

b Employer's Identification number c Employer's name, address, and ZIP code		86-1121055 DELVIOM LLC 44790 MAYNARD SQUARE SUITE# 280 ASHBURN VA 20147		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
				\$	10749.31	853.30
				12b	3 Social security wages	4 Social security tax withheld
				\$	10749.31	666.46
				12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	10749.31	155.86
				12d	7 Social security tips	8 Allocated tips
				\$		
e Employee's first name and initial Last name		1113820 SATYA HANUMA N V R KAKARLAPUDI 18061 COTTAGE GARDEN DR GERMANTOWN MD 20874		This information is being furnished to the Internal Revenue Service Copy B To Be Filed with Employee's FEDERAL Tax Return a Employee's soc. sec. no 172-85-9587	9 Verification code	10 Dependent care benefits
					11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay
					14 Other	
f Employee's address and ZIP code						
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	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 Copy B To Be Filed With Employee's FEDERAL Tax Return

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e Employee's first name and initial Last name		1113820 SATYA HANUMA N V R KAKARLAPUDI 18061 COTTAGE GARDEN DR GERMANTOWN MD 20874		This information is being furnished to the Internal Revenue Service Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no 172-85-9587	9 Verification code	10 Dependent care benefits
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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 STATE, CITY, or LOCAL Tax Departments

REV 01/08/19 OSP

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