

b Employer identification number (EIN) 52-2405571		12a See instructions for box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code PERLA DENTAL PA 3700 ARMSTRONG AVE DALLAS TX 75205		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 Suff.		12e \$		9 Verification Code		10 Dependent care benefits	
JHANSI LAKSHMI BODAPATI 6524 DESEO APT 355 IRVING TX 75039-3037		This information is being furnished to the Internal Revenue Service.		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
f Employee's address and ZIP code		Copy B To Be Filed With Employee's FEDERAL Tax Return.		14 Other			
a Employee's social security number 287-11-2457							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	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) 52-2405571		12a See instructions for box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
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f Employee's address and ZIP code		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		14 Other			
a Employee's social security number 287-11-2457							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	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.

b Employer identification number (EIN) 52-2405571		12a See instructions for box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code PERLA DENTAL PA 3700 ARMSTRONG AVE DALLAS TX 75205		12b \$		3 Social security wages		4 Social security tax withheld	
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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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e Employee's first name and initial Last name Suff.		12e \$		9 Verification Code		10 Dependent care benefits	
JHANSI LAKSHMI BODAPATI 6524 DESEO APT 355 IRVING TX 75039-3037		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 fail to report it.		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
f Employee's address and ZIP code		Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)		14 Other			
a Employee's social security number 287-11-2457							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	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 C for EMPLOYEE'S RECORDS. (See Notice to Employee on back.)