2018 W-2 and EARNINGS SUMMARY

	Employ	ee He	ete	ren	ce	Co	ру		
	ppy C for employee's reco		me	nt	x		0 3 No.		
d	Control number	Dept.	1	Corp.	T	Empl	oyer	use	only
00	00097215 T9V	17	Y2	16			S	2	3141
С	Employer's name, a	ddress, a	and 2	ZIP co	de				
	CONVERGYS GROUP 201 EAST 4TH CINCINNATI,	STRE	ET		A	NAG	ЕМЕ	NT	
e/f	Employee's name, a KARTIK HARIH 1350 BRANSOI LAS CRUCES,	IARAN N AVE	MA	NI PT 18			2		
b	Employer's FED ID a 31 - 126072		а	Emplo	oye (e's SS 032 -	3A nu	mbe	er 2
1	Wages, tips, other o	omp. 75.02	2	Feder					
3	Social security wag	es 75.02	4	Socia	l se	curity		with	
5	Medicare wages and	tips	6	Medic	are	tax w	ithhe	ld	
		75.02					1	1.2	24
7	Social security tips		8	Alloca	atec	l tips			
9			10	Deper	nde	nt car	e ber	efits	3
11	Nonqualified plans		12a	See in	stru	ctions 1	or box	12	
	O41		12k	, 1					
14	Other		120						
			120				-		
			13	Stat em	ıp. F	łet. pla	n 3rd p	arty	sick pay
15	State Employer's s	tate ID no	. 16	State	wa	ges, ti	ps, et	c.	
	NM 0294008900	9					77	75.	02
17	State income tax	1.86	18	Local	wa	ges, t			
19	Local income tax		20	Locali	ity	name			

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

KARTIK HARIHARANMANI 1350 BRANSON AVE APT 18 LAS CRUCES, NM 88001

Social Security Number: 032-13-1642 Taxable Marital Status: MARRIED

Exemptions/Allowances: Federal: 0

State:

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PAGE 01 OF 01

1 Wages, tips, other	comp. 75.02	2 Federa	I income tax withheld	1	١
3 Social security wa	ges 75.02	4 Social	security tax withheld 48.05	3	;
5 Medicare wages at 7	nd tips 75.02	6 Medica	are tax withheld	5	1
d Control number 0000097215 T9V	Dept.	Corp. Y216	Employer use only 23141	d 00	0
c Employer's name, CONVERGYS				С	(

201 EAST 4TH STREET CINCINNATI, OH 45202

b Employer's FED ID number 31 - 1260729	a Employee's SSA number 032-13-1642				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
14 Other	12b				
	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pay				
e/f Employee's name, address a	and ZIP code				

KARTIK HARIHARANMANI 1350 BRANSON AVE APT 18 LAS CRUCES, NM 88001

15	State NM	Employer's state ID no. 0294008900 9	16 State wages, tips, etc. 775.02
17	State	income tax 1.86	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

ederal Filing Copy

1	Wages, tips, other of	omp. 75.02	2 Federa	l income tax withheld
3	Social security was	es 75.02	4 Social	security tax withheld 48.05
5	Medicare wages an	d tips 75.02	6 Medica	re tax withheld 11.24
d 00	Control number 000097215 T9V	Dept.	Corp. Y216	Employer use only 23141
С	Employer's name, a CONVERGYS GROUP 201 EAST 4TH CINCINNATI,	CUSTO STRE	MER MA	

b	Employer's FED ID number 31 - 1260729	a Employee's SSA number 032-13-1642			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a			
14	Other	12b			
		12c			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pay			
e/f	Employee's name, address a	and ZIP code			

KARTIK HARIHARANMANI 1350 BRANSON AVE APT 18 LAS CRUCES, NM 88001

15	State NM	Employer's state ID no. 0294008900 9	16 State wages, tips, etc. 775.02
17	State	income tax 1.86	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name
		NM. State Fil	ing Copy

1 wages, tips, other c	6 . 02	2 Federal income tax withheld		
3 Social security wag 77	es '5.02	4 Social	security tax withheld 48.05	
5 Medicare wages and 77	d tips '5.02	6 Medic	are tax withheld 11.24	
d Control number 0000097215 T9V	Dept.	Corp. Y216	Employer use only 2314	
c Employer's name, a CONVERGYS C GROUP 201 EAST 4TH CINCINNATI, C	STREE	MER MA		

b	Employer's FED ID number 31 - 1260729	a Employee's SSA number 032-13-1642				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick party				
e/f	Employee's name, address a	nd ZIP code				

