

b Employer identification number (EIN)		20-5440179		12a See instructions for box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		SYSCONS CORPORATION 959 MINERAL SPRING AVE STE 4 N PROVIDENCE RI 02904		12b \$		3 Social security wages		4 Social security tax withheld	
				12c \$		5 Medicare wages and tips		6 Medicare tax withheld	
				12d \$		7 Social security tips		8 Allocated tips	
e Employee's first name and initial		Last name		12e \$		9 Verification code		10 Dependent care benefits	
00049-7176 /717600056/		/0001		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
KIRAN GONTU		4321 DEER TRAIL		COPY FOR EMPLOYER		14 Other		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ALPHARETTA GA 30005								a Employee's social security number	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
GA 3263327-LC		3263327-LC		90681.79		4900.02		19 Local income tax	
								20 Locality name	