

b Employer identification number (EIN) 25-1916891		12a See instructions for box 12		1 Wages, tips, other compensation 40708.04		2 Federal income tax withheld 4015.00	
c Employer's name, address, and ZIP code SKORUZ TECHNOLOGIES STE 206 680 LANGSDORF DR FULLERTON CA 92831		12b \$		3 Social security wages		4 Social security tax withheld	
		12c \$		5 Medicare wages and tips		6 Medicare tax withheld	
		12d \$		7 Social security tips		8 Allocated tips	
e Employee's first name and initial Last name Suffix FAYAZ SHAIK APT# 613 120 E REMINGTON DR SUNNYVALE CA 94087-2629		12e \$		9 Verification Code d453-63da-4fe6-63b4		10 Dependent care benefits	
		This information is being furnished to the Internal Revenue Service.		11 Nonqualified plans		13 <input type="checkbox"/> Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> Third-party	
		Copy B To Be Filed With Employee's FEDERAL Tax Return		14 Other CA SDI		366.37	
f Employee's address and ZIP code		a Employee's social security number 656-93-6784					
15 State CA	Employer's state ID number 257-1849-5	16 State wages, tips, etc. 40708.04	17 State income tax 965.46	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return.

b Employer identification number (EIN) 25-1916891		12a See instructions for box 12		1 Wages, tips, other compensation 40708.04		2 Federal income tax withheld 4015.00	
c Employer's name, address, and ZIP code SKORUZ TECHNOLOGIES STE 206 680 LANGSDORF DR FULLERTON CA 92831		12b \$		3 Social security wages		4 Social security tax withheld	
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		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		14 Other CA SDI		366.37	
f Employee's address and ZIP code		a Employee's social security number 656-93-6784					
15 State CA	Employer's state ID number 257-1849-5	16 State wages, tips, etc. 40708.04	17 State income tax 965.46	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

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		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a recipient's priority or other interests may be impacted on your filing status in the state and you may be required to report.		11 Nonqualified plans		13 <input type="checkbox"/> Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> Third-party	
		Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)		14 Other CA SDI		366.37	
f Employee's address and ZIP code		a Employee's social security number 656-93-6784					
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Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy C for EMPLOYEE'S RECORDS. (See Notice to Employee on back.)