

OMB# 1545-0008

COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 665.00		2 Federal income tax withheld	
3 Social security wages 665.00		4 Social security tax withheld 41.23	
5 Medicare wages and tips 665.00		6 Medicare tax withheld 9.64	
a Employee's social security number 856-36-4645			
c Employer's name, address and ZIP code LEVEL UP PIONEERS LLC. 1770 DEARBORNE LANE ALPHARETTA GA 30009			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name SAI KIRTHI ARIGE 1045 MIRANDA TER ALPHARETTA GA 30004			
f Employee's address and ZIP Code		9	12a \$
b Employer identification number (EIN) 85-2274747		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12e \$	
15 State GA	Employer's state ID number 3409841-CT	16 State wages, tips, etc. 665.00	17 State income tax 4.37
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury - Internal Revenue Service

OMB# 1545-0008

COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 665.00		2 Federal income tax withheld	
3 Social security wages 665.00		4 Social security tax withheld 41.23	
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c Employer's name, address and ZIP code LEVEL UP PIONEERS LLC. 1770 DEARBORNE LANE ALPHARETTA GA 30009			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name SAI KIRTHI ARIGE 1045 MIRANDA TER ALPHARETTA GA 30004			
f Employee's address and ZIP Code		9	12a \$
b Employer identification number (EIN) 85-2274747		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12e \$	
15 State GA	Employer's state ID number 3409841-CT	16 State wages, tips, etc. 665.00	17 State income tax 4.37
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury - Internal Revenue Service

OMB# 1545-0008

COPY B - To Be Filed With Employers FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

1 Wages, tips, other compensation 665.00		2 Federal income tax withheld	
3 Social security wages 665.00		4 Social security tax withheld 41.23	
5 Medicare wages and tips 665.00		6 Medicare tax withheld 9.64	
a Employee's social security number 856-36-4645			
c Employer's name, address and ZIP code LEVEL UP PIONEERS LLC. 1770 DEARBORNE LANE ALPHARETTA GA 30009			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name SAI KIRTHI ARIGE 1045 MIRANDA TER ALPHARETTA GA 30004			
f Employee's address and ZIP Code		9	12a \$
b Employer identification number (EIN) 85-2274747		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12e \$	
15 State GA	Employer's state ID number 3409841-CT	16 State wages, tips, etc. 665.00	17 State income tax 4.37
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury - Internal Revenue Service

OMB# 1545-0008

COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee Below)

1 Wages, tips, other compensation 665.00		2 Federal income tax withheld	
3 Social security wages 665.00		4 Social security tax withheld 41.23	
5 Medicare wages and tips 665.00		6 Medicare tax withheld 9.64	
a Employee's social security number 856-36-4645			
c Employer's name, address and ZIP code LEVEL UP PIONEERS LLC. 1770 DEARBORNE LANE ALPHARETTA GA 30009			
d Control Number	Department	Corporation	Employer Use Only
e Employee's name SAI KIRTHI ARIGE 1045 MIRANDA TER ALPHARETTA GA 30004			
f Employee's address and ZIP Code		9	12a \$
b Employer identification number (EIN) 85-2274747		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12e \$	
15 State GA	Employer's state ID number 3409841-CT	16 State wages, tips, etc. 665.00	17 State income tax 4.37
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury - Internal Revenue Service

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.