KARTIK HARIHARANMANI

1350 BRANSON AVE APT 18 LAS CRUCES, NM 88001

15	State NM	Employer's state ID no. 0294008900 9	16	State wages, tips, etc. 775.02
17	State	income tax 1.86	18	Local wages, tips, etc.
19	Local	income tax	20	Locality name
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City or Local Filing Cop Statement

KARTIK HARIHARANMANI 316 E FOSTER RD 1003 LAS CRUCES, NM 88005 7 Social security tips 0.00 8 Allocated tips 9 Verification Code	Copy B To Be Filed			41-1628061
032-13-1642 23.75 0.00 b Employer ID number (EIN) 23.75 4 Social security tax withheld 63-1180986 5 Medicare wages and tips 6 Medicare tax withheld C Employer's name, address, and ZIP code 0.34 C Employer's name, address, and ZIP code 0.34 C SUITE 450N 1 PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 C Control number 0000312-0101 C Employee's name, address, and ZIP code Sufficient			Access to the second	
3 Social security wages 23.75 4 Social security tax withheld 1.4" 63-1180986 5 Medicare wages and tips 6 Medicare tax withheld 23.75 0.3° C Employer's name, address, and ZIP code ONIN STAFFING, LLC SUITE 450N 1 PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 d Control number 0000312-0101 e Employee's name, address, and ZIP code KARTIK HARIHARANMANI 316 E FOSTER RD 1003 LAS CRUCES, NM 88005 T 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 12b Code 12c Code		1 wages, tips, other cor		DOTO STANDARD HAVE BEEN BEEN AND STANDARD OF THE STANDARD
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13 Statutory employee 14 Other 12b Code Retirement plan 12c Code	0.00	92%		
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Retirement plan 12c Code				
	13 Statutory employee 14	4 Other		12b Code
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18 Local wages, tips, etc. 19 Local income tax 20 Locality name	18 Local wages, tips, etc.	19 Local income ta	Х	20 Locality name
Form W-2 Wage and Tax Statement 2018 Dept. of the Treasury IR	Form W-2 Wage and Tax St	atement	2018	Dept. of the Treasury IR
This information is being furnished to the Internal Revenue Service		-		
and the state of t	Simulation to somigitation			

Copy 2 -- To Be Filed With Employee's State, 41-1628061 City, or Local Income Tax Return. OMB No. 1545-0008 1 Wages, tips, other comp a Employee's soc. sec. no 0.00 23.75 032-13-1642 3 Social security wages 4 Social security tax withheld 1.47 b Employer ID number (EIN) 23.75 5 Medicare wages and tips 6 Medicare tax withheld 63-1180986 0.34 23 75 c Employer's name, address, and ZIP code ONIN STAFFING, LLC SUITE 450N 1 PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 d Control number 0000312-0101 Suff. e Employee's name, address, and ZIP code KARTIK HARIHARANMANI 316 E FOSTER RD 1003 LAS CRUCES, NM 88005 8 Allocated tips 9 Verification Code 7 Social security tips 0.00 12a Code 11 Nonqualified plans 10 Dependent care benefits 12b Code 13 Statutory employee 14 Other Retirement plan 12c Code 12d Code Third-party sick pay 0.00 03-232458-00-8 16 State wages, tips, etc. 17 State income tax 15 State Employer's state ID number 19 Local income tax 20 Locality name 18 Local wages, tips, etc. Dept. of the Treasury -- IRS Form W-2 Wage and Tax Statement 2018

Copy C -- For EMPLOYEE'S RECORDS 41-1628061 (See Notice to Employee on back of Copy B.) OMB No. 1545-0008 a Employee's soc. sec. no 1 Wages, tips, other comp 2 Federal income tax withheld 23.75 0.00 032-13-1642 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 1.47 23.75 5 Medicare wages and tips 6 Medicare tax withheld 63-1180986 0.34 23.75 c Employer's name, address, and ZIP code ONIN STAFFING, LLC SUITE 450N 1 PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 d Control number 0000312-0101 e Employee's name, address, and ZIP code Suff KARTIK HARIHARANMANI 316 E FOSTER RD 1003 LAS CRUCES, NM 88005 7 Social security tips 8 Allocated tips 9 Verification Code 10 Dependent care benefits 11 Nonqualified plans 12a Code 13 Statutory employee 14 Other 12b Code Retirement plan 12c Code Third-party sick pay 12d Code 0.00 03-232458-00-8 23 75 17 State income tax 15 State Employer's state ID number 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

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b Employer ID number (EIN)		23.	75		1.47
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		23.1	75		0.34
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1 PERIMETER PA	RK SOU	TH			
BIRMINGHAM, A	L 35243	3			
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1003					
LAS CRUCES, NM	1 88005				
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7 Social security tips	8 A	llocated tips		9 Verification Code	
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10 Dependent care benefits	11 1	Nonqualified plans		12a Code	
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I 15 State Employer's state ID	number	16 State wages, tips, e	etc.	17 State income tax	
18 Local wages, tips, etc.	19 L	ocal income tax	;	20 Locality name	
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2018

Form W-2 Wage and Tax Statement

2018 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.

