55555	a Employee's social security number 331-37-8653	OMB No. 154	15-0008					
b Employer identification number (EIN)				Vages, tips, other compensation 2 Federal income tax withheld				
68-0535594				42000.00			5876.00	
c Employer's name, address, and	ZIP code		<b>3</b> So	cial security wages	4 Socia	4 Social security tax withheld		
PVK CORPORATION							2604.00	
44081 PIPELINE PLAZA				edicare wages and tips  42000.00  6 Medicare tax withheld  609.00				
SUITE 315			7 00				009.00	
ASHBURN VA 20147			1 500	7 Social security tips 8 Allocated tips				
d Control number				10 Dependent care benefits			penefits	
e Employee's first name and initial	Last name	Suff.	<b>11</b> No	nqualified plans	<b>12a</b>	1		
SRIYAKAR REDDY BADDAM			13 Stat	utory Retirement Third-party oloyee plan sick pay	12b	1		
9940 HYD GLEN CT			<b>14</b> Oth	J LJ LJ	12c			
CHARLOTTE NC 28262			<b>12d</b>					
f Employee's address and ZIP cod	le							
15 State Employer's state ID numb	per 16 State wages, tips, etc.	. 17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name	
NC   600797818	42000.00	18	366.00					
<b>W_2</b> Wage an	d Tax Statement		חכ	Department o	f the Treasur	y—Internal I	Revenue Service	

Copy 1—For State, City, or Local Tax Department

	<b>a</b> Employee's social security number 331-37-8653	OMB No. 154		Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile		
<b>b</b> Employer identification number 68-0535594	(EIN)	1 Waq	ges, tips, other compensation 42000.00	2 Federal income tax withheld 5876.00			
c Employer's name, address, and	ZIP code		<b>3</b> Soc	cial security wages	4 Social security tax withheld		
PVK CORPORATION				42000.00 260			
44081 PIPELINE PLAZA			5 Me	5 Medicare wages and tips 42000.00  6 Medicare tax withheld 609.0			
SUITE 315							
ASHBURN VA 20147		7 500	7 Social security tips 8 Allocated tips				
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff.			<b>11</b> No	11 Nonqualified plans 12a See instructions for box			
SRIYAKAR REDDY BADDAM			13 Statutory Retirement Third-party employee plan sick pay				
9940 HYD GLEN CT					o d e		
			<b>14</b> Oth	er	12c		
					0 d e		
CHARLOTTE NC 28262					12d C G G G G G G G G G G G G G G G G G G		
f Employee's address and ZIP code							
15 State Employer's state ID numb	per 16 State wages, tips, etc.			18 Local wages, tips, etc.	19 Local income tax 20 Locality name		
NC   600797818	42000.00	1:	866.00				

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

		a Employee 331-37-86	e's social security number	OMB No. 154	5-0008	This information is being are required to file a tax may be imposed on you	furnished return, a r if this inc	d to the Intended	ernal Revenu penalty or o able and you	ue Service. If you ther sanction I fail to report it.
b Employer identification number (EIN) 68-0535594				1 Wages, tips, other compensation 42000.00			2 Federal income tax withheld 5876.00			
c Employer's name, address, and ZIP code  PVK CORPORATION				3 Social security wages 42000.00			4 Social security tax withheld 2604.00			
	81 PIPELINE PLAZA				5 Medicare wages and tips 42000.00			6 Medicare tax withheld 609.00		
SUITE 315 ASHBURN VA 20147				7 Social security tips 8 Alloca			8 Alloca	ated tips		
d Control number					9	9 10 Dependent care bene			penefits	
e Employee's first name and initial Last name Suff.					11 Nonqualified plans 12a See instructions for box			for box 12		
SRIYAKAR REDDY BADDAM  9940 HYD GLEN CT			13 Statutory employee Plan Third-party sick pay							
CHARLOTTE NC 28262								12d		
15 State	oyee's address and ZIP cod Employer's state ID numb		16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips	etc. 19	Local inc	ome tax	20 Locality name
NC	600797818		42000.00	1	866.00					
Сору С	W-2 Wage and Tax Statement Copy C-For EMPLOYEE'S RECORDS See Notice to Employee on the back of Copy B.)  Department of the Treasury-Internal Revenue Service Safe, accurate, FAST! Use									

		a Employee's social security number							
	331-37-8653 OMB No. 154			45-0008					
<b>b</b> Emp	loyer identification number (	EIN)		1 Wages, tips, other compensation 2 Federal income tax withhele				ax withheld	
68-	0535594			42000.00 5876.0				5876.00	
<b>c</b> Emp	loyer's name, address, and 2	ZIP code		3 Social security wages 4 Social security tax withhe			x withheld		
DV/I	CORPORATION			42000.00 2604.			2604.00		
				5 Medicare wages and tips 6 Medicare tax withheld					
4408	31 PIPELINE PLAZA						609.00		
SUI	TE 315			7.0-	11111				
ASE	IBURN VA 20147			1 500	7 Social security tips 8 Alloc				
<b>d</b> Cont	rol number			9		10 Depen	ndent care b	penefits	
e Emp	loyee's first name and initial	Last name	Suff.	<b>11</b> No	nqualified plans	<b>12a</b>			
					o d				
SRIYAKAR REDDY BADDAM			13 Statu	utory Retirement Third-party loyee plan sick pay	12b				
9940 HYD GLEN CT				Sick pay	Code				
3540 TTD GLEN CT		14 Other 12c							
						o d			
					12d				
CHARLOTTE NC 28262					C				
					d e				
f Employee's address and ZIP code									
15 State	Employer's state ID numb	er 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local inco	ome tax	20 Locality name	
NC	600797818	42000.00	1	866.00					