

RIIM LLC  
 7590 E Gray Rd, Ste 204,  
 Scottsdale AZ 85260

Amit Singla  
 7600 E Caley Avenue  
 Apt 625  
 Englewood CO 80111

OMB No. 1545-0008		a Employee's social security number 854-61-0694		b Employer identification number (EIN) 46-3144391			
c Employer's name, address, and ZIP code RIIM LLC 7590 E Gray Rd, Ste 204, Scottsdale AZ 85260		1 Wages, tips, other comp 71701.92	2 Federal income tax withheld 6954.05	3 Social security wages 71701.92			
		4 SS tax withheld 4445.52	5 Medicare wages and tips 71701.92	6 Medicare tax withheld 1039.68			
		7 Social security tips	8 Allocated tips	9 Verification code			
d Control number		e Employee's first name and initial Amit Singla		<b>Form W-2</b>  <b>Wage and Tax Statement</b>  <b>2017</b>  Copy 2  To Be Filed with Employee's State, City, or Local Income Tax Return			
Last name Singla		10 Dependent care benefits	11 Nonqualified plans			12a See instructions for box 12	
7600 E Caley Avenue Apt 625 Englewood CO 80111		13 Statutory employee ..... <input type="checkbox"/>	14 Other			12b	
f Employee's address and ZIP code		Retirement plan ..... <input type="checkbox"/>				12c	
		Third-party sick pay ..... <input type="checkbox"/>		12d			
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		
CO	31025065	64875.00	2914.00				
AZ	46-3144391	6826.92	184.34				
				20 Locality name			

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<b>d</b> Control number		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans		<b>12a</b>	
<b>e</b> Employee's name, address, and ZIP code Suff. Amit Singla 7600 E Caley Avenue Apt 625 Englewood CO 80111		<b>13</b> Statutory employee <input type="checkbox"/>	<b>14</b> Other		<b>12b</b>	
		Retirement plan <input type="checkbox"/>			<b>12c</b>	
		Third-party sick pay <input type="checkbox"/>			<b>12d</b>	
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name
CO	31025065	64875.00	2914.00			
AZ	46-3144391	6826.92	184.34			

Form **W-2**  
**Wage and Tax Statement**  
**2017**

Copy B To Be Filed with Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service.

QBMW2B2C 10/18/17 IOP

Department of the Treasury — IRS

<b>a</b> Employee's SSN 854-61-0694		<b>b</b> Employer identification number (EIN) 46-3144391			OMB No. 1545-0008	
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<b>15</b> State	Employer's state ID No.	<b>16</b> State wages, tips, etc	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name
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Form **W-2**  
**Wage and Tax Statement**  
**2017**

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QBMW2B2C 10/18/17 IOP

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<b>c</b> Employer's name, address, and ZIP code RIIM LLC 7590 E Gray Rd, Ste 204, Scottsdale AZ 85260		This information is being furnished to the IRS. 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>1</b> Wgs, tips, other compn 71701.92	<b>2</b> Fed inc tax withheld 6954.05	<b>3</b> Social security wages 71701.92		
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**Wage and Tax Statement**  
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Copy C For EMPLOYEE'S RECORDS.  
(See Notice to Employee.)