a Employee's SSN	<b>b</b> Employer ID number (EIN)	Form W-2 Wage and T	Form W-2 Wage and Tax Statement 2017 OMB No. 1545-0008 Dept. of Treas IRS					
268-65-6112	46-2747010	Copy B To Be Filed with Employee's FEDERAL Tax Return.						
© Employer's name, address, and ZIIOBJECT SOURCE, INC	82203.56 14940.18							
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		5 Medicare wages and tips			6 Medicare tax withheld			
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<b>e</b> Employee's name, address, and Zli	P rode							
KALYAN R VUTHUNORI		10 Dependent care benefits			Nonqualified plans 12a Code See inst. for bo		See inst. for box 12	
10030 HILLGREEN CR, APT L		12b Code	Code 12c Code		12d Code			
		13 Statutory employee	_	14 Other				
COCKEYSVILLE	Retirement plan	<b>├</b>						
			Third-party sick pay					
15 State Employer's state ID number	16 State wages, tips, etc.		18 Loc	cal wages, tips, etc	. 19 [	ocal income tax	20 Locality name	
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This information is being furnished to the	Internal Revenue Service						FDEA0108L 04/27/17	
a Employee's SSN	<b>b</b> Employer ID number (EIN)	Form W-2 Wage and Ta	ax St	atement 2017	OME	3 No. 1545-0008	Dept. of Treas IRS	
268-65-6112	46-2747010	Copy 2 To Be Filed With Employee's State, City, or					Dopti of freds, 1110	
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This information is being furnished to the Internal Rev	enue Service, If you are required to file a tax retur	n, a negligence penalty or other sanction may	be impo	osed on you if this incor	ne is taxable and	you fail to report it	FDEA0108L 04/27/17	
a Employee's SSN	<b>b</b> Employer ID number (EIN)	Form W-2 Wage and Ta	x Sta	tement 2017	OMB	No. 1545-0008	Dept. of Treas IRS	
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