## FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of copy 2)

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

These substitute W-2 Wages and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are by perforations. General i forms, including an explan used in box 12 are on the	nstructions f ation of the	or these letter co	odes						
REISSUED STATEMEN	īͲ								
D. CONTROL NUMBER This information is being fu				1 WAGES, TIPS, OTHER COMPENSATION 125177.62			2 FEDERAL INCOME TAX WITHHELD 20125.87		
			SOCIAL SECURITY NUMBER		3 SOCIAL SECURITY WAGES 132167.74			4 SOCIAL SECURITY TAX WITHHELD 8194.40	
C. EMPLOYER'S NAME ADDRESS AND ZIP CODE FIS MANAGEMENT SERVICES LLC				5 MEDICARE WAGES AND TIPS 132167.74			6 MEDICARE TAX WITHHELD 1916.43		
9TH FLOOR 347 RIVERSIDE AVENUE 13 Statutory Retirement Third-Party				7 SOCIAL SECURITY TIPS			8 ALLOCATED TIPS		
JACKSONVILLE, FL 32202	/ee Pla	n Sick Pay	9			10 DEPENDANT CARE BENEFITS			
E.EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME PRAVEEN PUVVULA 5 ARI DR, APT A SOMERSET, NJ 08873			SUFF.	11 NONQL	UI/WF/SWF FLI	17.47 75.05	<sup>12 a-d</sup> D C DD	6990.12 111.15 7275.38	
F. EMPLOYEE'S ADDRESS AND ZIPCODE			17 STATE INCOM				L INCOME TAX		
15 STATE     EMPLOYER'S STATE I.D. NO.       NJ     432054614000	16 STATE WAGES	тірs,етс. 20.63		51.11	18 LOCAL WAGES, TIPS, ETC	. 19 LOCA	LINCOME TAX	20 LOCALITY NAME	
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D. CONTROL NUMBER This information is be to the Internal Reven	D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service OMB NO. 1545-0008						2 FEDERAL INCOME TAX WITHHELD 20125.87		
B. EMPLOYER IDENTIFICATION NUMBER 43-2054614 054-97-4320				125177.62 3 SOCIAL SECURITY WAGES 132167.74			4 SOCIAL SECURITY TAX WITHHELD 8194.40		
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE				5 MEDICARE WAGES AND TIPS			6 MEDICARE TAX WITHHELD		
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				9 11 NONQUALIFIED PLANS			10 DEPENDANT CARE BENEFITS		
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				rax 1.11	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	13 Statutory Employee	Retirement Third-Party   Ptan Xick pay   20 LOCALITY NAME	
Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM <b>W-2 Wage and Tax Statement</b> 20					Dept. of the Treasury - Internal Revenue Service       Fold AND TEAR ALONG PERFORATION				
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Copy 2 To be filed with Employee's STA FORM <b>W-2 Wage and Tax Sta</b>	TE, CITY or LOCA			023				- Internal Revenue Service	
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F. EMPLOYEE'S ADDRESS AND ZIPCODE       15 STATE     EMPLOYER'S STATE I.D. NO.       NJ     432054614000       126520.63     6461					18 LOCAL WAGES, TIPS, ETC.		13 Statutory Employee	Retirement X Third-Party Plan X Sick pay	
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Copy B To be filed with Employee's FEDERAL tax return FORM **W-2 Wage and Tax Statement** 

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W-2 AND WAGE SUMMARY

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9TH FLOOR 347 RIVERSIDE AVENUE JACKSONVILLE, FL 32202

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