55555	a Employee's social security number 010-79-9764	OMB No. 154	545-0008				
b Employer identification number (EIN)				Vages, tips, other compensation 2 Federal income tax withher			
47-1004047				69179.90 8281			
c Employer's name, address, and	ZIP code		3 Soc	cial security wages	4 Social security tax withheld		
ASPYRETECH INC				69179.90 4289.			
4137 MEXICO ROAD				dicare wages and tips 69179.90 6 Medicare tax withheld 1003.1			
ST PETERS MO 63376		7 Soc	cial security tips 8 Allocated tips				
d Control number				10 Dependent care benefits			
e Employee's first name and initia		Suff.	11 No	nqualified plans	12a		
BALAKRISHNA KUNTURI 2159 SUMMERHOUSE DRIVE			13 State	utory Retirement Third-party loyee plan sick pay	12b		
APT12				er	12c		
ST LOUIS MO 63146					12d		
f Employee's address and ZIP co	de				6		
15 State Employer's state ID numl	ber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
MO 23215691	69179.90	22	210.00				
W _2 Wage an	d Tax Statement	_ 	חכ	Department of	of the Treasury—Internal Re	evenue Service	

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

	a Employee's social security number 010-79-9764	OMB No. 154		Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 47-1004047				ges, tips, other compensation 69179.90	2 Federal income tax withheld 8281.55		
c Employer's name, address, and ZIP code ASPYRETECH INC 4137 MEXICO ROAD				cial security wages 69179.90 dicare wages and tips	4 Social security tax withheld 4289.15 6 Medicare tax withheld		
ST PETERS MO 63376				69179.90 cial security tips	1003.11 8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initia	I Last name KUNTURI	Suff.	11 No	nqualified plans	12a See instructions for box 12		
2159 SUMMERHOUSE DRIVE				loyee plan sick pay	12b		
APT12				er	12c		
ST LOUIS MO 63146					12d		
f Employee's address and ZIP code							
MO 23215691	16 State wages, tips, etc. 69179.90		ne tax 210.00	18 Local wages, tips, etc.	19 Local income tax 20 Locality name		

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



Department of the Treasury-Internal Revenue Service

	a Employee	are required to file a tax retu				nished to the Internal Revenue Service. If you ırn, a negligence penalty or other sanction ils income is taxable and you fail to report it.			
b Employer identification number (EIN) 47-1004047				1 Wag	ges, tips, other compensation 69179.90	2 Feder	Federal income tax withheld 8281.55		
c Employer's name, address, and ZIP code ASPYRETECH INC					sial security wages 69179.90	4 Social security tax withheld 4289.15			
4137 MEXICO ROAD					dicare wages and tips 69179.90 cial security tips	6 Medicare tax withheld 1003.11 8 Allocated tips			
ST PETERS MO 63376					nai security tips		· 		
d Control number				9 10 Dependent care bene					
e Employee's first name and initial Last name Suff. BALAKRISHNA KUNTURI			11 Nonqualified plans 12a See instructions f			for box 12			
2159 SUMMERHOUSE DRIVE				13 Statutory employee Retirement sick pay 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
APT12				14 Other 12c					
ST LOUIS MO 63146						12d			
f Employee's address and ZIP cod	е								
15 State Employer's state ID numb MO 23215691	er 	16 State wages, tips, etc. 69179.90		ne tax 210.00	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
Form W-2 Wage and Tax Statement Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			202	20	Sa	of the Treasur ofe, accurate AST! Use		Revenue Service	

		a Employee	's social security number								
		010-79-97	64	OMB No. 1545-0008							
b Employer identification number (EIN)				1 Wages, tips, other compensation 2 Federal income tax with					ax withheld		
47-1004047					69179.90 8281				8281.55		
c Employer's nan	ne, address, and 2	ZIP code			3 So	3 Social security wages 4 Social security tax with				x withheld	
ASPYRETEC	H INC				69179.90 4289				4289.15		
					5 Medicare wages and tips 6 Medicare tax withheld				 nheld		
4137 MEXICO	JROAD				69179.90				1003.11		
					7 So	7 Social security tips			8 Allocated tips		
ST PETERS I	MO 63376							*			
d Control number	r				9			10 Depe	ndent care b	penefits	
e Employee's firs	t name and initial	Last n	ame	Suff.	11 No	nqualified plans		12a			
DALAKDICUNA		KLINIT	UDI					d e			
BALAKRISHNA		KUNT	UKI		13 Statutory Retirement Third-party sick pay 12b						
2159 SUMMERHOUSE DRIVE						d e					
ADTIO					14 Other			12c			
APT12						d e					
ST LOUIS MO 63146						12d					
								o d e			
f Employee's add	lress and ZIP cod	le									
15 State Employe	r's state ID numb	er	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, t	ips, etc.	19 Local inc	ome tax	20 Locality name	
MO 2321569	91		69179.90	2	210.00						
						†					

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