

b Employer identification number (EIN) 13-4137658		12a See instructions for box 12		1 Wages, tips, other compensation 94903.40	2 Federal income tax withheld 7154.00
c Employer's name, address, and ZIP code SOFTCRYLIC LLC 718 WASHINGTON AVE N STE 208 MINNEAPOLIS MN 55401		12b \$	3 Social security wages 94903.40	4 Social security tax withheld 5884.01	
		12c \$	5 Medicare wages and tips 94903.40	6 Medicare tax withheld 1376.10	
		12d \$	7 Social security tips	8 Allocated tips	
e Employee's first name and initial Last name Suff. VIRGIL RAJ UBALT RAJ 7107 COLLINGWOOD LANE ALPHARETTA GA 30022-3439		12e \$	9 Verification Code 86e7-2e06-f371-e38a	10 Dependent care benefits	
		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay
		Copy B To Be Filed With Employee's FEDERAL Tax Return.		14 Other	
f Employee's address and ZIP code		a Employee's social security number 368-97-6999		19 Local income tax	20 Locality name
15 State GA	Employer's state ID number 2411915-XB	16 State wages, tips, etc. 94903.40	17 State income tax 5252.25	18 Local wages, tips, etc.	

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return.

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e Employee's first name and initial Last name Suff. 0007297 VIRGIL RAJ UBALT RAJ 7107 COLLINGWOOD LANE ALPHARETTA GA 30022-3439		12e \$	9 Verification Code 86e7-2e06-f371-e38a	10 Dependent care benefits	
		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay
		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		14 Other	
f Employee's address and ZIP code		a Employee's social security number 368-97-6999		19 Local income tax	20 Locality name
15 State GA	Employer's state ID number 2411915-XB	16 State wages, tips, etc. 94903.40	17 State income tax 5252.25	18 Local wages, tips, etc.	

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

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		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 the income is taxable and you fail to report it.		11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay
		Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)		14 Other	
f Employee's address and ZIP code		a Employee's social security number 368-97-6999		19 Local income tax	20 Locality name
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