Copy B To Be Filed With Employee's FEDERAL Tax Return OMB No. 1545-0008								
a. Employee's SSN		tips, other comp.	2 Fe	deral income	tax withheld			
712-13-1611	<u> </u>	83472.00			12060.00			
b. Employer ID number	- 3 Social	security wages	4 So	cial security ta	x withheld			
b. Employer ib number	5 Medica	re wages and tips	6 Me	edicare tax with	nheld			
81-1358239								
c. Employer's name, addi	ress, and ZI	IP code						
TEAMITSERVE	INC.							
1825 W. Walr	nut Hi	ll Ln. Ste. 12	0					
Irving, TX 7	75038							
d. Control number								
12								
e. Employee's name, addr	ress, and ZI	P code						
Rahul Kandi	ikonda							
52B Evergree	en St.							
West Babylor	n, NY	11704						
7 Social security tips	8	Allocated tips	_					
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13 Statutory employee	14 Other		1:	2b Code				
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Third party sick pay NY 81 – 135823 15 State Emplr.'s state 18 Local wages, tips, etc. Form W-2 Wage and Tax This information is being	Statement g furnished	16 State wages, tips, etc. Local income tax	000	17 State incord Locality name Dept. of the Teles.	reasury IRS 39-1908647			
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Copy 2 To Be Filed With Employee's State, 2018 City, or Local Income Tax Return 1545-0008 a. Employee's SSN 1 Wages, tips, other comp. 83472.00 2 Federal income tax withheld 12060.00 712-13-1611 4 Social security tax withheld 3 Social security wages b. Employer ID number 5 Medicare wages and tips 6 Medicare tax withheld 81-1358239 $c\,.$ Employer's name, address, and ZIP code TEAMITSERVE INC. 1825 W. Walnut Hill Ln. Ste. 120 Irving, TX 75038 d. Control number 12 e. Employee's name, address, and ZIP code Rahul Kandikonda 52B Evergreen St. West Babylon, NY 11704 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 12b Code 13 Statutory employee 14 Other 29.90 NY SDI Retirement plan 12c Code Third party sick pay 12d Code 4420.00 81-1358239 83472.00 NY 15 State EmpIr.'s state ID# 16 State wages, tips, etc. 17 State income tax 20 Locality name 18 Local wages, tips, etc. 19 Local income tax

Form W-2 Wage and Tax Statement

Dept. of the Treasury -- IRS 39-1908647

Copy C For EMPLOYE	0040	OMB No.			
(See Notice to Emplo	2018	1545-0008			
a. Employee's SSN	1 Wages, tips, other comp.	2 Federal income	tax withheld		
712-13-1611	83472.00		12060.00		
/12-13-1011	3 Social security wages	4 Social security tax withheld			
b. Employer ID number					
	5 Medicare wages and tips	6 Medicare tax v	vith he I d		
81-1358239					
c. Employer's name, address, and ZIP code					

TEAMITSERVE INC.

1825 W. Walnut Hill Ln. Ste. 120

Irving, TX 75038

d. Control number 12

e. Employee's name, address, and ZIP code

Rahul Kandikonda

52B Evergreen St.

We	est Babylo:	n, N	Υ Т	1704			
7 Social security tips		8 Allocated tips					
10 Dependent care benefits		11 Nonqualified plans			12a Code See inst. for box 12		
13 Statutory employee 14 Oth				29.90	12b	Code	
Retirement plan				12c	Code		
Third party sick pay					12d	Code	
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18 Local wages, tips, etc.			19 Lo	ocal income tax	20 Lo	ocality name	
Form W-2 Wage and Tax State			ment	39-1908647	De	ept. of the Treasury IRS	

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Copy 2 To Be Filed W City, or Local Income			2018	OMB No. 1545-0008	
a. Employee's SSN	1 Wages, tips, other comp.		deral income		
712-13-1611	83472.00			12060.00	
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b. Employer ID number					
	5 Medicare wages and tips	6 Me	edicare tax w	ith he I d	
81-1358239					
c. Employer's name, address, and ZIP code					

TEAMITSERVE INC.

1825 W. Walnut Hill Ln. Ste. 120

Irving, TX 75038

d. Control number

12

e. Employee's name, address, and ZIP code

Rahul Kandikonda

52B Evergreen St.

West Babylon, NY 11704

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13 Statutory employee	14 Other			12	b Code
To otal along employee	NY S		29.90	12b Code	
Retirement plan				12	c Code
Third party sick pay				12	d Code
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Form W-2 Wage and Tax Statement

39-1908647

Dept. of the Treasury -- IRS