

Form **W-2 Wage and Tax Statement** 2018

c Employer's name, address, and ZIP code ELAVON, INC 4000 W BROADWAY ROBBINSDALE MN 55422		7 Social security tips	1 Wages, tips, other compensation 123035.16	2 Federal income tax withheld 15604.73
e Employee's name, address, and ZIP code RAMAKRISHNA PULI 225 ASHFORD PKWY DUNWOODY GA 30338		8 Allocated tips	3 Social security wages 125997.73	4 Social security tax withheld 7811.86
		9 Verification code	5 Medicare wages and tips 125997.73	6 Medicare tax withheld 1826.97
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 88.92
		13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other	12b D 2962.57
		b Employer identification number (EIN) 58-1916822		12c W 5799.92
		a Employee's social security number 325-02-4194		12d DD 12487.02
15 State GA	Employer's state ID number 1212558-ZP	16 State wages, tips, etc. 123035.16	17 State income tax 6720.14	18 Local wages, tips, etc.
			19 Local income tax	20 Locality name

Copy B-To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS website at www.irs.gov/efile.

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.

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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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