Copy B To Be F FEDERAL Tax R	iled w eturn.	ith Emp	loyee's	20 ′	17 B No. 1545-0008	Copy City,	y 2 To Be Fi or Local Inc	iled W	ith Emp Tax Ref	oloyee's State turn.	OM	B No. 1545-0008	
a Employee's SSN	1 Wag	es, tips, oth	ner comp. 18200.00	2 Federa	l income tax withheld 3441.00	a Emp	oloyee's SSN	1 Wage	es, tips, ot	her comp. 18200.00	2 Federa	I income tax withheld 3441.00	
861-06-6840	3 Socia	al security v		4 Social s	security tax withheld	861	-06-6840	3 Socia	al security		4 Social	security tax withheld	
b Employer ID no. (EIN)						b Empl	loyer ID no. (EIN)						
22-3786614	5 Medi	care wages	s and tips	6 Medica	re tax withheld		3786614	5 Medi	care wage	s and tips	6 Medica	re tax withheld	
c Employer's name, ad FIRST TEK	ldress, a	nd ZIP cod C	е				oloyer's name, ad RST TEK			de			
1551 S WAS	SHIN	GTON	AVENUE,	SUITE	l:	15	51 S WAS	SHIN	GTON	AVENUE,	SUITE	1:	
PISCATAWA	Y			NJ	08854	PI	SCATAWAY	Y			NJ	NJ 08854	
d Control number						d Con	trol number						
e Employee's name, ac VENU GOPAI 1855 MCKEI MARYLAND I	L RE LVEY	DDY S HILL	OMA	MO	Suff. 63043	VE 18	oloyee's name, ac INU GOPAI 55 MCKEI RYLAND I	L RE LVEY	DDY S HILI		МО	Suff. 63043	
' Social security tips 8 Allocated tips		9	9		7 Social security tips		8 Allocated tips		9				
10 Dependent care bene	efits	11 Nonqua	lified plans	12a Co	ode See inst. for box 12	10 Dep	endent care bene	efits	11 Nonqua	alified plans	12a Co	ode See inst. for box 12	
13	14 Ot	her		12b Co	ode	13		14 Ot	ner		12b Co	ode	
Statutory employee				40.0		Statutory	employee				40.0		
Retirement Plan				12 c Co	12c Code		Retirement Plan				12c Code		
Third-party sick pay				12d Co	ode	Third-na	rty sick pay				12d Co	ode	
MO 1985109	90		1820	0.00	907.00	МО	1985109	90		1820	0.00	907.00	
I 15 State Employer's s	tate ID n	umber	16 State wages, tip	os, etc.	17 State income tax	15 State	I Employer's stat	e ID nun	nber	16 State wages, tip	os, etc.	17 State income tax	
18 Local wages, tips, etc	c.	19 Local in	come tax	20 Loca	ility name	18 Loc	al wages, tips, etc	c.	19 Local in	ncome tax	20 Locality	y name	
Form W-2 Wage and Ta This information is being furni	x Stater	nent			Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	x Staten	nent			Dept. of the Treasury - IR	
I his information iš being furni	ished to th	e Internal Re	venue Service.				-					•	

This information is being furnished to the Internal Revenue Service. 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 fall to report it.

Conv. C. For EMPLOYEE'S RECORDS

2017

Copy C For EM (See Notice to E	PLOY	EE'S RE	CORDS.	20°	17 B No. 1545-0008			
	1 Wag	es, tips, ot	her comp		l income tax withheld			
a Employee's SSN	18200.00			3441.00				
861-06-6840	3 Social security wages			4 Social security tax withheld				
b Employer ID no. (EIN)								
, , ,	5 Medicare wages and tips			6 Medicare tax withheld				
22-3786614								
c Employer's name, a FIRST TEK			le					
1551 S WA	SHIN	IGTON	AVENUE,	SUITE	1:			
PISCATAWA	Y.			NJ	08854			
d Control number								
e Employee's name, a VENU GOPA 1855 MCKE	L RE	DDY S	SOMA		Suff.			
MARYLAND	HEIG	HTS		MO	63043			
7 Social security tips		8 Allocated tips			9			
10 Dependent care ben	efits 11 Nonqualified plans			12a Code See inst. for box 12				
13	14 Ot	her		12b Code				
Statutory employee					12c Code			
Retirement Plan								
Third-party sick pay				12d Code				
MO 19851090		1820		00.00	0.00 907.00			
15 State Employer's sta			16 State wages, tip					
18 Local wages, tips, e	tc.	19 Local ir	ncome tax	20 Locality name				
Form W-2 Wage and T	ax Stater	ment			Dept. of the Treasury - IRS			

REV 01/12/18 QBDT

Copy 2 To Be Fi				, 20°	17			
City, or Local Inc					B No. 1545-0008			
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld				
061 06 6040	• •	18200.00			3441.00			
861-06-6840	3 Soci	3 Social security wages			4 Social security tax withheld			
b Employer ID no. (EIN)			1.0	0.14 1:				
22-3786614	5 Med	5 Medicare wages and tips			6 Medicare tax withheld			
c Employer's name, ad FIRST TEK	ldress, a	and ZIP cod IC	le					
1551 S WA	SHIN	IGTON	AVENUE,	SUITE	E:			
PISCATAWA	NJ	08854						
d Control number								
e Employee's name, ac VENU GOPA: 1855 MCKE:	L RE	EDDY S	SOMA		Suff.			
MARYLAND I	HEIG	HTS		MO	63043			
7 Social security tips		8 Allocate	ed tips	9				
10 Dependent care bene	fits 11 Nonqualified plans			12a Code See inst. for box 12				
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Statutory employee				40.0				
Retirement Plan				12c C	ode			
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Third-party sick pay								
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MO 1985109 15 State Employer's stat 18 Local wages, tips, etc.		mber 19 Local ir		os, etc.				
15 State Employer's stat								