| Copy B-To Be Filed With Federal Tax Return. | 41-0852411 OMB No. 1545-0008 | | | | | | |
|---|---------------------------------------|----------------|--------------------------------------|--|--|--|--|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. 1500.00 | | 2 Federal income tax withheld 130.00 | | | | |
| 733-97-2869 | 3 Social security wages | | 4 Social security tax withheld | | | | |
| b Employer ID number (EIN) | | | | | | | |
| 45-2700157 | 5 Medicare wage | s and tips | 6 Medicare tax withheld | | | | |
| c Employer's name, address, a | nd ZIP code | | | | | | |
| E-GIANTS TECHNO 1200 VALLEY WES | DLOGIES, LL T DR. SUIT | .C E 403-11 | | | | | |
| WEST DES MOINE | 50266 | | | | | | |
| d Control number | | | | | | | |
| e Employee's name, address, a | and ZIP code | | Suff. | | | | |
| VEERA PRASAD | CHIRUK | URI | | | | | |
| 7 Social security tips 8 Allocated tips 9 | | | | | | | |
| 0 Dependent care benefits | | 12a Code | | | | | |
| 13 Statutory employee 14 Other | | | 12b Code | | | | |
| Retirement plan | | | 12c Code | | | | |
| Third-party sick pay | | | 12d Code | | | | |
| IA 452700157001 | 1500.00 | | 20.00 | | | | |
| 15 State Employer's state ID nu | 17 State income tax | | | | | | |
| 18 Local wages, tips, etc. | 19 Local income | tax | 20 Locality name | | | | |
| Form W-2 Wage and Tax State | ement | 2016 | Dept. of the Treasury IRS | | | | |

This information is being furnished to the Internal Revenue Service. DAA

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|--|---------------------------------|---|----------|--|---|--|--|
| Copy C-For EMPLOYE Notice to Employeeon the | 41-0852411 OMB No. 1545-0008 | | | | | | |
| a Employee's soc. sec. no. | 1 W | ages, tips, other comp. 1500.00 | 2 | ederal income tax withhel 130.00 | d | | |
| 733-97-2869 b Employer ID number (EIN) | _ | ocial security wages | 4 | 4 Social security tax withheld | | | |
| | | edicare wages and tips | 6 | 6 Medicare tax withheld | | | |
| 45-2700157 c Employer's name, address, and ZIP code | | | | | | | |
| E-GIANTS TECHN 1200 VALLEY WE | NOLO ST D | GIES, LLC R. SUITE 403-11 | | | | | |
| WEST DES MOINES IA | | | | 50266 | | | |
| d Control number | | | | | | | |
| VEERA PRASAD CHIRUKURI | | | | | | | |
| 7 Social security tips | | 8 Allocated tips | | 9 | | | |
| 10 Dependent care benefits | | 11 Nonqualified plans | | 12a Code | | | |
| 13 Statutory employee 14 Other | | | 12b Code | | | | |
| Retirement plan | | 1: | 12c Code | | | | |
| Third-party sick pay | | | 12d Code | | | | |
| IA 452700157001 1500.00 | | | | 20.00 | | | |
| 15 State Employer's state ID nur 18 Local wages, tips, etc. | | ber 16 State wages, tips, etc. 19 Local income tax | | 117 State income tax 20 Locality name | | | |

| Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return. | | | | 41-0852411 OMB No. 1545-0008 | | |
|--|-------------|------------------------------------|-----|------------------------------------|--|--|
| a Employee's soc. sec. no. | | ages, tips, other comp. 1500.00 | 2 | Federal income tax withheld 130.00 | | |
| 733-97-2869 | 3 Sc | cial security wages | 4 : | Social security tax withheld | | |
| b Employer ID number (EIN) | <u> </u> | | L | | | |
| 45-2700157 | 5 M | edicare wages and tips | 61 | Medicare tax withheld | | |
| c Employer's name, address, | and ZI | P code | | | | |
| E-GIANTS TECHN 1200 VALLEY WES | OLC ST D | GIES, LLC R. SUITE 403-11 | | | | |
| WEST DES MOINE | S | IA | | 50266 | | |
| d Control number | | | | | | |
| e Employee's name, address, | and Z | P code | | Suff. | | |
| VEERA PRASAD | | CHIRUKURI | | | | |
| 7 Social security tips | Тя ді | located tips | T 9 | | | |
| 7 Goolal Scounty lips | 107 | located tips | ľ | | | |
| 10 Dependent care benefits | 11 N | onqualified plans | 12 | 2a Code | | |
| 13 Statutory employee 14 Oth | | 12b Code | | | | |
| Retirement plan | | | 12 | 2c Code | | |
| Third-party sick pay | | | 12 | 2d Code | | |
| IA 452700157001 | | 1500.00 | • | 20.00 | | |
| 15 State Employer's state ID n | ımber | 16 State wages, tips, etc. | _ | 17 State income tax | | |
| 18 Local wages, tips, etc. | 19 L | ocal income tax | 20 |) Locality name | | |

2016

Dept. of the Treasury -- IRS

| Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return. | | | | | | 41-0852411 OMB No. 1545-0008 | | | |
|--|-------------------------|-------------|---------------------------------------|---------------------------|-------------------------|---------------------------------|---|--|--|
| | oloyee's soc. sec. | | 1 Wages, tips, other comp. 1500.00 | | 2 F | 2 Federal income tax withheld | | | |
| _ | 97-2869 | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| b Emp | oloyer ID number | (EIN) | 5 Medicare wages and tips | | 6 Medicare tax withheld | | | | |
| 45-2 | 700157 | | 3 Medicare wages and tips | | | | | | |
| c Emp | oloyer's name, ad | dress, ar | nd ZII | P code | | | | | |
| E-0 12 | GIANTS TE 00 VALLEY | CHNC WES |)LO T D | GIES, LLC R. SUITE 403 | 3-11 | | | | |
| WEST DES MOINES IA | | | | | IA | 50266 | | | |
| d Control number | | | | | | | | | |
| | ERA PRAS | 7.12 | | CHIRUKURI | | I 9 | | | |
| 7 Social security lips | | | 0 7.11 | o Allocated tips | | | | | |
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| 13 Statutory employee 14 Othe | | r | r | | 12b Code | | | | |
| Re | Retirement plan | | | | 12c Code | | | | |
| Thir | Third-party sick pay | | | | 12d Code | | | | |
| IA 15 Stor | IA 452700157001 1500.00 | | | | | 20.00 | | | |
| | | | | Local income tax | | 20 Locality name | | | |
| | 3, -, -, -, | | | | | | • | | |

Form W-2 Wage and Tax Statement

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