	a Employee's social security number 881-28-5119	OMB No. 1545	Safe, accurate, -0008 FAST! Use	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) 26-2565314			1 Wages, tips, other compensation 7500.00	2 Federal income tax withheld 609.00
c Employer's name, address, and ZIP code HEXAIDER TECHNOLOGIES LLC			3 Social security wages	4 Social security tax withheld
555 WINDERLEY PLACE	STE 300	5 Medicare wages and tips	6 Medicare tax withheld	
MAITLAND	FL 32751		7 Social security tips	8 Allocated tips
d Control number			9	10 Dependent care benefits
e Employee's name, address, and ZIP code Suff. SANDEEP KUMAR CHOTAKUR			11 Nonqualified plans	12a See instructions for box 12
1064 CHALCEDONY STR KISSIMMEE	EET FL 34744		13 Statutory Retirement Third-party plan Sick pay	12b
			14 Other	12c
				12d
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incom	e tax 18 Local wages, tips, etc.	19 Local income tax 20 Locality name

Form W-2 Wage and Tax Statement

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Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

LW2B

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55555 Aoio [a Employee's social security number 881-28-5119	OMB No. 1545-0008			
b Employer identification number (EIN) 26-2565314			ges, tips, other compensation 7500.00	2 Federal income tax withheld 609.00	
c Employer's name, address, and ZIP code HEXAIDER TECHNOLOGIES LLC			cial security wages	4 Social security tax withheld	
555 WINDERLEY PLACE STE 300			dicare wages and tips	6 Medicare tax withheld	
MAITLAND	FL 32751	7 Soc	cial security tips	8 Allocated tips	
d Control number		9	-	10 Dependent care benefits	
e Employee's name, address, and ZIP code Suff. SANDEEP KUMAR CHOTAKUR			nqualified plans	12a See instructions for box 12	
1064 CHALCEDONY STR KISSIMMEE	REET FL 34744		ulory Retirement Third-party loyee plan sick pay	12b	
		14 Oth	er	12c	
				12d	
15 State Employer's state ID numb	per 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

Copy 1—For State, City, or Local Tax Department Copy D—For Employer.

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Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

LW2D1

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	a Employee's social security number 881-28-5119	OMB No. 1545-0	are required to file a tax return.	ned to the Internal Revenue Service. If you a negligence penalty or other sanction income is taxable and you fail to report it.
b Employer identification number (26-2565314	EIN)		1 Wages, tips, other compensation 7500.00	2 Federal income tax withheld 609.00
c Employer's name, address, and HEXAIDER TECHNOLOGI	ZIP code ES LLC		3 Social security wages	4 Social security tax withheld
555 WINDERLEY PLACE STE 300			5 Medicare wages and tips	6 Medicare tax withheld
MAITLAND	FL 32751	7	7 Social security tips	8 Allocated tips
d Control number			9	10 Dependent care benefits
e Employee's name, address, and ZIP code Suff. SANDEEP KUMAR CHOTAKUR			1 Nonqualified plans	12a See instructions for box 12
1064 CHALCEDONY STR	EET	1	3 Statutory Retirement Third-party employee plan sick pay	12b
KISSIMMEE	FL 34744		employee plan sick pay	9
		1	4 Other	12c
				12d
15 State Employer's state ID numb	per 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

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

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Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



5203

LW2C/LW22