	<b>a</b> Employee's social security number 855-23-6287	OMB No. 154	5-0008	This information is being furnis are required to file a tax return may be imposed on you if this	shed to the Inter , a negligence p income is taxal	nal Revenu enalty or colle and you	ue Service. If you other sanction used it.
b Employer identification number (EIN) 47-1004047				ges, tips, other compensation 15550.00	2 Federal income tax withheld 1305.39		
c Employer's name, address, and ZIP code				cial security wages	4 Social security tax withheld		
ASPYRETECH INC							
4137 MEXICO ROAD				dicare wages and tips	6 Medicare tax withheld		
ST PETERS MO 63376				cial security tips	8 Allocated tips		
d Control number			9		10 Depen	dent care	benefits
e Employee's first name and initial	Last name	Suff.	<b>11</b> No	nqualified plans	12a See in	structions	for box 12
VINEESHA	PEDDI		13 Statu	utory Retirement Third-party	12b		
457 SETON HALL CT			employee plan sick pay				
			<b>14</b> Oth	er	12c		
VALLEY PARK MO 63088					12d		
f Employee's address and ZIP code	e				ē		
15 State Employer's state ID number MO 23215691	er <b>16</b> State wages, tips, etc. 15550.00		ne tax 552.00	18 Local wages, tips, etc. 15550.00	19 Local inco	me tax 155.50	20 Locality name
				<del> </del>			<u> </u>
<b>W-2</b> Wage and	d Tay Statement	202	) T.	I Department o	of the Treasury	-Internal	L Revenue Servic
Form WW — Wage and Copy C-For EMPLOYEE'S RE		LUL	. Ш		ife, accurate, ST! Use	IRS	√file)

		a Employee's social security number							
		855-23-6287	OMB No. 154	No. 1545-0008					
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld				
47-1004047				15550.00	1305.39				
c Employer's name, address, and ZIP code			<b>3</b> Soc	cial security wages	4 Social security tax withheld				
ASPYRETECH INC									
4137 MEXICO ROAD			<b>5</b> Me	dicare wages and tips	6 Medicare tax withheld				
OT DETERO NO 20070			<b>7</b> Soc	cial security tips	8 Allocated tips				
ST PETERS MO 63376									
d Control number			9		<b>10</b> Depe	endent care l	benefits		
e Employee's first name and initial Last name Suff.		Suff.	<b>11</b> No	nqualified plans	12a				
   vinee	SHA	PEDDI				o d e			
VINLESTIA		13 Statu	utory Retirement Third-party oyee plan sick pay	12b					
457 SETON HALL CT					d e				
				<b>14</b> Oth	er	12c	ı		
						d e			
VALLEY PARK MO 63088					<b>12d</b>	ı			
						d e			
f Emp	loyee's address and ZIP cod	e							
15 State	. ' '				18 Local wages, tips, etc.	19 Local in		20 Locality name	
МО	23215691	15550.00	:	552.00 15550.00			155.50	STLOU	

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

(See Notice to Employee on the back of Copy B.)



Department of the Treasury-Internal Revenue Service