

Void <input type="checkbox"/>		a Employee's social security number 268-65-6112		<b>Copy D – For Employer</b> OMB No. 1545-0008			
b Employer identification number (EIN) 46-2747010			1 Wages, tips, other compensation 75376.00		2 Federal income tax withheld 12129.00		
c Employer's name, address, and ZIP code OBJECT SOURCE, INC  1022 NORTHEAST DR STE A JEFFERSON CITY MO 65109			3 Social security wages 75376.00		4 Social security tax withheld 4673.31		
			5 Medicare wages and tips 75376.00		6 Medicare tax withheld 1092.95		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's name, address, and ZIP code KALYAN VUTHUNORI 10030 HILLGREEN CIRCLE APT L  COCKEYSVILLE MD 21030			11 Nonqualified plans		12a See instructions for box 12		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
15 State Employer's state ID number MD 15763396		16 State wages, tips, etc. 75376.00	17 State income tax 3490.30	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

REV 01/14/19 QBDT

**2018**

Department of the Treasury—Internal Revenue Service

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

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