

b Employer identification number (EIN) 46-2516265		12a See instructions for box 12		1 Wages, tips, other compensation 18748.58	2 Federal income tax withheld 2376.83	
c Employer's name, address, and ZIP code FORMAC INC. 3155 KEARNEY STREET, SUITE 210 FREMONT CA 94538		12b \$	3 Social security wages	4 Social security tax withheld		
		12c \$	5 Medicare wages and tips	6 Medicare tax withheld		
		12d \$	7 Social security tips	8 Allocated tips		
e Employee's first name and initial VAMSI KRISHNA BOMMASANI 2805 PATRICK HENRY DRIVE APT 210 AUBURN HILLS MI 48326-2269		12e \$	9 Verification Code	10 Dependent care benefits		
		This information is being furnished to the Internal Revenue Service.		11 Nonqualified plans	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		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 891-37-6775				
15 State MI	Employer's state ID number 46-2516265	16 State wages, tips, etc. 18748.58	17 State income tax 655.15	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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.

b Employer identification number (EIN) 46-2516265		12a See instructions for box 12		1 Wages, tips, other compensation 18748.58	2 Federal income tax withheld 2376.83	
c Employer's name, address, and ZIP code FORMAC INC. 3155 KEARNEY STREET, SUITE 210 FREMONT CA 94538		12b \$	3 Social security wages	4 Social security tax withheld		
		12c \$	5 Medicare wages and tips	6 Medicare tax withheld		
		12d \$	7 Social security tips	8 Allocated tips		
e Employee's first name and initial 0077496		12e \$	9 Verification Code	10 Dependent care benefits		
		This information is being furnished to the Internal Revenue Service.		11 Nonqualified plans	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		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 891-37-6775				
15 State MI	Employer's state ID number 46-2516265	16 State wages, tips, etc. 18748.58	17 State income tax 655.15	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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.

b Employer identification number (EIN) 46-2516265		12a See instructions for box 12		1 Wages, tips, other compensation 18748.58	2 Federal income tax withheld 2376.83	
c Employer's name, address, and ZIP code FORMAC INC. 3155 KEARNEY STREET, SUITE 210 FREMONT CA 94538		12b \$	3 Social security wages	4 Social security tax withheld		
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		This information is being furnished to the Internal Revenue Service.		11 Nonqualified plans	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
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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 state return, a response penalty or other sanction may be imposed on you if the copy is taxable and you fail to report it.		11 Nonqualified plans	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		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 891-37-6775				
15 State MI	Employer's state ID number 46-2516265	16 State wages, tips, etc. 18748.58	17 State income tax 655.15	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy C for EMPLOYEE'S RECORDS. (See Notice to Employee on back.)