a Employee's social security numbe XXX-XX-4845	OMB No. 154	5-000		afe, accurate AST! Use	e, irse	v f	ile		IRS website at .gov/efile	
b Employer identification number (EIN)		1	Wages	s, tips, other c	ompensation	2	Federa	al income ta	x withheld	
71-0950187				53	3734.4	0			6447.00	
c Employer's name, address, and ZIP code			Socia	I security wa	ges	4 Social security tax withheld				
DATA BASIS LLC										
			5 Medicare wages and tips				6 Medicare tax withheld			
5901 WYOMING BLVD NE										
SUITE J-309			Social security tips 8 Allocated tip				ted tips			
ALBUQUERQUE NM 87109										
d Control number		9				10 Dependent care benefits				
e Employee's first name and initial Last name Suff.			11 Nonqualified plans			12a See instructions for box 12				
DEEPTHY BIREDDY						d (C		11.73	
1075 TALL GRASS CIR. UNIT#10		13	Statutor	tutory Retirement Third-par ployee plan sick pay		12	b			
						o d e				
STOW OH 44224			14 Other 12c							
						d e				
						12	12d			
						0 0 e				
f Employee's address and ZIP code										
5 State Employer's state ID number 16 State wages, tips, etc. 17 State incom		ne tax	< 1	8 Local was	es, tips, etc.	19 L	ocal inco	ome tax	20 Locality name	
OH 54 175562 53734.4	0 146	8.8	32					0.00	OH - Sc	

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



Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.