	a Employee's social security number						,	
22222	025-11-2813	OMB No. 1545-0008						
b Employer identification number (EIN)			1 Wag	1 Wages, tips, other compensation 2 Federal income tax withhe				
68-0535594				56900.00 7994				
c Employer's name, address, and ZIP code			3 Soc	cial security wages 4 Social security tax withheld			withheld	
PVK CORPORATION								
44081 PIPELINE PLAZA			5 Medicare wages and tips 6 Medicare tax withheld			held		
SUITE 315				cial security tips	8 Alloca	3 Allocated tips		
ASHBURN VA 20147				nai eeeamy upe	7	o Allocated tips		
d Control number			9 10 Dependent care benefits			enefits		
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a			760.00		
MANIKANTA	MANIKANTA NOONE		13 Statu	utory Retirement Third-party	å L 12b		760.00	
			emp	utory Retirement Third-party loyee plan sick pay	C			
474 E MARCELLO AVENUE			14 Other		12c			
			CASD	569.00	C o d			
TRACY CA 95391					12d			
					o d e			
f Employee's address and ZIP coo								
15 State Employer's state ID numb	" " " " " " " " " " " " " " " " " " "				19 Local income tax		20 Locality name	
CA 296-7175-7	56900.00	34	472.54 					
Form W-2 Wage and	d Tax Statement	، لا اے	┙∐	Department of	the Treasur	y—Internal F	Revenue Service	

Visit the IRS website at a Employee's social security number Safe, accurate, FAST! Use www.irs.gov/efile 025-11-2813 OMB No. 1545-0008 **b** Employer identification number (EIN) Wages, tips, other compensation 2 Federal income tax withheld 68-0535594 56900.00 7994.35 c Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld **PVK CORPORATION** 5 Medicare wages and tips 6 Medicare tax withheld 44081 PIPELINE PLAZA **SUITE 315** 7 Social security tips 8 Allocated tips ASHBURN VA 20147 d Control number 9 10 Dependent care benefits 11 Nonqualified plans e Employee's first name and initial 12a See instructions for box 12 Last name 760.00 å L NOONE MANIKANTA 12b 474 E MARCELLO AVENUE 14 Other 12c CASDI 569.00 **TRACY CA 95391** 12d f Employee's address and ZIP code 16 State wages, tips, etc. 20 Locality name 15 State Employer's state ID number 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 296-7175-7 CA 3472.54 56900.00

5050

W-2 Wage and Tax Statement

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

	a Employee 025-11-28	e's social security number	OMB No. 154		are required to file a tax return	rmation is being furnished to the Internal Revenue Service. If you ired to file a tax return, a negligence penalty or other sanction imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) 68-0535594				1 Wages, tips, other compensation 56900.00 2 Federal income tax wit					
c Employer's name, address, and ZIP code				3 Social security wages 4 Social security tax withheld					
PVK CORPORATION									
44081 PIPELINE PLAZA				5 Me	dicare wages and tips	6 Medicare tax withheld			
SUITE 315				7 50	cial security tips	8 Allocated ti			
ASHBURN VA 20147				1 300	ρs				
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			
MANIKANTA	NOO	NE				d L	760.00		
474 E MARCELLO AVENUE				13 State emp	utory Retirement Third-party loyee plan sick pay	12b			
				14 Oth CASD		12c			
TRACY CA 95391						12d			
f Employee's address and ZIP cod	е					8			
15 State Employer's state ID numb	er	16 State wages, tips, etc.	17 State incon	ne tax 18 Local wages, tips, etc		19 Local income t	ax 20 Locality name		
CA 296-7175-7		56900.00	34	472.54					
Form W-2 Wage and Copy C-For EMPLOYEE'S RE	CORDS		202	20	Sa	f the Treasury—Int fe, accurate, ST! Use	ernal Revenue Service		
Joe Monce to Employee On the I	back of oop	,y D.,							
	a Employee	e's social security number	OMB No. 154						

		a Employee's social security number	0.45.11					
		025-11-2813	OMB No. 1545-0008					
-	b Employer identification number (EIN)			1 Waq	ges, tips, other compensation	2 Federal income tax withheld		
68-	68-0535594			56900.00 79			7994.35	
c Emp	c Employer's name, address, and ZIP code			3 Social security wages 4 Social security tax withhele			k withheld	
PVŁ	PVK CORPORATION							
440	44081 PIPELINE PLAZA			5 Medicare wages and tips 6 Medicare tax withheld			held	
SUI	SUITE 315			7 Social security tips 8 Allocated tips				
ASH	ASHBURN VA 20147			7 Social security tips 6 Anocated tips				
d Con	d Control number			9		10 Dependent care benefits		
e Fmr	e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a				
	C Employee 3 list hame and linear East hame					å L		760.00
MANI	KANTA	NOONE		13 State	utory Retirement Third-party ployee plan sick pay	12b		
474 E MARCELLO AVENUE			emp	oloyee plan sick pay	Cod			
			14 Other		12c			
				CASD	569.00	o d		
TRACY CA 95391					12d	-		
						o d e		
f Employee's address and ZIP code								
15 State	Employer's state ID numb	per 16 State wages, tips, etc.	. 17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name
CA	296-7175-7	56900.00	3	472.54				