b Employer's Identification number c Employer's name, address, and ZIP cod	46-4178989		12a See instructions for Box 12	1 Wages, tips, other compensation 18215.91	2 Federal income tax withheld 3417.22
IT CRATS INC			12b	3 Social security wages	4 Social security tax withheld
2222 ti appina apeei	z DIZI		12c	18215.91 5 Medicare wages and tips	1129.39 6 Medicare tax withheld
2222 W SPRING CREEF SUITE 104	K PKY		\$ 12d	18215.91	264.13
PLANO TX 75023			\$	1 Goodal Scoulity tips	•
e Employee's first name and initial	3063018		This information is being furnished to the Internal Revenue Service	9	10 Dependent care benefits
PRANEETH PALADUGULA			internal nevenue Service	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
1901 KNIGHTS BRIDGE			Copy B To Be Filed with Employee's FEDERAL	14 Other	
APT # 7214			Tax Return	14 Other	
FARMERS BRANCH TX	75234		a Employee's soc. sec. no		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16	State wages tine etc. 17	State income tax	359-45-5980 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 202	O Department of the Treasury-	-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Vith Employee's FEDERAL Tax Retur
202	U				
b Employer's Identification number	16 4170000		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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e Employee's first name and initial	3063018			9	10 Dependent care benefits
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				+	
Form W-2 Wage and Tax Statement 202	O Department of the Treasury-	-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Department
Form W-2 Wage and Tax Statement 202	O Department of the Treasury-	-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	NTE, CITY, or LOCAL Tax Department
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	16 4179090	-Internal Revenue Service	12a See instructions for Box 12	1 Wages, tips, other compensation 18215 • 91	2 Federal income tax withheld 3417.22
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