Form W-2 Wage and Tax Statement

Dept. of the Treasury -- IRS

Form W-2 Wage and Tax Statement 2018 c Employer's name, address, and ZIP code ALLEGIANCE STAFFING 5726 ROOT RD SPRING, TX 77389			7 Social security tips		1 wages, tips,other o	7059.10	2 Federal income tax withheid 374.03		
			8 Allocated tips		3 Social security wag		4 Social security tax withheid		
			9 Advance EIC payment		5 Medicare wages ar		6 Medic	are tax withheld	
SPRING,	1X 77389		10 Dependent care benefits		11 Nonqualified plans		12a See	102.37 instructions for box 12	
	s name, address, and ZIP code nmani, Kartik	13 Statutory Retirement Third employee plan sick p	party pay	14 Other		12b			
1350 Branson Ave #18 Las Cruces, NM 88001			b Employer identification number 76-0360963	. ,	-	•	12c		
			a Employee's social security num 032-13-1642			1	12d		
15 State NM	Employer's state ID number 03-245671-00-9	16 State wages, tips, etc. 7059.10	17 State income tax 232.97		ocal wages, tips, etc.	19 Local incor	ne tax	20 Locality name	
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orm W-2	Wage and Tax Statem	nent 2018	7 Social security tips		1 Wages, tips,other o	compensation 7059.10	2 Feder	al income tax withheld 374.03	
	name, address, and ZIP code		8 Allocated tips		3 Social security wages		4 Social security tax withheld		
5726 RO			9 Advance EIC payment 5		7059.10 5 Medicare wages and tips 7059.10		6 Medicare tax withheld		
SPRING,	TX 77389		10 Dependent care benefits		11 Nonqualified plans		12a See	instructions for box 12	
	s name, address, and ZIP code		13 Statutory Retirement Third employee plan sick p	party	14 Other		12b		
1350 Bra	inson Äve #18		b Employer identification number 76-0360963	(EIN)	=	•	12c		
Las Ciuc	es, NM 88001		a Employee's social security num 032-13-1642	nber	_		12d	<u> </u>	
15 State NM	Employer's state ID number 03-245671-00-9	16 State wages, tips, etc. 7059.10	17 State income tax 232.97		Local wages, tips, etc.	19 Local incor	ne tax	20 Locality name	
orm W-2	Wage and Tax Statem	nent 2018	7 Social security tips		1 Wages, tips,other o	compensation 7059.10	2 Feder	al income tax withheld 374.03	
	name, address, and ZIP code		8 Allocated tips		3 Social security wag	es 7059.10	4 Social security tax withheld 437.66		
5726 RO			9 Advance EIC payment		5 Medicare wages and tips 7059.10		6 Medicare tax withheld		
SFRING,	, 17 11309		10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12		
	s name, address, and ZIP code nmani, Kartik		13 Statutory Retirement Third employee plan sick p	party pay	14 Other		12b		
	anson Ave #18 ces, NM 88001		b Employer identification number (EIN) 76-0360963				12c		
			a Employee's social security num 032-13-1642	iber			12d		
15 State NM	Employer's state ID number 03-245671-00-9	16 State wages, tips, etc. 7059.10	17 State income tax 232.97		ocal wages, tips, etc.	19 Local incor	ne tax	20 Locality name	
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orm W-2	Wage and Tax Statem	nent 2018	7 Social security tips		1 Wages, tips,othero	ompensation 7059.10	2 Feder	al income tax withheld	
c Employer's name, address, and ZIP code ALLEGIANCE STAFFING 5726 ROOT RD SPRING, TX 77389			8 Allocated tips		3 Social security wag	70E0 10		security tax withheld 437.66	
			9 Advance EIC payment		5 Medicare wages ar	7059.10	6 Medicare tax withheld 102.3		
OF KING,	, 17 11308		10 Dependent care benefits		11 Nonqualified plans			instructions for box 12	
e Employee's name, address, and ZIP code			13 Statutory Retirement Third employee plan sick p	party pay	14 Other		12b		
	nmani, Kartik anson Ave #18	b Employer identification number	(EIN)	-		12c			
	es, NM 88001		76-0360963 a Employee's social security num	. ,	-		12d		
		,	032-13-1642						
15 State NM	Employer's state ID number 03-245671-00-9	16 State wages, tips, etc. 7059.10	17 State income tax 232.97		ocal wages, tips, etc.	19 Local incor	ne tax	20 Locality name	

