| a Employee's SSN 736-06-9792 b Employer ID no. (EIN) 23-2872921 c Employer's name, address and ZIP code JUDGE TECHNICAL SERVICES, INC. 16875.00 3 Social security wages 5 Medicare wages and tips | |
|---|--------------------------------|
| to Employer's name, address and ZIP code JUDGE TECHNICAL SERVICES, INC. | 4 Social security tax withheld |
| b Employer ID no. (EIN) 5 Medicare wages and tips c Employer's name, address and ZIP code JUDGE TECHNICAL SERVICES, INC. | |
| 5 Medicare wages and tips c Employer's name, address and ZIP code JUDGE TECHNICAL SERVICES, INC. | 6 Medicare tax withheld |
| JUDGE TECHNICAL SERVICES, INC. | |
| WAYNE, PA 19087 (610) 667-7700 | |
| d Control Number | |
| 5369 LAS COLINAS BLVD APT. 2402 IRVING, TX 75039 f Employee's address and ZIP code 7 Social security tips 8 Allocated tips | |
| | |
| 10 Dependent care benefits 11 Nonqualified plans | 12a Code See inst. for box 1 |
| 13 Statutory employee 14 Other | 12b Code |
| Retirement plan | 12c Code |
| Third-party sick pay | 12d Code |
| 5 State Employer's state ID number 16 State wages, tips, etc. | |
| NC 600286319 9075. | |
| TX 23-2872921 7800. | |
| 18 Local wages, tips, etc. 19 Local income tax 20 I | Locality name |

| 15 State NC | Employer's state II | 0 number | 16 State wages, ti | ps, etc. 075.0 | No. of Street, Street, | State income tax 451.00 | |
|--------------------------------|--|----------------------------------|---|----------------------------|-------------------------|--|--|
| ΓX | 23-2872921 | | | 800.0 | | | |
| 18 Loca | al wages, tips, etc. | 19 | Local income tax | 20 Lo | ocality na | ame | |
| | | | | | | | |
| /BA This inform | | | d Tax Statement ernal Revenue Service. | 2 | | Department of the Treasury Internal Revenue Service | |
| | , To Be Filed wit City, or Local Inc | | | | | OMB No. 1545-0008 | |
| a Empl | oyee's SSN | 1 Wages, tips, other compensatio | | | | | |
| | 6-9792 | 16875.0 3 Social security wages | | | 4 Soc | 3014.64 cial security tax withheld | |
| b Empl | oyer ID no. (EIN) 72921 | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | |
| e Empl MOHA 5369 APT. | rol Number oyee's first name ar AN S. KONAR D LAS COLIN 2402 ING, TX 750 | CANCHI IAS BI | | me | | Suff. | |
| | oyee's address and | | | | | | |
| | al security tips | | ocated tips | | 9 | | |
| 10 Dep | endent care benefit | s 11 No | onqualified plans | | 12a C | Code See inst. for box 1 | |
| 13 Stat | utory employee | 14 Other | | | 12b C | Code | |
| Ref | tirement plan | | | | 12c C | Code | |
| Third | -party sick pay | | | | 12d C | Code | |
| State NC IX | Employer's state II 600286319 23-2872921 | D number | | ps, etc. 075.0 800.0 | 0 | State income tax 451.00 | |
| 18 Loc | al wages, tips, etc. | 19 | Local income tax | 20 L | ocality n | ame | |
| BA F | orm W-2 Wa | ge and Ta | ax Statement | 202 | | epartment of the Treasury ternal Revenue Service | |
| | | (market | | | 1 | | |

