Conv B To Be F	iled with I	-mnlovee's	2023		Conv	v 2 To Be Fi	iled W	ith Fmr	olovee's State,	202	)3
Copy B To Be F FEDERAL Tax R				1545-0008	City,	or Local Inc	come	Tax Ret	urń.	OME	3 No. 1545-0008
a Employee's SSN	1 Wages, tip	105000.00  14816.00			oloyee's SSN	1 Wag	es, tips, otl 1	her comp. 05000.00	2 Federa	l income tax withheld 14816.00	
845-57-2347	3 Social sec		Social secur	ity tax withheld	845	-57-2347	3 Soci	al security		4 Social s	security tax withheld
<b>b</b> Employer ID no. (EIN)	5 Medicare	105000.00 wages and tips	Medicare ta	6510.00	<b>b</b> Empl	oyer ID no. (EIN)	5 Med	icare wage	05000.00	6 Medica	6510.00 re tax withheld
22-3891526	• Wicdicare	105000.00	Wicdicare ta	1522.50		3891526		1	05000.00	• Wicalca	1522.50
c Employer's name, ad SV IT INC	ddress, and Zl	P code			c Emp	oloyer's name, ad IT INC	ldress, a	ind ZIP cod	le		
545 S OYSTER BAY RD						545 S OYSTER BAY RD					
PLAIN VIE	PLAIN VIEW NY 11803					PLAIN VIEW				NY	11803
d Control number					<b>d</b> Con	trol number					
e Employee's name, ac LAKSHMA RI 1218 POWDI PISCATWAY	EDDY A	TTUNURI	NJ O	Suff. 3854	LA 12	oloyee's name, ac KSHMA RI 18 POWDI SCATWAY	EDDY	ATTU	JNURI	NJ	Suff. 08854
7 Social security tips	8 All	ocated tips	9		7 Social security tips			8 Allocated tips		9	
10 Dependent care bene	efits 11 No	nqualified plans	12a Code S	See inst. for box 12	<b>10</b> Depe	endent care bene	efits	11 Nonqua	alified plans	<b>12a</b> Co	ode See inst. for box 12
13	14 Other		12b Code		13		<b>14</b> Ot			<b>12b</b> Co	ode
Statutory employee	NJ-SU	I 157.21	12c Code		Statutory	employee	NJ-	SUI	157.21	12c Cd	nde.
Retirement Plan					Retireme	ent Plan					
Third-party sick pay		12d Code		Third-party sick pay				12d Code			
NJ 223891526/000 105000		0.00	4796.05	NJ 223891526/000		10500	4796.05				
15 State Employer's s	tate ID numbe	r 16 State wages, tips	, etc. <b>17</b> S	tate income tax	15 State	Employer's stat	e ID nur	mber	16 State wages, tip	s, etc.	17 State income tax
18 Local wages, tips, etc	c. <b>19</b> Lo	cal income tax	20 Locality n	ame	18 Loca	al wages, tips, et	C.	19 Local ir	ncome tax	<b>20</b> Locality	/ name
Form W-2 Wage and Ta This information is being furn	x Statement		Dept	of the Treasury - IRS	Form V	V-2 Wage and Ta	x Stater	nent	<u>l</u>		Dept. of the Treasury - IRS
This information is being furn	isned to the Inter	nai 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.

Copy C For EMPLOYEE'S RECORDS.

2023

Copy C For EM			CORDS.	202	23		
(See Notice to E					B No. 1545-0008		
a Employee's SSN	1 Wag	jes, tips, otl	her comp.	2 Federal income tax withheld			
. ,		1	05000.00	14816.00			
845-57-2347	3 Soci	al security	wages	4 Social security tax withheld			
<b>b</b> Employer ID no. (EIN)	105000.00			6510.00			
. , , ,	5 Med	icare wage	s and tips	6 Medicare tax withheld			
22-3891526		1	05000.00	1522.50			
c Employer's name, a							
545 S OYS	TER	BAY F	RD				
PLAIN VIE	W			NY 11803			
d Control number							
e Employee's name, a					Suff.		
1218 POWD		ORN PI	1				
PISCATWAY				NJ	08854		
7 Social security tips	8 Allocate	ed tips	9				
10 Dependent care ben	efits	11 Nonqua	alified plans	<b>12a</b> C	12a Code See inst. for box 12		
13	ther		405.0	12b Code			
Statutory employee		·SUI	157.2				
	137.2			12c Code			
Retirement Plan							
Third-party sick pay				12d Code			
NJ 223891	526/	000	10500	000	4796.05		
	320/	000	10300	0.00	4790.03		
					ps, etc. 17 State income tax		
	ite ID nur	mber	<b>16</b> State wages, ti	os, etc.	17 State income tax		
15 State Employer's sta		mber 19 Local ir		os, etc.	l.		
15 State Employer's sta 18 Local wages, tips, e		T		T	l.		
15 State Employer's sta		T		T	l.		

REV 12/19/23 QBDT

			V 12/19/23 QBD1				
Copy 2 To Be Fi City, or Local Inc	come	Tax Ret	urn.	OMI	B No. 1545-0008		
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld			
, ,	105000.00			14816.00			
845-57-2347	3 Social security wages			4 Social security tax withheld			
<b>b</b> Employer ID no. (EIN)	105000.00			6510.00			
	5 Medi	care wage		6 Medicare tax withheld			
22-3891526	105000.00			1522.50			
c Employer's name, ad SV IT INC 545 S OYS'							
PLAIN VIE		DAII	Œ	NY	11803		
d Control number	•						
e Employee's name, ac LAKSHMA RI 1218 POWDI PISCATWAY	EDDY	JTTA	JNURI	NJ	Suff. 08854		
7 Social security tips		8 Allocated tips					
10 Dependent care bene	fits	11 Nonqua	alified plans	12a Code See inst. for box 12			
13	14 Other			12b Code			
Statutory employee	NJ-SUI 157.21			L 12c Code			
Retirement Plan				<b>12d</b> Code			
Third-party sick pay				12 <b>a</b> Co	oue		
NJ 2238915	26/	000	10500	0.00	4796.05		
15 State Employer's stat	e ID nun	nber	16 State wages, tip	os, etc.	17 State income tax		
18 Local wages, tips, etc	<b>19</b> Local ir	ncome tax	20 Locality name				