	a Employee	e's social security number							
	663-99	9-9610	OMB No. 154	45-0008					
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld			
65-1044487				1233	123360.00		6640.20		
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld			
InBiz Concepts Inc				123360.00		7648.32			
				5 Medicare wages and tips		6 Medicare tax withheld			
661 Washington Street, Suite #205					123360.00		1788.72		
col massing con solder, sales loc				7 Social security tips		8 Allocated tips			
Norwood MA 02062									
d Control number				9		10 Dependent care benefits			
e Employee's first name and initial Last name Suff.				11 Nonqualified plans 12a					
Govardhana Potturu						o d e			
				13 Statutory Retirement Third-party employee plan sick pay		12b			
103 Patroon Dr						d e			
				14 Other		12c	12c		
Apt. 8				NY SDI: 31.20		d e			
						12d			
Guilderland NY 12084						d e			
f Employee's address and ZIP cod	е								
15 State Employer's state ID numb	er	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
NY 651044487		123360.00	5992.07	,					

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



Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return