b Employer's Identification number 86-1121055	12a See instructions for Box 12	4 18/ 4:4	2 Federal income toy withhold
b Employer's Identification number BEMPloyer's name, address, and ZIP code 86-1121055	s	1 Wages, tips, other compensation 10749.31	853.30
DELVIOM LLC	12b	3 Social security wages	4 Social security tax withheld
211/10.1 110	\$	10749.31	666.46
44790 MAYNARD SQUARE SUITE# 280	12c	5 Medicare wages and tips 10749.31	6 Medicare tax withheld 155.86
	12d	7 Social security tips	8 Allocated tips
ASHBURN VA 20147	\$	O Varidia etian a a da	10 Dependent care benefits
Employee's first name and initial Last name  1113820	This information is being furnished to the	9 Verification code	TO Dependent care benefits
	Internal Revenue Service	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
SATYA HANUMA N V R KAKARLAPUDI 18061 COTTAGE GARDEN DR	Copy B To Be Filed with		employee plan sick pay
10001 COTTAGE GARDEN DR	Employee's FEDERAL	14 Other	
GERMANTOWN MD 20874	Tax Return		
GERMANIOWN IND 20074	a Employee's soc. sec. no		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	172-85-9587	19 Local income tax	20 Locality name
MD 14703223 10749.31 705.77			
Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Conv B To Be Filed V	Vith Employee's FEDERAL Tax Retur
2018	Omb # 1040 0000	оор) 2 10 20 1 mou 1	Tim Employee of EBEIDIE Tax Notal
b Employer's Identification number c Employer's name, address, and ZIP code 86-1121055	12a See instructions for Box 12	1 Wages, tips, other compensation	
	12b	10749.31 3 Social security wages	853.30 4 Social security tax withheld
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44790 MAYNARD SQUARE SUITE# 280	12c	5 Medicare wages and tips	6 Medicare tax withheld
	12d	10749.31 7 Social security tips	155.86 8 Allocated tips
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e Employee's first name and initial Last name	-	9 Verification code	10 Dependent care benefits
1113820		11 Nonqualified plans	13 Statutory Retirement Third-party
SATYA HANUMA N V R KAKARLAPUDI	Copy 2 for State, City, or		13 Statutory Retirement Third-party employee plan sick pay
18061 COTTAGE GARDEN DR	Local Tax Departments	14 Other	
GERMANTOWN MD 20874	a Employee's soc. sec. no		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	172-85-9587 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITT, or LOCAL Tax Department
REV 01/08/19 OSP	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code 86-1121055	\$	10749.31	853.30
DELVIOM LLC	12b	3 Social security wages	4 Social security tax withheld
	12c	10749.31 5 Medicare wages and tips	666.46
44790 MAYNARD SQUARE SUITE# 280	\$	10749.31	155.86
ASHBURN VA 20147	12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name	\$  -	9 Verification code	10 Dependent care benefits
1113820		44.11	
SATYA HANUMA N V R KAKARLAPUDI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
18061 COTTAGE GARDEN DR	Local Tax Departments	14 Other	
		I T Other	
GERMANTOWN MD 20874	a Employee's soc. sec. no		
f Employee's address and ZIP code	172-85-9587		
15   State   Employer's state I.D. No.   16   State wages, tips, etc.   17   State income tax   MD   14703223   10749.31   705.77	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
	1		
Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Department
b Employer's Identification number c Employer's name, address, and ZIP code 86-1121055	12a See instructions for Box 12	1 Wages, tips, other compensation	
	\$   12b	10749.31 3 Social security wages	853.30 4 Social security tax withheld
DELVIOM LLC	\$	10749.31	666.46
44790 MAYNARD SQUARE SUITE# 280	12c	5 Medicare wages and tips 10749.31	6 Medicare tax withheld
	12d	7 Social security tips	155.86 8 Allocated tips
ASHBURN VA 20147	\$		
Employee's first name and initial Last name  1113820	This information is being furnished to the Internal Revenue Service. If you are	9 Verification code	10 Dependent care benefits
	required to file a tax return, a negligence penalty or other sanction may be imposed	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
SATYA HANUMA N V R KAKARLAPUDI 18061 COTTAGE GARDEN DR	on you if this income is taxable and you fail to report it.		employee plan sick pay
TOOOT COLLEGE GUIVAEN DIV	Copy C for Employee's Records (see notice to	14 Other	
GERMANTOWN MD 20874	Employee on back.)		
	a Employee's soc. sec. no	1	
f Employee's address and ZIP code 15 State   Employer's state I.D. No.   16 State wages, tips, etc.   17 State income tax	172-85-9587 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MD 14703223 10749.31 705.77			
Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	<u> </u>	Copy C For Employee's Record
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