Copy B To Be F FEDERAL Tax R				17 IB No. 1545-0008	Cop	y 2 To Be F or Local Inc	iled V come	Vith Em	ploye
a Employee's SSN 520-87-9673	Wages, tips, o Social security	14208.00		l income tax withheld 2408.00 security tax withheld	a Em	oloyee's SSN -87-9673	1 Wa	ges, tips, c	other cor
b Employer IDno. (EIN) 26-3038646 5 Medicare wages and tips			6 Medicare tax withheld			loyer ID no. (EIN) 3038646	5 Med	dicare wag	es and t
c Employer's name, ac TT TECHNO. 43-14 MAII 111 FLOOR FLUSHING d Control number		de	NY	11355	43 11 FL	oloyer's name, ad TECHNOI -14 MAII 1 FLOOR USHING trol number	LOG:	IES	
e Employee's name, ac ABHILASH 12 23 DEY PL EDISON		ode	NJ	Suff. 08817	AB 23	oloyee's name, ac HILASH A DEY PL ISON			ode
7 Social security tips	8 Allocat	ed tips	9		7 Soci	al security tips		8 Alloca	ted tips
10 Dependent care bene	fits 11 Nonqua	alified plans	12a C	ode See inst. for box 12	10 Dep	endent care bene	fits	11 Nonqu	alified p
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15 State Employer's state ID number 18 Local wages, tips, etc. 19 Local in		16 State wages, tips, ncome tax	ps, etc. 17 State income tax 20 Locality name			Employer's state		19 Local i	16 Sta
Form W-2 Wage and Ta This information is being fumi	x Statement shed to the Internal Ri	evenue Service.		Dept. of the Treasury - IRS	Form W	/-2 Wage and Ta	x State	ment	

City, or Local In	ncome Tax R	nployee's State eturn.		/1 / // MB No. 1545-0008		
a Employee's SSN	1 Wages, tips,	other comp.	2 Federal income tax withheld			
F20 07 0673		14208.00	2408.00			
3 Social security wages			4 Social	security tax withheld		
b Employer ID no. (EIN)	5 Medicare wa	ges and tins	6 Medic	are tax withheld		
26-3038646	o inicalcaro wa	gos and aps	O WIGGIG	are tax withheid		
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e Employee's name, a		code		Suff.		
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7 Social security tips	8 Alloca	ated tips	9			
10 Dependent care ber	nefits 11 Nong	11 Nonqualified plans		12a Code See inst. for box 12		
13	14 Other		12b C	12b Code		
Statutory employee						
Retirement Plan			12c C	ode		
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Third-party sick pay						
UT 263038	646	14208		710.40		
15 State Employer's sta	ate ID number	16 State wages, tip	os, etc.	17 State income tax		
18 Local wages, tips, e	tc. 19 Local	19 Local income tax 2		y name		
			4.35			
Form W-2 Wage and T	ax Statement		100000000000000000000000000000000000000	Dept. of the Treasury - IRS		

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.

Copy C For EMPLOYEE'S RECORDS.

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Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).					2017 OMB No. 1545-0008			
-			her comp.	2 Federal income tax withheld				
a Employee's SSN		14208.00		2408.00				
520-87-9673	3 Social	ial security wages		4 Social security tax withheld				
b Employer ID no. (EIN)								
26-3038646	care wages and tips 6 M			re tax withheld				
c Employer's name, ac	Idress, and	d ZIP coo	de					
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e Employee's name, and ABHILASH			de	<	Suff.			
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10 Dependent care bene	efits 1	11 Nonqualified plans		12a C	12a Code See inst. for box 12			
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Statutory employee				12c C	12c Code			
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Third-party sick pay				12d C	12d Code			
UT 263038646			14208.00		710.40			
I 15 State Employer's stat	e ID numb	er	16 State wages, tip	os. etc.	17 State income tax			
18 Local wages, tips, etc				T	20 Locality name			
Form W-2 Wage and Ta	x Stateme	ent			Dept. of the Treasury - IR			

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Copy 2 To Be F City, or Local In				State	,	17 B No. 1545-0008		
a Employee's SSN	1 Wage	1 Wages, tips, other comp.			2 Federal income tax withheld			
a Employee's SSN			14208	.00		2408.00		
520-87-9673	3 Socia	I security	ty wages 4 Social security tax with			security tax withheld		
b Employer ID no. (EIN)	E Madia		10					
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c Employer's name, ac	dress, an	d ZIP cod	de					
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e Employee's name, a ABHILASH 23 DEY PL	AKUL		de			Suff.		
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UT 263038646			14208.00			710.40		
15 State Employer's stat	te ID num	ber	16 State wa	aes, tip	s. etc.	17 State income tax		
18 Local wages, tips, etc.					20 Locality name			
						,		
Form W-2 Wage and Ta	x Statem	ent				Dept. of the Treasury - IRS		