55555	a Employee's social security number 790-63-3764	OMB No. 154	5-0008					
b Employer identification number ((EIN)		1 Wag	ges, tips, other compensation	2 Federal income tax withheld			
68-0535594				78443.40 12729			12729.34	
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Socia	4 Social security tax withheld		
PVK CORPORATION				6596.80			409.00	
44081 PIPELINE PLAZA			5 Me	Medicare wages and tips 6 Medicare tax withheld				
SUITE 315			7 000	6596.80 95 7 Social security tips 8 Allocated tips			95.65	
ASHBURN VA 20147			7 500	cial security tips	6 Alloc	ated tips		
d Control number			9		10 Depe	endent care b	penefits	
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a	1		
PRUDHVI	CHINTAREDDY		13 State	utory Retirement Third-party loyee plan sick pay	12b			
44081 PIPELINE PLAZA				Sick pay	C o d e			
SUITE 315			14 Oth	er	12c	1		
ASHBURN VA 20147					12d			
f Employee's address and ZIP cod	le							
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name	
VA 30680535594F001	78443.40	40	37.28	 			 	
W-2 Wage and	d Tax Statement	203	חכ	Department of	f the Treasu	ry-Internal I	Revenue Service	

Copy 1—For State, City, or Local Tax Department

	a Employee's social security number 790-63-3764	OMB No. 154		Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 68-0535594			1 Waq	ges, tips, other compensation 78443.40	2 Federal income tax withheld 12729.34		
c Employer's name, address, and ZIP code			3 Soc	3 Social security wages 4 Social security tax withhe			
PVK CORPORATION				6596.80	409.00		
44081 PIPELINE PLAZA			5 Medicare wages and tips 6 Medicare tax withheld				
SUITE 315				6596.80	95.65		
ASHBURN VA 20147			7 Social security tips 8 Allocated tips				
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a See instructions for box 12		
PRUDHVI	CHINTAREDDY		13 Statu	utory Retirement Third-party	12b		
44081 PIPELINE PLAZA			13 emp	loyee plan sick pay	126 C d d		
SUITE 315			14 Oth	er	12c		
ASHBURN VA 20147					12d C G		
f Employee's address and ZIP code					0		
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name		
VA 30680535594F001	78443.40	4	037.28				

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

	a Employe 790-63-3	e's social security number 764	OMB No. 154	5-0008	This information is being furniare required to file a tax return may be imposed on you if this	n, a negligence penalty or o	ther sanction	
b Employer identification number (EIN) 68-0535594				1 Wages, tips, other compensation 2 Federal income tax with 78443.40 1272			ax withheld 12729.34	
c Employer's name, address, and ZIP code				3 So	3 Social security wages 4 Social security tax withheld			
PVK CORPORATION				6596.80 40			409.00	
44081 PIPELINE PLAZA				5 Medicare wages and tips 6 Medicare tax withheld				
SUITE 315							95.65	
ASHBURN VA 20147				7 Social security tips 8 Allocated tips				
d Control number				9		10 Dependent care	benefits	
e Employee's first name and initial Last name			Suff.	11 No	nqualified plans	12a See instructions for box 12		
PRUDHVI	CHIN	ITAREDDY		13 Stat	utory Retirement Third-party oloyee plan sick pay	е		
44081 PIPELINE PLAZA				emp	oloyée plan sick pay ´	CO		
				14 Oth	er	12c		
SUITE 315						d e		
ASHBURN VA 20147						12d 		
f Employee's address and ZIP co	de					ē		
15 State Employer's state ID numl VA 30680535594F001	oer	16 State wages, tips, etc. 78443.40		ne tax 037.28	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Earm W-2 Wage an	d Tax Sta	atement	202	חי		of the Treasury—Internal	Revenue Service	
Copy C-For EMPLOYEE'S RI (See Notice to Employee on the		oy B.)				afe, accurate, AST! Use	rfile >	
, , , , , , , , , , , , , , , , , , , ,		• ,						
	a Employe	e's social security number						

,	a Employee's assistance with a sumbor					-	
	a Employee's social security number	0.45.1					
	790-63-3764	OMB No. 154	IB No. 1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income tax withheld			ncome tax withheld	
68-0535594			78443.40 12729			12729.34	
c Employer's name, address, and ZIP code			3 Social security wages 4 Social security tax withhel			curity tax withheld	
PVK CORPORATION			6596.80 409			409.00	
44081 PIPELINE PLAZA			5 Medicare wages and tips 6 Medicare tax withheld			tax withheld	
			6596.80 95			95.65	
SUITE 315			7 Soc	cial security tips	8 Allocated tips		
ASHBURN VA 20147			Coolai occainy app			F -	
d Control number			9		10 Depender	nt care benefits	
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a		
					o d		
PRUDHVI	CHINTAREDDY		13 State	utory Retirement Third-party loyee plan sick pay	12b		
44081 PIPELINE PLAZA			l emp	loyee plan sick pay	Cod		
			14 Oth	er	12c		
SUITE 315					Cod		
A GUIDUIDAU VA GGA 47					12d		
ASHBURN VA 20147					c l		
					e		
f Employee's address and ZIP code							
15 State Employer's state ID numb		1		18 Local wages, tips, etc.	19 Local income	e tax 20 Locality name	
VA 30680535594F001	78443.40	4	037.28				