| Void ☐ | a Employee's social security number 348-06-2707 | OMB No. 1545-0008 | |
|---|---|---|---|
| b Employer identification number (EIN) 81-0930594 | | 1 Wages, tips, other compensation 35500.33 | 2 Federal income tax withheld 4224.90 |
| c Employer's name, address, and ZIP code<br>ITsyntax Inc<br>1836 W. Virginia Street<br>Suite 107<br>McKinney TX 75069 | | 3 Social security wages 0.00 | 4 Social security tax withheld 0.00 |
| | | 5 Medicare wages and tips 0.00 | 6 Medicare tax withheld 0.00 |
| | | 7 Social security tips | 8 Allocated tips |
| d Control number | | 9 Verification code | 10 Dependent care benefits |
| e Employee's first name and initial Rajasri<br>Last name Pingili<br>Suff.<br>905 N Medalist Circle<br>Plano TX 75023<br>f Employee's address and ZIP code | | 11 Nonqualified plans | 12a See instructions for box 12 Code |
| | | 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ | 12b Code |
| | | 14 Other | 12c Code |
| | | | 12d Code |

| 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

**For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

**Copy D — For Employer**