

b Employer's Identification number		82-4119740		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code		SOFIA MARKETING LLC		\$		73475.00		4261.05			
4017 CANYON GLEN CIR		AUSTIN TX 78732		12b		3 Social security wages		4 Social security tax withheld			
				\$		73475.00		4555.45			
				12c		5 Medicare wages and tips		6 Medicare tax withheld			
				\$		73475.00		1065.39			
				12d		7 Social security tips		8 Allocated tips			
				\$							
e Employee's first name and initial		Last name		This information is being furnished to the Internal Revenue Service Copy B To Be Filed with Employee's FEDERAL Tax Return		9		10 Dependent care benefits			
JENNIFER KIRILOVA		12611990				11 Nonqualified plans		13 Statutory employee		Retirement plan	
4017 CANYON GLEN CIR		AUSTIN TX 78732						<input type="checkbox"/>		<input type="checkbox"/>	
f Employee's address and ZIP code				a Employee's soc. sec. no		14 Other		Third-party sick pay			
				643-58-5210				<input type="checkbox"/>			
15 State		Employer's state I.D. No.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.			
								19 Local income tax			
								20 Locality name			

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer's Identification number		82-4119740		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code		SOFIA MARKETING LLC		\$		73475.00		4261.05			
4017 CANYON GLEN CIR		AUSTIN TX 78732		12b		3 Social security wages		4 Social security tax withheld			
				\$		73475.00		4555.45			
				12c		5 Medicare wages and tips		6 Medicare tax withheld			
				\$		73475.00		1065.39			
				12d		7 Social security tips		8 Allocated tips			
				\$							
e Employee's first name and initial		Last name		This information is being furnished to the Internal Revenue Service Copy 2 for State, City, or Local Tax Departments		9		10 Dependent care benefits			
JENNIFER KIRILOVA		12611990				11 Nonqualified plans		13 Statutory employee		Retirement plan	
4017 CANYON GLEN CIR		AUSTIN TX 78732						<input type="checkbox"/>		<input type="checkbox"/>	
f Employee's address and ZIP code				a Employee's soc. sec. no		14 Other		Third-party sick pay			
				643-58-5210				<input type="checkbox"/>			
15 State		Employer's state I.D. No.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.			
								19 Local income tax			
								20 Locality name			

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 12/24/23 OSP

b Employer's Identification number		82-4119740		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code		SOFIA MARKETING LLC		\$		73475.00		4261.05			
4017 CANYON GLEN CIR		AUSTIN TX 78732		12b		3 Social security wages		4 Social security tax withheld			
				\$		73475.00		4555.45			
				12c		5 Medicare wages and tips		6 Medicare tax withheld			
				\$		73475.00		1065.39			
				12d		7 Social security tips		8 Allocated tips			
				\$							
e Employee's first name and initial		Last name		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 2 for State, City, or Local Tax Departments		9		10 Dependent care benefits			
JENNIFER KIRILOVA		12611990				11 Nonqualified plans		13 Statutory employee		Retirement plan	
4017 CANYON GLEN CIR		AUSTIN TX 78732						<input type="checkbox"/>		<input type="checkbox"/>	
f Employee's address and ZIP code				a Employee's soc. sec. no		14 Other		Third-party sick pay			
				643-58-5210				<input type="checkbox"/>			
15 State		Employer's state I.D. No.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.			
								19 Local income tax			
								20 Locality name			

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

b Employer's Identification number		82-4119740		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld			
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				\$		73475.00		1065.39			
				12d		7 Social security tips		8 Allocated tips			
				\$							
e Employee's first name and initial		Last name		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 (see notice to Employee on back.)		9		10 Dependent care benefits			
JENNIFER KIRILOVA		12611990				11 Nonqualified plans		13 Statutory employee		Retirement plan	
4017 CANYON GLEN CIR		AUSTIN TX 78732						<input type="checkbox"/>		<input type="checkbox"/>	
f Employee's address and ZIP code				a Employee's soc. sec. no		14 Other		Third-party sick pay			
				643-58-5210				<input type="checkbox"/>			
15 State		Employer's state I.D. No.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.			
								19 Local income tax			
								20 Locality name			

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records