

OMB# 1545-0008
COPY 2 - To Be Filed With
Employee's State, City, or
Local Income Tax Return

1 Wages, tips, other compensation 140000.00		2 Federal income tax withheld 13564.00	
3 Social security wages 140000.00		4 Social security tax withheld 8680.00	
a Employee's social security number 333-79-2309		6 Medicare tax withheld 2030.00	
c Employer's name, address, and ZIP code GSSR INC 14900 BOGLE DR, SUITE 102 CHANTILLY VA 20151			
e Employee's name KANHAIYA PRASAD 525 E OAK ST, #115 LAKELAND FL 33801			
f Employee's address and ZIP code		9	12a \$
b Employer identification number (EIN) 94-3368779		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement plan Third-party sick pay			12e \$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
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

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

1 Wages, tips, other compensation 140000.00		2 Federal income tax withheld 13564.00	
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e Employee's name KANHAIYA PRASAD 525 E OAK ST, #115 LAKELAND FL 33801			
f Employee's address and ZIP code		9	12a \$
b Employer identification number (EIN) 94-3368779		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement plan Third-party sick pay			12e \$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
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
Employee's FEDERAL Tax Return.
 This information is being furnished to
 the Internal Revenue Service.

1 Wages, tips, other compensation 140000.00		2 Federal income tax withheld 13564.00	
3 Social security wages 140000.00		4 Social security tax withheld 8680.00	
a Employee's social security number 333-79-2309		6 Medicare tax withheld 2030.00	
c Employer's name, address, and ZIP code GSSR INC 14900 BOGLE DR, SUITE 102 CHANTILLY VA 20151			
e Employee's name KANHAIYA PRASAD 525 E OAK ST, #115 LAKELAND FL 33801			
f Employee's address and ZIP code		9	12a See instructions for box 12 \$
b Employer identification number (EIN) 94-3368779		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement plan Third-party sick pay			12e \$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
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
on the back of Copy B.)

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3 Social security wages 140000.00		4 Social security tax withheld 8680.00	
a Employee's social security number 333-79-2309		6 Medicare tax withheld 2030.00	
c Employer's name, address, and ZIP code GSSR INC 14900 BOGLE DR, SUITE 102 CHANTILLY VA 20151			
e Employee's name KANHAIYA PRASAD 525 E OAK ST, #115 LAKELAND FL 33801			
f Employee's address and ZIP code		9	12a See instructions for box 12 \$
b Employer identification number (EIN) 94-3368779		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement plan Third-party sick pay			12e \$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
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