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a Employee's SSN	_		39944.88		-	00.00		loyee's SSN			39944.88		al income tax withheld 17900.00
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c Employer's name, address, and ZIP code MAANTIC INC							c Employer's name, address, and ZIP code MAANTIC INC						
1202 KIFER RD						1202 KIFER RD							
SUNNYVALE				CA	94086		SUNNYVALE					CA	94086
d Control number d Control num							trol number						
e Employee's name, au SRAVANTHI 14150 SANO ORLANDO	GOG	ULA			#205, 32832	Suff.	SR 14	loyee's name, AVANTH 150 SAI LANDO	I GOO	JULA	^{de} DVE LANE,		suff. \$205, 32832
7 Social security tips 8 Allocated tips		9	9		7 Social security tips			8 Allocated tips		9			
10 Dependent care benefits 11 Nonqualifie		lified plans	12a Code See inst. for box 12		or box 12	10 Dependent care benefits		nefits	11 Nonqualified plans		12a Code See inst. for box 12		
13 14 Other			12b Code					14 0	Other		12b C	12b Code	
Statutory employee				12c C	ode		Statutory	employee				12c C	ode
Retirement Plan							Retireme	nt Plan					
Third-party sick pay				12d C	;ode		Third-part	ty sick pay			-	12d C	ode
15 State Employer's s	tate ID r	umber	16 State wages, tij	os, etc.	17 State incom	ne tax	15 State	Employer's st	tate ID nu	mber	16 State wages, ti	ps, etc.	17 State income tax
18 Local wages, tips, etc	C.	19 Local ir	ncome tax	20 Loc	ality name		18 Loca	al wages, tips,	etc.	19 Local i	ncome tax	20 Localit	y name
Form W-2 Wage and Ta This information is being furn	ax Stater ished to th	nent le Internal Re	venue Service.	1	Dept. of the Tre	easury - IRS	Form W	/-2 Wage and	Tax State	ment			Dept. of the Treasury - IRS

a Employee's SSN 235-87-5175 b Employer ID no. (EIN) 27-0359636 c Employer's name, ad MAANTIC II 1202 KIFI SUNNYVALE	3 Social security 1 5 Medicare wage 1 Idress, and ZIP cod	39944.88 wages 37700.00 s and tips 39944.88	4 Soc	eral income tax withheld 17900.00 ial security tax withheld 8537.40 dicare tax withheld 2029.20			
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a Employee's SSN	1 Wag	es, tips, ot	her comp.	2 Federal income tax withheld					
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D Employer ID no. (Env)	5 Med	icare wage	s and tips	6 Medicare tax withheld					
27-0359636		1	39944.88	2029.20					
c Employer's name, address, and ZIP code MAANTIC INC									
1202 KIFER RD									
SUNNYVALE CA 94086									
d Control number									
e Employee's name, address, and ZIP code Suff. SRAVANTHI GOGULA									
14150 SANCTUARY COVE LANE, APT#205,									
ORLANDO FL 32832									
7 Social security tips		8 Allocate	ed tips	9					
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Third-party sick pay									
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax									
18 Local wages, tips, etc	o.	19 Local ir	ncome tax	20 Locality name					

Form W-2 Wage and Tax Statement