<b>a</b> Employee's SSN 675-08-2001			<b>b</b> Employer identification number (EIN) 27 - 0889031		
C Employer's name, address, and ZIP code ADISYS CORPORATION		<b>1</b> Wgs, tips, other compn 3 7 0 3 5 . 5 7	2 Fed inc tax withheld 4617.00	3 Social security wages	Form W-2
1 LAKE BELLEVUE DR STE 209		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
BELLEVUE WA 98005		7 Social security tips	8 Allocated tips	9	Tax Statement
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a	2018
e Employee's name, address, and ZIP code Suff.		13	14 Other	12b	2010
SATYANARAYANA CHELLUBOINA		Statutory employee.	WA-L&I 81.14	12c	Copy B To Be Filed with Employee's FEDERAL Tax Return
8500 148TH AVE NE, #Q2054 REDMOND WA 98052		Retirement plan		12d	This information is being furnished to the Internal
15 State Employer's state ID number	16 State wages, tips, etc	Third-party sick pay  17 State income tax	18 Local wages, tips, etc	19 Local income tax	Revenue Service.  20 Locality name
					_
II REV 01/18/19 QBDT			<u> </u>	I Depa	Intment of the Treasury — IRS
<b>a</b> Employee's SSN 675-08-20	01	<b>b</b> Employer identification r	27 – 08 (	39031	OMB No. 1545-0008
C Employer's name, address, and ZIP code		1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	_
ADISYS CORPORATION		37035.57	4617.00		Form <b>W-2</b>
1 LAKE BELLEVUE DR STE 209		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and Tax
BELLEVUE WA 98005		7 Social security tips	8 Allocated tips	9	Statement
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a	2018
e Employee's name, address, and ZIP code Suff.		13	14 Other	12b	]
   SATYANARAYANA   CHELLUBOINA		Statutory employee.	WA-L&I 81.14	12c	Copy 2 To Be Filed With
8500 148TH AVE NE, #Q2054		Retirement plan			Employee's State, City, or Local
REDMOND WA 98052		Third-party sick pay		12d 	Income Tax Return.
15 State Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
REV 01/18/19 QBDT					
<b>a</b> Employee's SSN 675-08-20	01	<b>b</b> Employer identification n	number (EIN) 27 – 088	39031	OMB No. 1545-0008
c Employer's name, address, and ZIP code ADISYS CORPORATION		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.			
		1 Wgs, tips, other compn 3 7 0 3 5 . 5 7	2 Fed inc tax withheld 4617.00	3 Social security wages	Form W-2
1 LAKE BELLEVUE DR STE 209		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
BELLEVUE WA 98005		7 Social security tips	8 Allocated tips	9	Tax Statement
d Control No.		10 Depdnt care benefits	11 Nonqualified plans	12a	1
<b>e</b> Employee's name, address, and ZIP code Suff.		13	14 Other	12b	2018
SATYANARAYANA CHELLUBOINA		Statutory employee .	WA-L&I 81.14	12c	Copy C For EMPLOYEE'S
8500 148TH AVE NE, #Q2054   REDMOND WA 98052		Retirement plan		12d	RECORDS. (See Notice to
15 State Employer's state ID No.	16 State wages, tips, etc	Third-party sick pay  17 State income tax	18 Local wages, tips, etc	19 Local income tax	Èmployee.)  20 Locality name
I I					