| | | - | - | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------|
| Copy BTo Be Filed With Emp This information is being furnished to the | e Internal Revenue Service. | OMB No. 1545-0008 | Copy 2To Be Filed With Empl or Local Income Tax Return | | OMB No. 1545-0008 |
| a. Employee's social security number 747697403 | 1. Wages, tips, other compensation 94732.49 | 2. Federal income tax withheld 13228.56 | a. Employee's social security number 747697403 | 1. Wages, tips, other compensation 94732.49 | 2. Federal income tax withheld 13228.56 |
| b. Employer ID number (EIN) | 3. Social security wages 94732.49 | 4. Social security tax withheld 5873.41 | b. Employer ID number (EIN) | 3. Social security wages 94732.49 | 4. Social security tax withheld 5873.41 |
| 20-0436614 | 5. Medicare wages and tips 94732.49 | 6. Medicare tax withheld 1373.62 | 20-0436614 | 5. Medicare wages and tips 94732.49 | 6. Medicare tax withheld 1373.62 |
| c. Employer's name, address, an Aimic Inc 4229 LAFAYETTE CENTR CHANTILLY, VA 20151 | d ZIP code E DR #1125A Office #4 | | c. Employer's name, address, an Aimic Inc 4229 LAFAYETTE CENTR CHANTILLY, VA 20151 | d ZIP code E DR #1125A Office #4 | |
| d. Control number | | | d. Control number | | |
| e. Employee's name, address, ar Phanindra Anugu 13290 Noel Rd Apt DALLAS, TX 75240 | | | e. Employee's name, address, and Phanindra Anugu 13290 Noel Rd Apt #5 | | |
| 7. Social security tips | 8. Allocated tips | 9. Verification Code | 7. Social security tips | 8. Allocated tips | 9. Verification Code |
| 10. Dependent care benefits | 11. Nonqualified plans | 12a. Code See inst. for Box 12 | 10. Dependent care benefits | 11. Nonqualified plans | 12a. Code See inst. for Box 12 |
| 13. Statutory employee | 14. Other | 12b. Code | 13. Statutory employee | 14. Other | 12b. Code |
| Retirement plan | | 12c. Code | Retirement plan | | 12c. Code |
| Third-party sick pay | | 12d. Code | Third-party sick pay | | 12d. Code |
| Form W-2 Wage and Tax State | 9. Local income tax 20. Locality na ment 2023 Department of | s, etc. 17. State income tax ame If the Treasury ~ Internal Revenue Service | 15. State Employer's state ID to 18. Local wages, tips, etc. Form W-2 Wage and Tax States | 19. Local income tax 20. Locality n | <u> </u> |
| Copy CFor EMPLOYEE'S RECORDS This information is being furnished to the Internal return, a negligence penalty or other sanction ma fail to report it. | S(See Notice to Employee.) Revenue Service. If you are fequired to file a tax y be imposed on you if this income is taxable and you | OMB No. 1545-0008 | Copy 2To Be Filed With Empl or Local Income Tax Return | loyee's State, City, | OMB No. 1545-0008 |
| a. Employee's social security number 747697403 | 1. Wages, tips, other compensation 94732.49 | 2. Federal income tax withheld 13228.56 | a. Employee's social security number 747697403 | 1. Wages, tips, other compensation 94732.49 | 2. Federal income tax withheld 13228.56 |
| b. Employer ID number (EIN) | 3. Social security wages 94732.49 | 4. Social security tax withheld 5873.41 | b. Employer ID number (EIN) | 3. Social security wages 94732.49 | 4. Social security tax withheld 5873.41 |
| 20-0436614 | 5. Medicare wages and tips 94732.49 | 6. Medicare tax withheld 1373.62 | 20-0436614 | 5. Medicare wages and tips 94732.49 | 6. Medicare tax withheld 1373.62 |
| c. Employer's name, address, an Aimic Inc 4229 LAFAYETTE CENTR CHANTILLY, VA 20151 | d ZIP code E DR #1125A Office #4 | | c. Employer's name, address, an Aimic Inc 4229 LAFAYETTE CENTR CHANTILLY, VA 20151 | d ZIP code E DR #1125A Office #4 | |
| d. Control number | | | d. Control number | | |
| e. Employee's name, address, ar Phanindra Anugu 13290 Noel Rd Apt DALLAS, TX 75240 | | | e. Employee's name, address, an Phanindra Anugu 13290 Noel Rd Apt # DALLAS, TX 75240 | | |
| 7. Social security tips | 8. Allocated tips | 9. Verification Code | 7. Social security tips | 8. Allocated tips | 9. Verification Code |
| 10. Dependent care benefits | 11. Nonqualified plans | 12a. Code See inst. for Box 12 | 10. Dependent care benefits | 11. Nonqualified plans | 12a. Code See inst. for Box 12 |
| 13. Statutory employee | 14. Other | 12b. Code | 13. Statutory employee | 14. Other 12b. Code | |
| Retirement plan | | 12c. Code | Retirement plan | | 12c. Code |
| Third-party sick pay | | 12d. Code | Third-party sick pay | | 12d. Code |
| 15. State Employer's state ID i | number 16. State wages, tips | s, 17.State income tax | 15. State Employer's state ID | number 16. State wages, tip | os, 17.State income tax |
| 18. Local wages, tips, etc. | 19. Local income tax 20. Locality na | ame | 18. Local wages, tips, etc. | 9. Local income tax 20. Locality n | ame |
| Form W-2 Wage and Tax State | · | ent of the Treasury ~ Internal Revenue Service | Form W-2 Wage and Tax State | Í | ment of the Treasury ~ Internal Revenue |