## FORM W-2 Wage and Tax Statement Dept. of the Treasury • Internal Revenue Service For EMPLOYEE'S RECORDS (See notice on back of Copy 2) 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. These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents. Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2) All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page. D. CONTROL NUMBER This information is being furnished to the 1. WAGES, TIPS, OTHER: COMPENSATION 2 FEDERAL INCOME TAX WITHHELD OMB NO. 1545 - 0008 2021 134398.30 10379.53 B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 838-63-1642 3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD 38-1889682 142800.00 8853.60 C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE 5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD REINALT-THOMAS CORPORATION 143056.09 2074.31 7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS Statutory Employee Retirement Plan 20225 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85255 X 10. DEPENDENT CARE BENEFITS 11. NONQUALIFIED PLANS 12. a-d SURYA NARAYANA 8657.79 D VEMURI 14 OTHER DD 21681.92 3505 E PIKE ST PHOENIX, AZ 85050 F. EMPLOYEE'S ADDRESS AND ZIP CODE EMPLOYER'S STATE I.D. NO. 15. STATE 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX 18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 20. LOCALITY NAME 0381889682 134398.30 3485.94 FOLD AND TEAR ALONG PERFORATION D. CONTROL NUMBER This information is being furnished to the 1. WAGES, TIPS, OTHER, COMPENSATION 2. FEDERAL INCOME TAX WITHHELD OMB NO. 1545 - 0008 134398.30 10379.53 Internal Revenue Service B. EMPLOYER IDENTIFICATION NUMBER EMPLOYEE'S SOCIAL SECURITY NUMBER S. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD 38-1889682 838-63-1642 142800.00 8853.60 C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE 5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD REINALT-THOMAS CORPORATION & 143056.09 2074.31 20225 N SCOTTSDALE ROAD 7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS SCOTTSDALE, AZ 85255 10. DEPENDENT CARE BENEFITS E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME 11. NONQUALIFIED PLANS SURYA NARAYANA VEMURI D 8657.79 3505 E PIKE ST DD 21681.92 14. OTHER PHOENIX, AZ 85050 13. Statutory Employee Retirement Plan X Third-Party Sick Pay F. EMPLOYEE'S ADDRESS AND ZIP CODE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX 15. STATE 18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 20 LOCALITY NAME 0381889682 134398.30 3485.94 Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return Dept. of the Treasury - Internal Revenue Service FORM W-2 Wage and Tax Statement FOLD AND TEAR ALONG PERFORATION . WAGES, TIPS, OTHER, COMPENSATION 2. FEDERAL INCOME TAX WITHHELD This information is being furnished to the OMB NO. 1545 - 0008 134398.30 10379.53 4. SOCIAL SECURITY TAX WITHHELD A. EMPLOYEE'S SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY WAGES 838-63-1642 142800.00 8853.60

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Dept. of the Treasury - Internal Revenue Service

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W-2 AND WAGE SUMMARY