Copy B To Be F	iled w	ith Emr	lovee's	201	7	Con	v 2 To Be Fi	led W	/ith Emr	olovee's State.	201	7	
Copy B To Be F FEDERAL Tax R					3 No. 1545-0008	City,	or Local Inc	come	Tax Rei	turń.		No. 1545-0008	
a Employee's SSN	1 Wag	es, tips, ot	ner comp. 94854.20	2 Federal	income tax withheld 16063.00	11 '	oloyee's SSN	1 Wag	jes, tips, ot	her comp. 94854.20	2 Federal	income tax withheld 16063.00	
200-19-7979	3 Socia	al security		4 Social s	ecurity tax withheld		-19-7979	3 Soci	al security	Ü	4 Social s	security tax withheld	
b Employer ID no. (EIN)	94854.20		5880.96 6 Medicare tax withheld		b Emp	b Employer ID no. (EIN)		94854.20 Medicare wages and tips			5880.96 6 Medicare tax withheld		
77-0561842 5 Medicare wages and tips 94854.20		1375.39		77-	0561842			94854.20					
c Employer's name, ad SRIVEN IN	FOSY	S INC				SŘ	oloyer's name, ad LIVEN INI	FOSY	S INC				
43-14, MA 3RD FLOOR FLUSHING	IN S	TREET		NY	11355	3 R	-14, MAI D FLOOR USHING	IN S	TREET	Γ	NY	11355	
d Control number						d Control number							
e Employee's name, ac SRIKANTH 1 1189 NE 8 HILLSBORO	KASA	MOLU		OR	Suff. 97006	SR 11	oloyee's name, ac RIKANTH I 89 NE 89 LLSBORO	KASA	MOLU		OR	Suff. 97006	
7 Social security tips		8 Allocated tips		9	9		7 Social security tips		8 Allocated tips		9		
10 Dependent care benefits		11 Nonqualified plans		12a Co	12a Code See inst. for box 12		10 Dependent care benefits		its 11 Nonqualified plans		12a Co	de See inst. for box 12	
13 Statutory employee				12b Code		13 Statuton	13 Statutory employee		14 Other		12b Code		
, , ,				12c Co	ode						12c Co	ode	
Retirement Plan Third-party sick pay				12d Co	12d Code		Retirement Plan Third-party sick pay					12d Code	
OR 1386284	<u>l</u> – 9		9485	54.20	6933.00		1386284	<u>l</u> – 9		9485	4.20	6933.00	
15 State Employer's s	tate ID n	umber	16 State wages, tip	os, etc.	17 State income tax	15 State	Employer's stat	e ID nur	mber	16 State wages, tip	s, etc.	17 State income tax	
18 Local wages, tips, etc	c.	19 Local ir	ncome tax	20 Loca	lity name	18 Loc	al wages, tips, etc	Э.	19 Local in	ncome tax	20 Locality	name	
Form W-2 Wage and Ta This information is being furn	x Stater ished to th	nent e Internal Re	venue Service.		Dept. of the Treasury - IR	Form V	V-2 Wage and Ta	x Stater	nent		ı	Dept. of the Treasury - IR	

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.

Copy C For EMPLOYEE'S RECORDS. 2017									
(See Notice to E					B No. 1545-0008				
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld					
	94854.20				16063.00				
200-19-7979	3 Social security wages				4 Social security tax withheld				
b Employer ID no. (EIN)	94854.20				5880.96				
	5 Med	s and tips	6 Medicare tax withheld						
77-0561842		94854.20			1375.39				
c Employer's name, ad SRIVEN IN									
43-14, MA 3RD FLOOR FLUSHING		TREET		N	1Y	11355			
d Control number				1,	νт	11333			
e Employee's name, a SRIKANTH 1189 NE 8	KASA	MOLU				Suff.			
HILLSBORO				C)R	97006			
7 Social security tips		8 Allocated tips			9				
10 Dependent care ben	efits	11 Nonqualified plans			12a Code See inst. for box 12				
13	14 Ot	her		12b Code					
Statutory employee						12c Code			
Retirement Plan		12			12d Code				
Third-party sick pay									
OR 1386284		9485	54.	20	6933.00				
15 State Employer's sta	nber	16 State wages, tip	os, etc	17 State income tax					
18 Local wages, tips, et	19 Local ir			20 Locality name					
3						-			

REV 01/12/18 QBDT

		KE	V 01/12/16 QBD1						
Copy 2 To Be F City, or Local Ir	come	Tax Ref	turn.		17 B No. 1545-0008				
a Employee's SSN	1 Wag	1 Wages, tips, other comp.			2 Federal income tax withheld				
p,		94854.20			16063.00				
200-19-7979	3 Soci	ial security	wages	4 Social security tax withheld					
b Employer ID no. (EIN)		94854.20			5880.96				
	5 Medicare wages and tips			6 Medicare tax withheld					
77-0561842			94854.20	1375.39					
c Employer's name, a SRIVEN IN	IFOSY	S INC	7						
43-14, MA 3RD FLOOF FLUSHING	5	TRUU.	L	NY	NY 11355				
d Control number									
e Employee's name, s SRIKANTH 1189 NE 8 HILLSBORG	KASA 39 AV	MOLU		OR	Suff.				
	,		10						
7 Social security tips		8 Allocate	ea tips	9					
10 Dependent care ber	efits	11 Nonqua	alified plans	12a Code See inst. for box 12					
13	14 0	ther		12b Code					
Statutory employee				12c Code					
Retirement Plan				120 00	120 0000				
				12d Code					
Third-party sick pay			ı		T				
OR 138628	4-9		9485	4.20 6933.00					
•	ate ID nu	mber	16 State wages, tip	s, etc. 17 State income tax					
15 State Employer's sta	ate ib iiui								
15 State Employer's sta 18 Local wages, tips, e		19 Local in	ncome tax	20 Locality	y name				