Copy B To Be F FEDERAL Tax R	iled w Return.	ith Emp	oloyee's		23 //B No. 1545-0008	Copy City,	/ 2 To Be Fi or Local Ind	iled Wi come 1	ith Emp Fax Rei	oloyee's State turn.		23 IB No. 1545-0008	
a Employee's SSN	1 Wage	es, tips, ot	her comp. 12000.00	2 Federa	al income tax withheld 507.00	a Emp	loyee's SSN	1 Wages, tips, other comp. 12000.00		2 Federal income tax withheld 507.00			
283-17-2411	3 Socia	al security		4 Social	security tax withheld	283	-17-2411	3 Socia	al security		4 Social	security tax withheld	
b Employer ID no. (EIN)	12000.00		744.00		b Emplo	b Employer ID no. (EIN)		12000.00			744.00		
32-0697732	5 Medi		es and tips 12000.00	6 Medica	are tax withheld 174.00		0697732	5 Media	care wage	es and tips 12000.00	6 Medica	are tax withheld 174.00	
c Employer's name, ac TIA INFOT	ddress, a EK I	nd ZIP coc NC	le	I		c Emp TI	loyer's name, ac A INFOT	dress, ar EK II	nd ZIP coo NC	le			
12345 JON	ES R	D,SUI	[TE # 260	,		12	345 JON	ES RI	D,SUI	LTE # 260	,		
HOUSTON TX 77070						HO	HOUSTON TX 77070						
d Control number							d Control number						
e Employee's name, a	ddress, a	nd ZIP co	de		Suff.	e Emp	loyee's name, a	ddress, a	nd ZIP co	de		Suff.	
POOJA BAGAM 515 PROMENNADE PKWY, APT # 579					51	POOJA BAGAM 515 PROMENNADE PKWY, APT # 579							
IRVING				TX	75039	IR	VING				ΤX	75039	
7 Social security tips	Social security tips		8 Allocated tips		9		7 Social security tips		8 Allocated tips		9		
10 Dependent care bene	enefits 11 Nonqualified plans		12a Code See inst. for box 12		10 Depe	10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12			
13 14 Other			12b C	12b Code				14 Other		12b C	12b Code		
Statutory employee			12c (12c Code		Statutory employee				12c Code			
Retirement Plan				120 0000		Retireme	Retirement Plan						
Third-party sick pay					12d Code		Third-party sick pay				12d C	12d Code	
Third-party sick pay	I		1	I	1	Thiru-pai	ty sick pay	I				Τ	
15 State Employee's a	tete ID m	unala a s	10 Chata waraa tii		47 State in some tax	dE Ciata	Frankavaria atal	to ID mum		10 Chata waraa tir		47 Otata incomo tav	
15 State Employer's s	1		16 State wages, tip		17 State income tax		Employer's stat			16 State wages, tip		17 State income tax	
18 Local wages, tips, et	.C.	19 Local ir	ncome tax	20 Loc	ality name	18 Loca	al wages, tips, et	C. 1	19 Local II	ncome tax	20 Localit	ly name	
Form W-2 Wage and Ta This information is being furn	ax Staten				Dept. of the Treasury - IRS	Form W	/-2 Wage and Ta	ax Statem	ient		<u> </u>	Dept. of the Treasury - IRS	
This information is being furn		e internal Re	venue service.										
This information is being furn penalty or other sanction may	hished to the	e Internal Re ed on vou if f	venue Service. If you a this income is taxable a	re required t nd you fail to	to file a tax return, a negligence				RE	V 12/19/23 QBDT			
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 (See Notice to Employees). OMB No. 1545-0008						Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008							
a Employee's SSN		es, tips, ot	her comp.		al income tax withheld		loyee's SSN			her comp.		al income tax withheld	
			12000.00		507.00					12000.00		507.00	
283-17-2411	3 Socia	al security	•	4 Social	security tax withheld	283	-17-2411	3 Socia	al security	•	4 Social	security tax withheld	
b Employer ID no. (EIN)		12000.00 5 Medicare wages and tips		744.00 6 Medicare tax withheld		b Emplo	b Employer ID no. (EIN)		12000.00 5 Medicare wages and tips			744.00	
32-0697732	5 Medi	-	12000.00	6 Medica	are tax withheld 174.00	32-	0697732	5 Medic	care wage	12000.00	6 Medica	are tax withheld 174.00	
c Employer's name, ac TIA INFOT	l ddress, a FK T	nd ZIP coo		<u> </u>	1,4.00	c Emp	loyer's name, ac	l ddress, ar EK T	nd ZIP coo NC		<u> </u>	1/1.00	
12345 JON			LTE # 260	,						ITE # 260	,		
HOUSTON				ͲV	77070	но	NOTEN				ͲХ	77070	

c Employer's name, address, a TIA INFOTEK									
12345 JONES F	RD,SUIT	'E #	260	,					
HOUSTON				TX	77070				
d Control number									
e Employee's name, address, POOJA BAGAM 515 PROMENNAI		7, AB	рт #	579		Suff.			
IRVING	•								
7 Social security tips	8 Allocated	tips		9	9				
10 Dependent care benefits	11 Nonqualifi	ed plans		12a Co	12a Code See inst. for box 12				
13 14 0	ther			12b Co	ode				
Statutory employee				12c Co	ode				
Retirement Plan				12d Co	a d a				
Third-party sick pay	120 00	Code							
15 State Employer's state ID nu	mber 16	State w	ages tir	ns etc	17 State income ta	av.			
18 Local wages, tips, etc.	19 Local inco		•		0 Locality name				

b Employer ID no. (EIN)			12000	.00	744.00					
D Employer 10 no. (Env)	5 Medicare wages and tips				6 Medicare tax withheld					
32-0697732			12000	.00			174.00			
Employer's name, address, and ZIP code TIA INFOTEK INC										
12345 JONES RD,SUITE # 260,										
HOUSTON TX 77							0			
d Control number										
e Employee's name, ac POOJA BAGA		and ZIP coo	de				Suff.			
515 PROMENNADE PKWY, APT # 579										
IRVING TX 75039										
7 Social security tips		8 Allocate	ed tips		9					
0 Dependent care bene	fits	11 Nonqua	lified plans		12a Code See inst. for box 12					
13	14 Ot	her			12b Co	ode				
statutory employee					12c Co	ode				
Retirement Plan				120 00						
hird-party sick pay				12d Co	ode					
Thru-party sick pay										
5 State Employer's stat	nber	16 State wages, tips, etc.			17 State income tax					
8 Local wages, tips, etc	19 Local ir	9 Local income tax			20 Locality name					