1	a Employee's social security number 010-79-9764	are required to file a tay return, a negligence penalty or other capetion						
b Employer identification number (EIN)			1 Wa	ges, tips, other compensation		deral income ta	ax withheld	
47-1004047				70102.00 8484.8			8484.81	
c Employer's name, address, and ZIP code			3 So	cial security wages	4 So	4 Social security tax withheld		
ASPYRETECH INC				70102.00 4346.			4346.32	
4137 MEXICO ROAD			5 M∈	edicare wages and tips	6 Medicare tax withheld			
			70102.00		1016.48			
ST PETERS MO 63376			7 So	cial security tips	8 Alle	ocated tips		
d Control number			9		10 De	pendent care l	oenefits	
e Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a See instructions for box 12				
BALAKRISHNA KUNTURI					d e			
			13 Star	tutory Retirement Third-party ployee plan sick pay	12b			
2159 SUMMERHOUSE DRIVE			L		ď			
APT12			14 Oth	ner	12c	1		
71112					ď			
ST LOUIS MO 63146					12d	1		
					d e			
f Employee's address and ZIP code	1.2.2	T		T			I	
15 State Employer's state ID number MO 23215691		1		18 Local wages, tips, etc.	19 Local	income tax	20 Locality name	
MO 23215691	70102.00		042.00 					

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

5053

Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

						1		
	a Employee's social security number							
	010-79-9764	OMB No. 154	45-0008					
b Employer identification number (EIN)			1 Wag	1 Wages, tips, other compensation 2 Federal income tax with				
47-1004047			70102.00 8484.8			8484.81		
c Employer's name, address, and	ZIP code		3 Soc	cial security wages	4 Social security tax withheld			
			70102.00		4346.32			
ASPYRETECH INC			F M-		C Madiaa			
4137 MEXICO ROAD			5 Ne	dicare wages and tips 70102.00	6 Medicare tax withheld			
					1016.48			
07 DETERO MO 00070			7 Social security tips		8 Allocated tips			
ST PETERS MO 63376								
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial	Last name	Suff.	11 No	ngualified plans	12a			
e Employee e met name and mada	Last Harris	04	11 110	nquamica piano	ا في ا			
BALAKRISHNA KUNTURI		10 State	utory Retirement Third-party	9 1				
			13 Statutory Retirement Third-party employee plan Sick pay		12b			
2159 SUMMERHOUSE DRIVE					ď e			
ABT 40			14 Other		12c			
APT12					d e			
ST LOUIS MO 63146					12d			
31 LOOIS MIC 33140					°a			
f Employee's address and ZIP cod	No.				e			
. ,		147 04-4- 1		140 1	40	OO Leeslin name		
15 State Employer's state ID numb		ı		18 Local wages, tips, etc.	19 Local inco	me tax 20 Locality name		
MO 23215691	70102.00	2	042.00					

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



Department of the Treasury-Internal Revenue Service