address, and ZIP code Suff. VINAY CHANDRA CHITNENI					
1515 AUTUN	MN SAGE WAY		1515 AUTUMN	SAGE WAY				
ROUND ROCH	K	TX 78664	ROUND ROCK TX 78664					
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9			
10 Dependent care bene	fits 11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12			
13	14 Other	12b Code	-	Other	12b Code			
Statutory employee		12c Code	Statutory employee		<b>12c</b> Code			
Retirement Plan			Retirement Plan		120 0000			
		12d Code			12d Code			
Third-party sick pay			Third-party sick pay					
VA 30-86162	8308F-001 840	00.00 4116.00	VA 30-86162830	8F-001 8400	00.00 4116.00			
15 State Employer's state	e ID number 16 State wages,	tips, etc. 17 State income tax	15 State Employer's state ID n	umber 16 State wages, tip	ps, etc. 17 State income tax			
18 Local wages, tips, etc	c. <b>19</b> Local income tax	20 Locality name	<b>18</b> Local wages, tips, etc. <b>19</b> Local income tax		20 Locality name			
Form W-2 Wage and Ta	x Statement	Dept. of the Treasury - IRS	Form W-2 Wage and Tax State	ement	Dept. of the Treasury - IRS			
1 0mm W-2 Waye allu Ta		Dept. of the Treasury - IKS	1 Juni W-2 Waye and Tax Slate	Smont	Dept. of the Treasury - IKS			