

	<b>a</b> Employee's social security number 824-38-3465	OMB No. 1545-0008
<b>b</b> Employer identification number (EIN) 86-2486087	<b>1</b> Wages, tips, other compensation 3009.89	<b>2</b> Federal income tax withheld 0.00
<b>c</b> Employer's name, address, and ZIP code DHYEY EATS LLC 295 Constance LN Saint Augustine, Florida 32095	<b>3</b> Social security wages 3009.89	<b>4</b> Social security tax withheld 186.61
<b>d</b> Control number	<b>5</b> Medicare wages and tips 3009.89	<b>6</b> Medicare tax withheld 43.64
<b>e/f</b> Employee's name, address, and ZIP code ALANKRITA DEVPALLI 66 Oarsman Crossing dr St Augustine, FL 32095		
<b>7</b> Social security tips 0.00	<b>8</b> Allocated tips 0.00	<b>9</b> Advanced EIC payment 0.00
<b>10</b> Dependent care benefits 0.00	<b>11</b> Nonqualified plans 0.00	See instructions for box 12 <b>12a</b> Code
<b>12b</b> Code	<b>12c</b> Code	<b>12d</b> Code
<b>13</b> Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
<b>14</b> Other		
<b>15</b> State Employer's state ID number _____	<b>16</b> State wages, tips, etc _____	<b>17</b> State income tax _____
<b>18</b> Local wages, tips, etc. _____	<b>19</b> Local income tax _____	<b>20</b> Locality name _____

Department of the Treasury—Internal Revenue Service

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.

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 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.

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<b>Form W-2</b> Wage and Tax Statement <b>2023</b>		Department of the Treasury—Internal Revenue Service
Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		

