

Copy B--To Be Filed With Employee's FEDERAL Tax Return			OMB No. 1545-0008		
This information is being furnished to the Internal Revenue Service.					
a. Employee's social security number	1. Wages, tips, other compensation	2. Federal income tax withheld			
540859355	33400.00	5624.28			
b. Employer ID number (EIN)	3. Social security wages	4. Social security tax withheld			
	37-1795098				
c. Employer's name, address, and ZIP code	5. Medicare wages and tips		6. Medicare tax withheld		
	SP TECHNOLOGIES INC 2209 BLENDED TREE RANCH DRIVE LEANDER, TX 78641				
d. Control number					
e. Employee's name, address, and ZIP code					
MAHENDER B CHEVVA 196 Carlton Ave PISCATAWAY, NJ 08854					
7. Social security tips	8. Allocated tips	9. Verification Code			
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12			
13. Statutory employee	14. Other NY SDI 18.20 NY PFL 32.33	12b. Code			
		12c. Code			
		12d. Code			
Retirement plan					
Third-party sick pay					
NY		33400.00	1678.51		
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			
7400.00	216.46	NEW YORK			

Form W-2 Wage and Tax Statement **2017** Department of the Treasury - Internal Revenue Service

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