

|  |                           |   |                     |   |  |  |  |
|--|---------------------------|---|---------------------|---|--|--|--|
| b Employer's Identification number<br>c Employer's name, address, and ZIP code |                           | 46-2516265<br>FORMAC INC.<br>3155 KEARNEY STREET, SUITE 210<br>FREMONT CA 94538 |                     | 12a See instructions for Box 12   | 1 Wages, tips, other compensation        | 2 Federal income tax withheld                              |  |
|  |                           |   |                     | \$  | 17474.44                                 | 2050.76  |  |
|  |                           |   |                     | 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<br>Last name                               |                           | 3704524   |                     | This information is being furnished to the Internal Revenue Service<br><br><b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b> | 9 Verification code                      | 10 Dependent care benefits                                 |  |
| SRINIVASA SRIHARSHA GOTETI<br>39663 LESLIE ST<br>APT 415<br>FREMONT CA 94538   |                           |   |                     |   | 11 Nonqualified plans                    | 13 Statutory employee Retirement plan Third-party sick pay |  |
| f Employee's address and ZIP code  |                           |   |                     |   | 14 Other<br>CA SDI 174.75                |  |  |
|  |                           |   |                     |   | a Employee's soc. sec. no<br>788-59-5463 |  |  |
| 15 State   | Employer's state I.D. No. | 16 State wages, tips, etc.  | 17 State income tax | 18 Local wages, tips, etc.  | 19 Local income tax                      | 20 Locality name   |  |
| CA   | 022-2339-4                | 17474.44  | 834.54              |   |  |  |  |

Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

|  |                           |   |                     |  |  |  |  |
|--|---------------------------|---|---------------------|--|--|--|--|
| b Employer's Identification number<br>c Employer's name, address, and ZIP code |                           | 46-2516265<br>FORMAC INC.<br>3155 KEARNEY STREET, SUITE 210<br>FREMONT CA 94538 |                     | 12a See instructions for Box 12  | 1 Wages, tips, other compensation        | 2 Federal income tax withheld                              |  |
|  |                           |   |                     | \$   | 17474.44                                 | 2050.76  |  |
|  |                           |   |                     | 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<br>Last name                               |                           | 3704524   |                     | This information is being furnished to the Internal Revenue Service<br><br><b>Copy 2 for State, City, or Local Tax Departments</b> | 9 Verification code                      | 10 Dependent care benefits                                 |  |
| SRINIVASA SRIHARSHA GOTETI<br>39663 LESLIE ST<br>APT 415<br>FREMONT CA 94538   |                           |   |                     |  | 11 Nonqualified plans                    | 13 Statutory employee Retirement plan Third-party sick pay |  |
| f Employee's address and ZIP code  |                           |   |                     |  | 14 Other<br>CA SDI 174.75                |  |  |
|  |                           |   |                     |  | a Employee's soc. sec. no<br>788-59-5463 |  |  |
| 15 State   | Employer's state I.D. No. | 16 State wages, tips, etc.  | 17 State income tax | 18 Local wages, tips, etc.   | 19 Local income tax                      | 20 Locality name   |  |
| CA   | 022-2339-4                | 17474.44  | 834.54              |  |  |  |  |

Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 01/23/19 OSP

|  |                           |   |                     |   |  |  |  |
|--|---------------------------|---|---------------------|---|--|--|--|
| b Employer's Identification number<br>c Employer's name, address, and ZIP code |                           | 46-2516265<br>FORMAC INC.<br>3155 KEARNEY STREET, SUITE 210<br>FREMONT CA 94538 |                     | 12a See instructions for Box 12   | 1 Wages, tips, other compensation        | 2 Federal income tax withheld                              |  |
|  |                           |   |                     | \$  | 17474.44                                 | 2050.76  |  |
|  |                           |   |                     | 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<br>Last name                               |                           | 3704524   |                     | 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.<br><br><b>Copy 2 for State, City, or Local Tax Departments</b> | 9 Verification code                      | 10 Dependent care benefits                                 |  |
| SRINIVASA SRIHARSHA GOTETI<br>39663 LESLIE ST<br>APT 415<br>FREMONT CA 94538   |                           |   |                     |   | 11 Nonqualified plans                    | 13 Statutory employee Retirement plan Third-party sick pay |  |
| f Employee's address and ZIP code  |                           |   |                     |   | 14 Other<br>CA SDI 174.75                |  |  |
|  |                           |   |                     |   | a Employee's soc. sec. no<br>788-59-5463 |  |  |
| 15 State   | Employer's state I.D. No. | 16 State wages, tips, etc.  | 17 State income tax | 18 Local wages, tips, etc.  | 19 Local income tax                      | 20 Locality name   |  |
| CA   | 022-2339-4                | 17474.44  | 834.54              |   |  |  |  |

Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

|  |                           |   |                     |  |  |  |  |
|--|---------------------------|---|---------------------|--|--|--|--|
| b Employer's Identification number<br>c Employer's name, address, and ZIP code |                           | 46-2516265<br>FORMAC INC.<br>3155 KEARNEY STREET, SUITE 210<br>FREMONT CA 94538 |                     | 12a See instructions for Box 12  | 1 Wages, tips, other compensation        | 2 Federal income tax withheld                              |  |
|  |                           |   |                     | \$   | 17474.44                                 | 2050.76  |  |
|  |                           |   |                     | 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<br>Last name                               |                           | 3704524   |                     | 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.<br><br><b>Copy C for Employee's Records</b> (see notice to Employee on back.) | 9 Verification code                      | 10 Dependent care benefits                                 |  |
| SRINIVASA SRIHARSHA GOTETI<br>39663 LESLIE ST<br>APT 415<br>FREMONT CA 94538   |                           |   |                     |  | 11 Nonqualified plans                    | 13 Statutory employee Retirement plan Third-party sick pay |  |
| f Employee's address and ZIP code  |                           |   |                     |  | 14 Other<br>CA SDI 174.75                |  |  |
|  |                           |   |                     |  | a Employee's soc. sec. no<br>788-59-5463 |  |  |
| 15 State   | Employer's state I.D. No. | 16 State wages, tips, etc.  | 17 State income tax | 18 Local wages, tips, etc.   | 19 Local income tax                      | 20 Locality name   |  |
| CA   | 022-2339-4                | 17474.44  | 834.54              |  |  |  |  |

Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records