Dept. of the Treasury - IKS

Copy 2-10 Be Filed With Employee's State, City, or Local Tax Return

Form W-2 Wage and Tax Statement	2018		7 Social security tips		1 Wages, tips, other comp	ensation	2 Federa	income	tax withheld 198.26
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social security wages		4 Social	security t	tax withheld
VOLT MANAGEMENT CORP. P O BOX 13500	10062	<u> </u>	9 Verification code		5 Medicare wages and tip	173.92 s	6 Medica	re tax wi	153.38 ithheld
ORANGE CA 92857			10 Dependent care benefits		2.4	73.92	12a See	instructi [,]	35.87 ons for box 12
P. Caralance's some address and 71D ands				-narty			DD 12b		149.77
e Employee's name, address, and ZIP code			employée plan sick p		14 Other		C		
KARTIK HARIHARANMANI			b Employer identification number 13-3568039	r (EIN)			12c	1	
1350 BRANSON AVE APT 18 LAS CRUCES NM 88001-5379			a Employee's social security nun	mber	1		12d		
			032-13-1642		4		ē.		
15 State Employer's state ID number NM 02-244847-000	16 State wages, tips, etc. 2473		17 State income tax 57.05	18 Lo	ocal wages, tips, etc.	19 Local in	come tax		20 Locality name
Copy B-To Be Filed With Employee's FED	ERAL Tax Return	1 7	This information is being furnished to	o the Inte	ernal Revenue Service. OMB No. 1545-0008				Treasury - IRS bsite at www.irs.gov/efil
				This in	nformation is being furnished to the ence penalty or other sanction may	Internal Revenu	e Service. If yo	ou are req	uired to file a tax return, a
	7010		7 Social security tips	neglige	Wages, tips, other comp				able and you fail to report it tax withheld
Form W-2 Wage and Tax Statement © Employer's name, address, and ZIP code	5079		8 Allocated tips		3 Social security wages	473.92	4 Social	security t	198.26 tax withheld
VOLT MANAGEMENT CORP.					2	473.92			153.38
P O BOX 13500	10062	2	9 Verification code		5 Medicare wages and tip:	s 473.92	6 Medica	re tax wi	35.87
ORANGE CA 92857			10 Dependent care benefits		11 Nonqualified plans		12a See DD	instruction	ons for box 12 149.77
e Employee's name, address, and ZIP code			13 Statutory Retirement Third- employee plan Sick po	-party ay	14 Other		12b		149.77
KARTIK HARIHARANMANI			b Employer identification number	r (EIN)	1		12c	<u>. </u>	
1350 BRANSON AVE APT 18			13-3568039 a Employee's social security nun	mhor	_		12d		
LAS CRUCES NM 88001-5379			032-13-1642	IIDEI	_		C		
15 State Employer's state ID number NM 02-244847-000	16 State wages, tips, etc 247	3.92	17 State income tax 57.05	18 Lo	ocal wages, tips, etc.	19 Local in	come tax		20 Locality name
Copy C-For EMPLOYEE'S RECORDS (See					MB No. 1545-0008				Treasury - IRS
Form W-2 Wage and Tax Statement c Employer's name, address, and ZIP code	5079		7 Social security tips			ensation			tax withheld 198.26
VOLT MANAGEMENT CORP.			8 Allocated tips		3 Social security wages 24	473.92	4 Social :	security t	tax withheld 153.38
P O BOX 13500	10062	2	9 Verification code		5 Medicare wages and tip	s 473.92	6 Medica	re tax wi	ithheld 35.87
ORANGE CA 92857			10 Dependent care benefits		11 Nonqualified plans	1,3,52	12a DD		149.77
e Employee's name, address, and ZIP code			13 Statutory Retirement Third- employee plan Sick p.	-party ay	14 Other		12b		149.77
KARTIK HARIHARANMANI			b Employer identification number	r (EIN)	-		12c		
1350 BRANSON AVE APT 18			13-3568039				C o d e	$oxed{oxed}$	
LAS CRUCES NM 88001-5379			a Employee's social security num 032-13-1642	mber			12d		
15 State Employer's state ID number	16 State wages, tips, etc	:.	17 State income tax	18 Lo	ocal wages, tips, etc.	19 Local in	come tax		20 Locality name
NM 02-244847-000		3.92	57.05		3.,,,,,				
Copy 2-To Be Filed With Employee's State	e, City, or Local I	ncome	Tax Return	ON	MB No. 1545-0008	<u> </u>	Dept.	of the	Treasury - IRS
			7 Social security tips		1 Wages, tips, other comp	ensation	2 Federa	Lincome	tax withheld
Form W-2 Wage and Tax Statement	5079				2	473.92			198.26
c Employer's name, address, and ZIP code VOLT MANAGEMENT CORP.			8 Allocated tips		3 Social security wages	473.92	4 Social	security t	tax withheld 153.38
