021-45-7927		OMB No. 154	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					
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 F			Prederal income tax withheld		
20-8019891			70612.10		8651.98			
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld			
Data Systems Integration, Inc			70612.10		4377.95			
485 Metro Place South			5 Medicare wages and tips		6 Medicare tax withheld			
Suite 101			70612.10		1023.88			
Dublin, OH 43017			7 Social security tips		8 Allocated tips			
,								
d Control number			9 Verification code		10 Dependent care benefits			
e Employee's first name and initial Last name Suff.			11 Nonqualified plans		12a See instructions for box 12			
Harish Reddy Kakanuri					g DD		757.92	
20 CHURCH ROAD			13 Statu empl	itory Retirement Third-party oyee plan sick pay	12b			
APT L12					o d e			
MAPLE SHADE, NJ 08052			14 Other		12c			
					o d e	o d e		
					12d			
					o d e			
f Employee's address and ZIP code								
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inco	me tax	20 Locality name	
NJ 208-019-891/00	0 71000.00	2634.37						
Wage and Tax Department of the Treasury—Internal Revenue Servi							venue Service	
Form W Statement Safe, accurate, IRS A STATE SAFE, accurate SAFE,								
Copy C—For EMPLOYEE'S RE	_		-	FAST!	Use			

This is your personal copy of the federal W-2

Employee on the back of Copy B.)