a Employee's social security r $663-99-9610$	OMB No. 15	45-0008	Safe, accurate, FAST! Use		e IRS website at rs.gov/efile	
<b>b</b> Employer identification number (EIN)			ges, tips, other compensation	2 Federal income tax withheld		
65-1044487			82.84	4321.92		
c Employer's name, address, and ZIP code			cial security wages	4 Social security tax withheld		
InBiz Concepts Inc			82.84	6577.14		
			dicare wages and tips	6 Medicare tax withheld		
661 Washington Street, Suite #205			82.84	1538.20		
			cial security tips	8 Allocated tips		
Norwood MA 02062	i •					
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff.			nqualified plans	12a See instructions for box 12		
Govardhana Potturu				DD  10735.09		
Govardilalia		13 Statu	utory Retirement Third-party loyee plan sick pay			
104 Ten Eyck Pl				o d e		
			er	12c		
Apt 8			28.60	o d e		
				12d		
Guilderland NY 12084				o d e		
f Employee's address and ZIP code						
15 State Employer's state ID number 16 State wages,	tips, etc. 17 State inco	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NY  651044487   106082.8	4 4614.39	)				
1.0.000						

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.

	a Employee	e's social security number							
	663-99	9-9610	OMB No. 154	45-0008					
<b>b</b> Employer identification number (EIN)				1 Wag	ges, tips, other compensation	2 Feder	2 Federal income tax withheld		
65-1044487				1060	082.84	4321	4321.92		
c Employer's name, address, and ZIP code				<b>3</b> Soc	cial security wages	4 Socia	4 Social security tax withheld		
InBiz Concepts Inc			1060	82.84	6577.	6577.14			
			5 Medicare wages and tips		6 Medic	6 Medicare tax withheld			
661 Washington Street, Suite #205				1060	82.84	1538.	1538.20		
				7 Social security tips		8 Allocated tips			
Norwood MA 02062									
d Control number			9		10 Depe	10 Dependent care benefits			
e Employee's first name and initial Last name Suff.			<b>11</b> Nor	nqualified plans	12a	12a			
Govardhana Potturu					DD	10735	.09		
Govardilalia	1000	ar a		13 Statu empl	utory Retirement Third-party loyee plan sick pay	<b>12b</b>			
104 Ten Eyck Pl						d e			
				14 Other		12c	12c		
Apt 8			NY SDI:	28.60	d e				
						<b>12d</b>			
Guilderland NY 12084					o 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		106082.84	4614.39	)					

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