	loyee's social security number $5-81-2754$		ppy B—To Be Filed With Employee's FEDERAL Tax Return. //B No. 1545-0008				
b Employer Identification number (EIN)			1 Wag	es, tips, other compensation	2 Federal income tax withheld		
56-2463758				84000.00 12798.			
c Employer's name, address, and ZIP code				3 Social security wages 4 Social security tax with			
M&A PROJECTS INC 18 DIVISION PL				84000.00	5208.00 6 Medicare tax withheld		
				care wages and tips			
BROOKLYN, NY 11222				84000.00	1218.00		
•			7 Socia	al security tips	8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's name, address, and ZIP code			11 Nonqualified plans		12a See instructions for box 12		
RAM REDDY VASTALA					d		
			13 Statute employ	ry Retirement Third-party lee plan sick pay	12b		
33 Romaine Avenue, Floor 2 Jersey City, NJ 07306 UNITED STATES			14 Other NYSDI 28.20		12c		
							NYPFL 374.91
					1		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality nan	
NY 56-2463758	84000.00	4292.43		84000.00	0.00 NYC		
1							
wage and Tax Statement	T.	n_		Department of	of the Treasury - Interna	l Revenue Servic	

This information is being furnished to the Internal Revenue Service.

' '	e's social security number $31-2754$	Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee.) OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
56-2463758			84000.00		12798.64	
c Employer's name, address, and ZIP code				al security wages	4 Social security tax withheld	
M&A PROJECTS INC 18 DIVISION PL				84000.00	5208.00 6 Medicare tax withheld	
				icare wages and tips		
BROOKLYN, NY 11222			84000.00		1218.00	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's name, address, and ZIP code			11 Nonqualified plans		12a See instructions for box 12	
RAM REDDY VASTALA	4.0 Statutory Rotinement		Patiesmont Third stricts	d e		
			13 Statute	ory Retrement Third-purty yee plan sick pay	12b	
33 Romaine Avenue, Floor 2			14 Other		12c	
Jersey City, NJ 07306			NYS	DI 28.20	C	
UNITED STATES			NYPFL 374.91		12d	
					d .	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY 56-2463758	84000.00	4292	.43	84000.00	0.00	NYC
i .						
Form W-2 Wage and Tax Statement		202	2	Department of This information is being furn are required to file a tax return may be imposed on you if this	n, a negligence penalty or	nue Service. If you other sanction