P O BOX 13500	1006	2	9 Verification code		5 Medicare wages and tip	s 473.92	6 Medica	re tax wi	ithheld 35.87
ORANGE CA 92857			10 Dependent care benefits		11 Nonqualified plans	1/3.92	12a		
e Employee's name, address, and ZIP code			13 Statutory Retirement Third- employee plan Sick p.	-party	14 Other		12b		149.77
KARTIK HARIHARANMANI			b Employer identification number		-		12c	<u> </u>	
1350 BRANSON AVE APT 18			13-3568039		_		C o d e		
LAS CRUCES NM 88001-5379			a Employee's social security num 032-13-1642	mber			12d		
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Form W-2 Wage and Tax Statement	5079		7 Social security tips		1 Wages, tips, other comp	ensation	2 Federa	.l income	tax withheld 265.59
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social security wages	4 Social security tax withheld			
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ORANGE CA 92857	1100		10 Dependent care benefits		5 3	21.32	12a See	instructi	77.16 ons for box 12
e Employee's name, address, and ZIP code			13 Statutory Retirement Third- employee plan sick pa	party	14 Other		12b		
KARTIK HARIHARANMANI					- 14 0		Code		
1350 BRANSON AVE APT 18			b Employer identification number 13-3568039	(EIN)			12c		
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ORANGE CA 92857			10 Dependent care benefits		11 Nonqualified plans	321.32	12a See	instructi	ons for box 12
e Employee's name, address, and ZIP code			13 Statutory Retirement Third-plan sick pa	party	14 Other		12b		
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Form W-2 Wage and Tax Statement C Employer's name, address, and ZIP code	C070		8 Allocated tips		3 Social security wages	321.32	4 Social	security	265.59 tax withheld
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FEDERAL Tax Return.	Vith Employ	yee's		38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tip	os, other comp.	2 Fed	eral income tax withheld
032-13-1642		5606.25		169.09
	3 Social sec	curity wages	4 Soc	ial security tax withheld
b Employer ID number (EIN)		5606.25		347.59
74-2837758	5 Medicare	wages and tips	6 Med	dicare tax withheld
		5606.25		81.29
c Employer's name, address	, and ZIP code	е		
dmDickason Personne 4900 North Mesa El Paso, TX 79912	el Services			
d Control number 864945				
e Employee's name, address	and ZIP cod	le .		
1350 Branson Ave Apt Las Cruces, NM 8800°				
7 Social security tips	8 Allocat	ted tips	9 Ad	dvance EIC payment
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to Employee.)	EE'S RECORDS (See Notic	e 38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
032-13-1642	5606.25	169.09
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	5606.25	347.59
74-2837758	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address,	5606.25	81.29
dmDickason Personne 4900 North Mesa El Paso, TX 79912		
d Control number 864945		
e Employee's name, address	, and ZIP code	
1350 Branson Ave Apt		
Las Cruces, NM 88001		9 Advance EIC payment
Las Cruces, NM 88001		9 Advance EIC payment 12a Code See inst. for box 12
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T Social security tips 10 Dependent care benefits 13 Statutory employee	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12 12b Code
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a Employee's soc. sec. no.	1 \	Nages,	tips, other comp.	2	Federal income tax withheld			
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	3 8	Social s	security wages	4	Social security tax withheld			
b Employer ID number (EIN			5606.25		347.59			
74-2837758	5 1	Medica	re wages and tips	6	Medicare tax withheld			
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c Employer's name, address	s, and	IZIP co	ode					
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e Employee's name, addres	e an	d ZID c	ode					
Kartik Hariharanmani 1350 Branson Ave Ap Las Cruces, NM 8800								
7 Social security tips		8 Allo	cated tips		9 Advance EIC payment			
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Form W-2 Wage and Tax Statement

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