## FORM W-2 Wage and Tax Statement Copy C for Employee's Records

Department of 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.

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All copies separated	by perfora	tions G	noral						
instruction explanation	ns for the	se forms	inclu	ding an					
12 are on	the other	side of	the pag	e.					
D CONTROL NUMBER									
	This information is being internal Revenue Service	•		MB NO. 1545 - 000	8 1 WAGES, TIPS, OTHER COMPENSAT	9425.70	2 FEDERAL	NCOME TAX WITHHELD 1098.51	
B EMPLOYER IDENTIFICATION NUMBER (EIN) 26-4550756		,	A EMPLOYEE'S SOCIAL SECURITY NUMBER 310-91-5138		3 SOCIAL SECURITY WAGES 9425.70		4 SOCIAL SECURITY TAX WITHHELD 584.40		
C EMPLOYER'S NAME ADDRESS INFOLOB SOLUT							6 MEDICARE TAX WITHHELD 136.67		
1193 W JOHN C	ARPENTER FREE	WAY L	Statutory	Retrement Third.Park	7 SOCIAL SECURITY TIPS	9423.70	8 ALLOCATE		
IRVING, TX 75	039	1	Statutory Employee	Retrement Third-Park Plan Sick Pay	0		10. DEPENDE	NT CARE BENEFITS	
E EMPLOYEE'S FIRST NAME: AMARNATH ALAM	AND INITIAL	LAST NAME		807	11. NONQUALIFIED PLANS		12. o-d See in	afructions for box 12	
1514 BILTMORE IRVING, TX 75	LN				14 OTHER	222 27			
					HEALTH	239.07			
# EMPLOYEE'S ADDRESS AND 15 STATE EMPLOYER'S		18 STATE WAGES, TIP	S. ETC.	17. STATE INCOME TAX	18 LOCAL WAGES, TIPS, ETC	19 LOCAL INCOME T	AX	20 LOCALITY NAME	
D. CONTROL NUMBER	This information is bei	to Scriptor to the			1 WAGES, TIPS, OTHER COMPENSATIO	N	2 FFDERA	INCOME TAX WITHHELD	
B EMPLOYER IDENTIFICATION	Internal Revenue Serv	rice	OMB	NO. 1545 - 0008		9425.70		1098.51	
26-4550756			91-5138		3. SOCIAL SECURITY WAGES	9425.70		ECURITY TAX WITHHELD 584.40	
C EMPLOYER'S NAME ADDRESS, AND ZP CODE INFOLOB SOLUTIONS INC					5. MEDICARE WAGES AND TIPS	9425.70	6 MEDICAR	E TAX WITHHELD 136.67	
	1193 W JOHN CARPENTER FREEWAY IRVING, TX 75039						8 ALLOCAT	ED TIPS	
					•		10 DEPEND	ENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME A		LAST NAME		SUFF.	11 NONQUALIFIED PLANS		12 a-d See i	nstructions for bex 12	
1514 BILTMORE	AMARNATH ALAM 1514 BILTMORE LN								
IRVING, TX 75063					HEALTH 239.07				
F EMPLOYEE'S ADDRESS AN	D ZIP CODE						13. Statutory Employee	Retirement Third-Party Sick Pay	
	S STATE I.D. NO.	16 STATE WAGES TO	PS, ETC	17. STATE INCOME TAX	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL INCOME TO	x	20. LOCALITY NAME	
Copy 2 To be filed with	Employee's STATE,	CITY OF LOCAL	tax return	202	2	4	Dept. of th	e Treasury - Internal Revenue Service	
FORM W-2 Wage	and Tax Stat	tement			_				
D. CONTROL NUMBER	Tana and				1. WAGES, TIPS, OTHER COMPENSATIO		2 550504	INCOME TAX WITHHELD	
6 EMPLOYER IDENTIFICATION	Internel Revenue Sen			3 NO. 1545 - 0008		9425.70		1098.51	
26-4550756 C EMPLOYER'S NAME ADDRE		310-	91-5138	RITY NUMBER	3. SOCIAL SECURITY WAGES	9425.70		ECURITY TAX WITHHELD 584.40	
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1193 W JOHN CARPENTER FREEWAY IRVING, TX 75039					7. SOCIAL SECURITY TIPS	1	8. ALLOCAT	ED TIPS	
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E EMPLOYEE'S FIRST NAME AN AMARNATH ALAM	ID INITIAL LA	AST NAME		SUFF	11. NONQUALIFIED PLANS		12. a-d See	instructions for box 12	
1514 BILTMORE					14. OTHER		1		
IRVING, TX 750	63				HEALTH	239.07			
EMPLOYEE'S ADDRESS AND ZI					2.6		13. Statutory Employe	Retirement Third-Party Sick Pay	
STATE EMPLOYER'S ST	TATE I.D. NO.	16. STATE WAGES, TIPS	ETC.	17. STATE INCOME TAX	18 LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME	TAX	20. LOCALITY NAME	
py 2 To be filed with Er	mployee's STATE, C	ITY or LOCAL ta	x return	202	7	Jack Toll	Dept. of	he Treasury - Internal Revenue Servi	
км <b>W-2 Wage a</b>	ind Tax State	ement		LUL					
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		A EMPLOYEE	1-5138	ITY NUMBER	3 SOCIAL SECURITY WAGES	9425.70	4. SOCIAL SECURITY TAX WITHHELD 584.40		
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1193 W JOHN CA	RPENTER FREEW	YAY			9425.70			8 ALLOCATED TIPS	
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F EMPLOYEE'S ADDRESS AND 15. STATE EMPLOYER'S	ZIP CODE	16 STATE WAGES, TIP	PS, ETC.	17 STATE INCOME TAX	18 LOCAL WAGES, TIPS, ETC	19 LOCAL INCOME T	13 Statutory Employee	Retirement Third-Party Sick Pay	