

<b>a</b> Employee's SSN 722-86-2468		<b>b</b> Employer identification number (EIN) 82-2242587			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code SOLSTICE SOLUTIONS INC  750 MAIN STREET SUITE 704  HARTFORD CT 06103		<b>1</b> Wgs, tips, other compn 19129.17	<b>2</b> Fed inc tax withheld 2378.00	<b>3</b> Social security wages 19129.17		
		<b>4</b> SS tax withheld 1186.01	<b>5</b> Medicare wages & tips 19129.17		<b>6</b> Medicare tax withheld 277.37	
		<b>7</b> Social security tips	<b>8</b> Allocated tips		<b>9</b>	
<b>d</b> Control number		<b>10</b> Depdnt care benefits		<b>11</b> Nonqualified plans		<b>12a</b>
<b>e</b> Employee's name, address, and ZIP code Suff.  HARSHITHA ERRAGUNTAL 100 WELLS STREET APT 301 HARTFORD CT 06103		<b>13</b> Statutory employee <input type="checkbox"/>		<b>14</b> Other		<b>12b</b>
		Retirement plan <input type="checkbox"/>				<b>12c</b>
		Third-party sick pay <input type="checkbox"/>				<b>12d</b>
<b>15</b> State CT	Employer's state ID number 75896340-000	<b>16</b> State wages, tips, etc 19129.17	<b>17</b> State income tax 950.52	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

REV 12/19/23 QBDT

Department of the Treasury — IRS

**Form W-2  
Wage and  
Tax  
Statement  
2023**

**Copy B To Be Filed with  
Employee's FEDERAL  
Tax Return**  
This information is being  
furnished to the Internal  
Revenue Service.

<b>a</b> Employee's SSN 722-86-2468		<b>b</b> Employer identification number (EIN) 82-2242587			OMB No. 1545-0008	
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REV 12/19/23 QBDT

**Form W-2  
Wage and  
Tax  
Statement  
2023**

**Copy 2 To Be  
Filed With  
Employee's State,  
City, or Local  
Income Tax  
Return.**

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**Form W-2  
Wage and  
Tax  
Statement  
2023**

**Copy C For  
EMPLOYEE'S  
RECORDS.  
(See Notice to  
Employee.)**