

|  |   |   |  |
|--|---|---|--|
| <b>Copy B-To Be Filed With Employee's Federal Tax Return.</b>  |   | 41-0852411<br>OMB No. 1545-0008         |  |
| a Employee's soc. sec. no.   | 1 Wages, tips, other comp.<br>2000.00   | 2 Federal income tax withheld<br>232.00 |  |
| 499-71-9131  | 3 Social security wages   | 4 Social security tax withheld          |  |
| b Employer ID number (EIN)   | 5 Medicare wages and tips   | 6 Medicare tax withheld                 |  |
| 27-4131205   | c Employer's name, address, and ZIP code<br>PIONEER CONSULTING SERVICES LLC<br>1701 48TH STREET SUITE 280<br><br>WEST DES MOINES IA 50266 |   |  |
| d Control number<br>243  |   |   |  |
| e Employee's name, address, and ZIP code Suff.<br>SRINIVAS SURUKANTI<br>4120 CONCORD PLAZA, APT 12<br><br>WEST DES MOINES IA 50266 |   |   |  |
| 7 Social security tips   | 8 Allocated tips  | 9 Verification code                     |  |
| 10 Dependent care benefits   | 11 Nonqualified plans   | 12a Code                                |  |
| 13 Statutory employee  | 14 Other  | 12b Code                                |  |
| Retirement plan  |   | 12c Code                                |  |
| Third-party sick pay   |   | 12d Code                                |  |
| IA 274131205001  | 2000.00   | 71.00                                   |  |
| 15 State Employer's state ID number  | 16 State wages, tips, etc.  | 17 State income tax                     |  |
| 18 Local wages, tips, etc.   | 19 Local income tax   | 20 Locality name                        |  |

**Form W-2 Wage and Tax Statement 2017** Dept. of the Treasury -- IRS  
This information is being furnished to the Internal Revenue Service.  
DAA

|  |   |   |  |
|--|---|---|--|
| <b>Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.</b>   |   | 41-0852411<br>OMB No. 1545-0008         |  |
| a Employee's soc. sec. no.   | 1 Wages, tips, other comp.<br>2000.00   | 2 Federal income tax withheld<br>232.00 |  |
| 499-71-9131  | 3 Social security wages   | 4 Social security tax withheld          |  |
| b Employer ID number (EIN)   | 5 Medicare wages and tips   | 6 Medicare tax withheld                 |  |
| 27-4131205   | c Employer's name, address, and ZIP code<br>PIONEER CONSULTING SERVICES LLC<br>1701 48TH STREET SUITE 280<br><br>WEST DES MOINES IA 50266 |   |  |
| d Control number<br>243  |   |   |  |
| e Employee's name, address, and ZIP code Suff.<br>SRINIVAS SURUKANTI<br>4120 CONCORD PLAZA, APT 12<br><br>WEST DES MOINES IA 50266 |   |   |  |
| 7 Social security tips   | 8 Allocated tips  | 9 Verification code                     |  |
| 10 Dependent care benefits   | 11 Nonqualified plans   | 12a Code                                |  |
| 13 Statutory employee  | 14 Other  | 12b Code                                |  |
| Retirement plan  |   | 12c Code                                |  |
| Third-party sick pay   |   | 12d Code                                |  |
| IA 274131205001  | 2000.00   | 71.00                                   |  |
| 15 State Employer's state ID number  | 16 State wages, tips, etc.  | 17 State income tax                     |  |
| 18 Local wages, tips, etc.   | 19 Local income tax   | 20 Locality name                        |  |

**Form W-2 Wage and Tax Statement 2017** Dept. of the Treasury -- IRS  
DAA



|  |   |   |  |
|--|---|---|--|
| <b>Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)</b>   |   | 41-0852411<br>OMB No. 1545-0008         |  |
| a Employee's soc. sec. no.   | 1 Wages, tips, other comp.<br>2000.00   | 2 Federal income tax withheld<br>232.00 |  |
| 499-71-9131  | 3 Social security wages   | 4 Social security tax withheld          |  |
| b Employer ID number (EIN)   | 5 Medicare wages and tips   | 6 Medicare tax withheld                 |  |
| 27-4131205   | c Employer's name, address, and ZIP code<br>PIONEER CONSULTING SERVICES LLC<br>1701 48TH STREET SUITE 280<br><br>WEST DES MOINES IA 50266 |   |  |
| d Control number<br>243  |   |   |  |
| e Employee's name, address, and ZIP code Suff.<br>SRINIVAS SURUKANTI<br>4120 CONCORD PLAZA, APT 12<br><br>WEST DES MOINES IA 50266 |   |   |  |
| 7 Social security tips   | 8 Allocated tips  | 9 Verification code                     |  |
| 10 Dependent care benefits   | 11 Nonqualified plans   | 12a Code                                |  |
| 13 Statutory employee  | 14 Other  | 12b Code                                |  |
| Retirement plan  |   | 12c Code                                |  |
| Third-party sick pay   |   | 12d Code                                |  |
| IA 274131205001  | 2000.00   | 71.00                                   |  |
| 15 State Employer's state ID number  | 16 State wages, tips, etc.  | 17 State income tax                     |  |
| 18 Local wages, tips, etc.   | 19 Local income tax   | 20 Locality name                        |  |

**Form W-2 Wage and Tax Statement 2017** Dept. of the Treasury -- IRS  
This information is being furnished to the IRS. 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.  
DAA

|  |   |   |  |
|--|---|---|--|
| <b>Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.</b>   |   | 41-0852411<br>OMB No. 1545-0008         |  |
| a Employee's soc. sec. no.   | 1 Wages, tips, other comp.<br>2000.00   | 2 Federal income tax withheld<br>232.00 |  |
| 499-71-9131  | 3 Social security wages   | 4 Social security tax withheld          |  |
| b Employer ID number (EIN)   | 5 Medicare wages and tips   | 6 Medicare tax withheld                 |  |
| 27-4131205   | c Employer's name, address, and ZIP code<br>PIONEER CONSULTING SERVICES LLC<br>1701 48TH STREET SUITE 280<br><br>WEST DES MOINES IA 50266 |   |  |
| d Control number<br>243  |   |   |  |
| e Employee's name, address, and ZIP code Suff.<br>SRINIVAS SURUKANTI<br>4120 CONCORD PLAZA, APT 12<br><br>WEST DES MOINES IA 50266 |   |   |  |
| 7 Social security tips   | 8 Allocated tips  | 9 Verification code                     |  |
| 10 Dependent care benefits   | 11 Nonqualified plans   | 12a Code                                |  |
| 13 Statutory employee  | 14 Other  | 12b Code                                |  |
| Retirement plan  |   | 12c Code                                |  |
| Third-party sick pay   |   | 12d Code                                |  |
| IA 274131205001  | 2000.00   | 71.00                                   |  |
| 15 State Employer's state ID number  | 16 State wages, tips, etc.  | 17 State income tax                     |  |
| 18 Local wages, tips, etc.   | 19 Local income tax   | 20 Locality name                        |  |

**Form W-2 Wage and Tax Statement 2017** Dept. of the Treasury -- IRS  
DAA