

2023 Form W-2 Wage and Tax Statement		22222	Void	7 Social security tips	1 Wages, tips, other comp. 349.20	2 Federal income tax withheld
c Employer's name, address, and ZIP code SPHERION STAFFING LLC 3625 CUMBERLAND BLVD, SUITE 600 ATLANTA GA 30339				8 Allocated tips	3 Social security wages 349.20	4 Social security tax withheld 21.65
d Control Number 121397291 TLM				9	5 Medicare wages and tips 349.20	6 Medicare tax withheld 5.06
e Employee's name, address, and ZIP code SANIT BUSANGI 971 OXBOW LN LEXINGTON 29073 LEXINGTON SC 29073				10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee Retirement Plan Third-party Sick pay				14 Other		12b
b Employer identification number (EIN) 26-3591209						12c
a Employee's social security no. 444-75-0380						12d
15 State SC	Employer's state ID no. 25531449-4	16 State wages, tips, etc. 349.20	17 State income tax 9.55	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

COPY 1/D EMPLOYER'S - STATE, LOCAL OR FILE COPY For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. OMB No. 1545-0008 Dept. of the Treasury - IRS

2023 Form W-2 Wage and Tax Statement		22222	Void	7 Social security tips	1 Wages, tips, other comp. 349.20	2 Federal income tax withheld
c Employer's name, address, and ZIP code SPHERION STAFFING LLC 3625 CUMBERLAND BLVD, SUITE 600 ATLANTA GA 30339				8 Allocated tips	3 Social security wages 349.20	4 Social security tax withheld 21.65
d Control Number 121397291 TLM				9	5 Medicare wages and tips 349.20	6 Medicare tax withheld 5.06
e Employee's name, address, and ZIP code SANIT BUSANGI 971 OXBOW LN LEXINGTON 29073 LEXINGTON SC 29073				10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee Retirement Plan Third-party Sick pay				14 Other		12b
b Employer identification number (EIN) 26-3591209						12c
a Employee's social security no. 444-75-0380						12d
15 State SC	Employer's state ID no. 25531449-4	16 State wages, tips, etc. 349.20	17 State income tax 9.55	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

COPY 1/D EMPLOYER'S - STATE, LOCAL OR FILE COPY For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. OMB No. 1545-0008 Dept. of the Treasury - IRS

2023 Form W-2 Wage and Tax Statement		22222	Void	7 Social security tips	1 Wages, tips, other comp. 349.20	2 Federal income tax withheld
c Employer's name, address, and ZIP code SPHERION STAFFING LLC 3625 CUMBERLAND BLVD, SUITE 600 ATLANTA GA 30339				8 Allocated tips	3 Social security wages 349.20	4 Social security tax withheld 21.65
d Control Number 121397291 TLM				9	5 Medicare wages and tips 349.20	6 Medicare tax withheld 5.06
e Employee's name, address, and ZIP code SANIT BUSANGI 971 OXBOW LN LEXINGTON 29073 LEXINGTON SC 29073				10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee Retirement Plan Third-party Sick pay				14 Other		12b
b Employer identification number (EIN) 26-3591209						12c
a Employee's social security no. 444-75-0380						12d
15 State SC	Employer's state ID no. 25531449-4	16 State wages, tips, etc. 349.20	17 State income tax 9.55	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

COPY 1/D EMPLOYER'S - STATE, LOCAL OR FILE COPY For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. OMB No. 1545-0008 Dept. of the Treasury - IRS

2023 Form W-2 Wage and Tax Statement		22222	Void	7 Social security tips	1 Wages, tips, other comp. 349.20	2 Federal income tax withheld
c Employer's name, address, and ZIP code SPHERION STAFFING LLC 3625 CUMBERLAND BLVD, SUITE 600 ATLANTA GA 30339				8 Allocated tips	3 Social security wages 349.20	4 Social security tax withheld 21.65
d Control Number 121397291 TLM				9	5 Medicare wages and tips 349.20	6 Medicare tax withheld 5.06
e Employee's name, address, and ZIP code SANIT BUSANGI 971 OXBOW LN LEXINGTON 29073 LEXINGTON SC 29073				10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee Retirement Plan Third-party Sick pay				14 Other		12b
b Employer identification number (EIN) 26-3591209						12c
a Employee's social security no. 444-75-0380						12d
15 State SC	Employer's state ID no. 25531449-4	16 State wages, tips, etc. 349.20	17 State income tax 9.55	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

COPY 1/D EMPLOYER'S - STATE, LOCAL OR FILE COPY For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. L87R 5406 OMB No. 1545-0008 Dept. of the Treasury - IRS