| er kalan ing dipa di Akit di Angada Palan | | PAST | Use CALLETTICE | | The state of the s |
|---|--|----------------------------|--------------------------------------|--|--|
| Copy C For EMPLOYEE'S (See Notice to Employee o | | 202 | OMB No.1545-0008 | Copy B - To Be Filed With Federal Tax Return | Employee's |
| a Employee Social Security No 202-15-7977 | 1 Wages, tips, other compensation 24980.43 | | deral Income tax withheld 3566.77 | a Employee Social Security No 202-15-7977 | 1 Wages, tip |
| 64-0902002 | 3 Social Security wages 26455.6 | | cial Security tax withheld 1640.25 | b Employer ID No. (EIN) 64-0902002 | 3 Social Sec |
| d Control number | 5 Medicare wages and tips 26455.6 | | dicare tax withheld 383.61 | d Control number | 5 Medicare |
| IRBY CONSTRUCTION 18 OLD HWY 49 SO RICHLAND MS 3921 | UTH | | | IRBY CONSTRUCTION 318 OLD HWY 49 SO RICHLAND MS 392 | UTH |
| 7 Social security tips | 8 Allocated tips | 9 Verificat | ion code | 7 Social security tips | 8 Allocated |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a code S | See instructions for box 12 27.00 | 10 Dependent care benefits | 11 Nonquali |
| 14 Other | AND REPORT OF THE PERSON OF TH | 12b Code D | 1475.24 | 14 Other | The facilities of the |
| | of female left and | 12c Code DD 12d Code | 1869.96 | | |
| | Control of the second second second | 13 Statutory employee | Retirement Third-party plan sick pay | | |
| | PONUGUPATI D DRIVE APT 25H | | | e Employee's name, address, an VENKATESH 1 4701 LAKELANI FLOWOOD MS | PONUGU: D DRIVE |
| 15 State Employer's State ID # MS 11947514 | 16 State wages, tips, etc 24980.43 | 17 Sta | te income tax | 15 State Employer's State ID # MS 11947514 | 16 State wa |
| | 19 Local income tax | | ality name | 18 Local wages, tips, etc. | 19 Local inc |

| 15 State Employer's State ID # MS 11947514 | 16 State wages, tips, etc 24980.43 | 17 State income tax 1058.00 |
|---|------------------------------------|-----------------------------|
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

Form W-2 Wage and Tax Statement

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it. Dept. of the Treasury - IRS

| Copy 2 To Be Filed With Er Local Income Tax Return | OMB No.1545-0008 | |
|---|--|--|
| a Employee Social Security No 202-15-7977 | 1 Wages, tips, other compensation 24980.43 | 2 Federal Income tax withheld 3566.77 |
| b Employer ID No. (EIN) 64-0902002 | 3 Social Security wages 26455.67 | 4 Social Security tax withheld 1640.25 |
| d Control number | 5 Medicare wages and tips 26455.67 | 6 Medicare tax withheld 383.61 |

c Employer's name, address, and ZIP code IRBY CONSTRUCTION COMPANY 318 OLD HWY 49 SOUTH RICHLAND MS 39218

| 7 Social security tips | 8 Allocated tips | 9 Verificati | on code | |
|----------------------------|---|-----------------------|-----------------|----------------------|
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code S | ee instruction | s for box 12 |
| | | C | 27. | 00 |
| 14 Other | Parties and the second | 12b Code D | 14 | 75.24 |
| | | 12c Code DD | 180 | 59.96 |
| | | 12d Code | | |
| | | 13 Statutory employee | Retirement plan | Third-party sick pay |

e Employee's name, address, and ZIP code VENKATESH PONUGUPATI 4701 LAKELAND DRIVE APT 25H FLOWOOD MS 39232-9732

| 15 State Employer's State ID # MS 11947514 | 16 State wages, tips, etc 24980.43 | 17 State income tax 1058.00 |
|---|------------------------------------|-----------------------------|
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

| | Safe, accurate, PASTI Use | 2 - file Viet the IFID website at www.frs. powelle. |
|--|--|---|
| Copy B - To Be Filed With Federal Tax Return | Employee's | OMB No.1545-0008 |
| a Employee Social Security No 202-15-7977 | 1 Wages, tips, other compensation 24980.43 | 2 Federal Income tax withheld 3566.77 |
| b Employer ID No. (EIN) 64-0902002 | 3 Social Security wages 26455.67 | 4 Social Security tax withheld 1640.25 |
| d Control number | 5 Medicare wages and tips | 6 Medicare tax withheld |

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| 7 Social security tips | 8 Allocated tips | 9 Verificati | on code | |
|----------------------------|-----------------------|-----------------------|-----------------|----------------------|
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code S | ee instruction | s for box 12 |
| | | C | 27. | 00 |
| 14 Other | | 12b Code D | 147 | 75.24 |
| | | 12c Code DD | 180 | 59.96 |
| | | 12d Code | | |
| | | 13 Statutory employee | Retirement plan | Third-party sick pay |

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| 15 State Employer's State ID # MS 11947514 | 16 State wages, tips, etc 24980.43 | 17 State income tax 1058.00 |
|---|------------------------------------|--------------------------------|
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS

| Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return | | OMB No.1545-0008 |
|--|--|--|
| a Employee Social Security No 202-15-7977 | 1 Wages, tips, other compensation 24980.43 | 2 Federal Income tax withheld 3566.77 |
| b Employer ID No. (EIN) 64-0902002 | 3 Social Security wages 26455.67 | 4 Social Security tax withheld 1640.25 |
| d Control number | 5 Medicare wages and tips 26455.67 | 6 Medicare tax withheld 383.61 |

c Employer's name, address, and ZIP code IRBY CONSTRUCTION COMPANY 318 OLD HWY 49 SOUTH RICHLAND MS 39218

| 7 Social security tips | 6 Allocated tips | 9 Verification | on code |
|----------------------------|--|-----------------------|--------------------------------------|
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code Se | ee instructions for box 12 |
| | THE RESERVE OF THE PARTY OF THE | C | 27.00 |
| 14 Other | | 12b Code D | 1475.24 |
| | | 12c Code DD | 1869.96 |
| | | 12d Code | |
| | | 13 Statutory employee | Retirement Third-party plan sick pay |

e Employee's name, address, and ZIP code
VENKATESH PONUGUPATI 4701 LAKELAND DRIVE APT 25H FLOWOOD MS 39232-9732

| 15 State MS | Employer's State ID # 11947514 | 16 State wages, tips, etc 24980.43 | 17 State income tax 1058.00 |
|----------------|--------------------------------|------------------------------------|--------------------------------|
| 18 Local | wages, tips, etc. | 19 Local income tax | 20 Locality name |

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service

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