22222		e's social security number $7 - 32 - 5485$	OMB No. 1545-	0008				
b Employer identification number (EIN) 86-1943786				1	Nages, tips, other compensation		² Federal income tax withheld 1,584.19	
c Employer's name, address, and ZIP code Savvients Inc				3 3	Social security wages	4 Soc	4 Social security tax withheld	
1490 S Price Rd Suite 202 Chandler, AZ 85286				5 1	Medicare wages and tips	6 Mec	6 Medicare tax withheld	
				7 \$	Social security tips	8 Allo	8 Allocated tips	
d Control number 24						10 Dep	endent care	benefits
e Employee's first name and initial Last name suff.				11 Nonqualified plans 12a See instructions for box Galaria Galaria			for box 12	
Vishal R		Yellati		13 Sta	tutory Retirement Third-party ployee plan sick pay	12b		
901 S O'Leary St Apt 123				14 (Dther	12c		
Flagstaff, AZ 86001						12d		
f Employee's address and ZIP code								
15 State Employer's state ID nur	nber	16 State wages, tips, etc.	17 State income ta	Х	18 Local wages, tips, etc.	19 Local incor	me tax	20 Locality name
AZ 86-1943786		18,600.00	241	.80				
Form W-2 Wage and Stateme	nd Tax nt		202	22	Departm	ent of the Trea	sury- Interna	al Revenue Service AWW2-1

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22222	a Employee's social security number	OMB No. 1545-	.0008		
b Employer identification number (E	IN)	1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and 2	ZIP code	3 Social security wages	4 Social security tax withheld		
			5 Medicare wages and tips	6 Medicare tax withheld	
			7 Social security tips	8 Allocated tips	
d Control number				10 Dependent care benefits	
e Employee's first name and initia Last name suff.			11 Nonqualified plans	12a See instructions for box 12	
			13 Statutory Retirement Third-party sick pay	12b	
			14 Other		
f Employee's address and ZIP cod	le				
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State income ta:	x 18 Local wages, tips, etc.	19 Local income tax 20 Locality name	

Copy 1- For State, City, or Local Tax Department