| | Į | OMB No. 1545-0008 | | |
|--|--|---|--|--|
| a Employee's SSN | 1 Wages, tips, other compensation | | | |
| 736-06-9792 | 16875.0 | 3014.6 4 Social security tax withheld | | |
| b Employer ID no. (EIN) | | | | |
| 23-2872921 | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| c Employer's name, addre JUDGE TECHNIC 151 S. WARNER SUITE 100 WAYNE, PA 190 (610) 667-770 | AL SERVICES, INC. ROAD 87 | | | |
| d Control Number | | | | |
| e Employee's first name a MOHAN S. KONA 5369 LAS COLI APT.2402 IRVING, TX 75 | KANCHI NAS BLVD | Suff. | | |
| f Employee's address and | I ZIP code | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefit | its 11 Nonqualified plans | 12a Code See inst. for box | | |
| 13 Statutory employee | 14 Other | 12b Code | | |
| Retirement plan Third-party sick pay | | 12c Code | | |
| | | | | |
| | ID number 16 State wages, tips, et | | | |
| NC 600286319 | 9075 | | | |
| TX 23-2872921 | | | | |
| 18 Local wages, tips, etc. | 19 Local income tax 20 | Locality name | | |
| | | | | |
| | Wage and Tax Statement ed to the Internal Revenue Service. If you a pligence penalty or other sanction may be | Department of the Treasury are Internal Revenue Service imposed | | |
| his information is being furnishe | ind you fail to report it. | | | |
| | th Employee's | | | |
| his information is being furnishe equired to file a tax return, a neg in you if this income is taxable a | th Employee's | OMB No. 1545-0008 | | |
| his information is being furnishe squired to file a tax return, a neg n you if this income is taxable a Copy 2, To Be Filed wi State, City, or Local In a Employee's SSN | th Employee's come Tax Return. | OMB No. 1545-0008 | | |
| his information is being furnishe squired to file a tax return, a neg n you if this income is taxable a Copy 2, To Be Filed wi State, City, or Local In a Employee's SSN | th Employee's come Tax Return. | OMB No. 1545-0008 | | |
| his information is being furnishe squired to file a tax return, a neg n you if this income is taxable a Copy 2, To Be Filed wi State, City, or Local In a Employee's SSN | th Employee's come Tax Return. 1 Wages, tips, other compensation 16875.0 | OMB No. 1545-0008 on 2 Federal income tax withheld 0 3014.6 | | |
| his information is being furnishe squired to file a tax return, a neg n you if this income is taxable a Copy 2, To Be Filed wi State, City, or Local In a Employee's SSN 736-06-9792 b Employer ID no. (EIN) | th Employee's come Tax Return. 1 Wages, tips, other compensation 16875.0 3 Social security wages 5 Medicare wages and tips | OMB No. 1545-000 on 2 Federal income tax withheld 3 014 . 6 4 Social security tax withheld | | |

| | | Return. | | | | | |
|--|-------------|--|--------------------------|--------------|--------------------------------|--|--|
| a Employee's SSN | 1 Wages | s, tips, other compensation | 2 F | ederal i | ncome tax withheld | | |
| 736-06-9792 | 16875.00 | | | 3014.64 | | | |
| 130-06-9192 | 3 Social | 3 Social security wages | | | 4 Social security tax withheld | | |
| b Employer ID no. (EIN) | | | | | | | |
| 23-2872921 | 5 Medic | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | |
| c Employer's name, addr | ess and ZIP | code | | | | | |
| JUDGE TECHNIC 151 S. WARNER SUITE 100 WAYNE, PA 190 (610) 667-770 | ROAD 87 | VICES, INC. | | | | | |
| d Control Number | | | | | | | |
| e Employee's first name | and initial | Last name | | Suff. | THE THE I | | |
| IRVING, TX 75 f Employee's address an | | | | | | | |
| | | | 1000000 | | | | |
| 7 Social security tips | 8 Alloc | cated tips | 9 | - 1546 | | | |
| 7 Social security tips10 Dependent care bene | , 565 K WAR | cated tips | | Code | See inst. for box 12 | | |
| | , 565 K WAR | nqualified plans | 12a | Code | See inst. for box 12 | | |
| 10 Dependent care bene | fits 11 No | nqualified plans | 12a | | See inst. for box 12 | | |
| 10 Dependent care bene 13 Statutory employee | fits 11 No | nqualified plans | 12a 12b 12c | Code | See inst. for box 12 | | |
| 10 Dependent care bene 13 Statutory employee Retirement plan Third-party sick pay | fits 11 No | nqualified plans | 12a 12b 12c 12c | Code Code | See inst. for box 12 | | |
| 10 Dependent care bene 13 Statutory employee Retirement plan Third-party sick pay | fits 11 No | nqualified plans | 12a 12b 12c 12d | Code Code | e income tax | | |
| 10 Dependent care bene 13 Statutory employee Retirement plan Third-party sick pay | 14 Other | nqualified plans | 12a 12b 12c 12d 00 | Code Code | | | |
| 10 Dependent care bene 13 Statutory employee Retirement plan Third-party sick pay 15 State Employer's state NC 600286319 | 14 Other | nqualified plans 16 State wages, tips, etc. 9075. 7800. | 12a 12b 12c 12d 00 | Code Code | e income tax | | |