Copy B To Be Filed with Employee's 2017 FEDERAL Tax Return. OMB No. 1545-0008							
a Employee's SSN 850-04-4973	1 Wages, tips, o 3 Social security	13176.00		P. Federal income tax withheld 2320.00 I. Social security tax withheld			
b Employer ID no. (EIN) 20-2156599	5 Medicare wag			re tax withheld			
c Employer's name, address, and ZIP code AJACE INC 14159A ROBERT PARIS COURT							
CHANTILLY VA 20151 d Control number							
e Employee's name, address, and ZIP code Suff. SAI KIRAN CHINTA 16 STEVENS RD APT 156 WALLINGTON NJ 07057							
7 Social security tips 8 Allocated tips			9				
10 Dependent care ben	efits 11 Nonqu	alified plans	12a C	12a Code See inst. for box 12			
14 Other NJ - SDI NJ - SUI NJ - WFD NJ - WFD NJ - FLI		31.6 50.4 5.5 13.1	12c C	ode			
NJ 202156599/000 13176.00 523.9 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax							
15 State Employer's s 18 Local wages, tips, et	tc. 19 Local	16 State wages, til		17 State income tax			

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. **2017** OMB No. 1545-0008 1 Wages, tips, other comp. 2 Federal income tax withheld a Employee's SSN 13176.00 2320.00 850-04-4973 **3** Social security wages 4 Social security tax withheld **b** Employer ID no. (EIN) 5 Medicare wages and tips 6 Medicare tax withheld 20-2156599 c Employer's name, address, and ZIP code 14159A ROBERT PARIS COURT CHANTILLY VA 20151 d Control number e Employee's name, address, and ZIP code Suff. SAI KIRAN CHINTA 16 STEVENS RD APT 156 WALLINGTON 07057 NJ 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 14 Other 12b Code Statutory employee NJ-SDI 31.62 12c Code 50.40 NJ-SUI NJ-WFD 5.53 12d Code NJ-FLI 13.18 Third-party sick pay 202156599/000 13176.00 NJ 523.98 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

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.

Copy C For EMPLOYEE'S RECORDS. 2017 (See Notice to Employees). OMB No. 1545-0008								
a Employee's SSN				2 F	Federal income tax withheld			
a Employee's SSN			13176.00			2320.00		
850-04-4973	3 Soci	al security	wages	4 5	4 Social security tax withheld			
b Employer ID no. (EIN)								
	5 Med	icare wage	s and tips	ips 6 Medicare tax withheld				
20-2156599								
c Employer's name, address, and ZIP code AJACE INC								
14159A ROBERT PARIS COURT								
CHANTILLY					VA	20151		
d Control number								
e Employee's name, address, and ZIP code Suff.								
SAI KIRAN CHINTA								
16 STEVENS RD APT 156								
WALLINGTON NJ 07057								
7 Social security tips 8 Allocated tips				9				
10 Dependent care benefits		11 Nonqualified plans			12a Code See inst. for box 12			
13	ther		_	12b Co	ada			
Statutory employee	·SDI	31.6		120 00	ode			
NJ-		SUI	50.4	0	12c Co	ode		
Retirement Plan	WFD	5.53 12d Code		ode				
Third-party sick pay NJ-FLI 13.			13.1		124 00	oue		
NJ 202156599/000 1317					.00	523.98		
					17 State income tax			
18 Local wages, tips, e	19 Local in	ocal income tax		0 Locality name				

REV 12/21/17 QBDT

Copy 2 To Be Filed With Employee's State City, or Local Income Tax Return.								
City, or Local in					B No. 1545-0008			
a Employee's SSN	1 vvag	1 Wages, tips, other comp.		2 Federal income tax withheld				
			13176.00		2320.00			
850-04-4973	3 Soci	ial security	wages	4 Social	security tax withheld			
b Employer ID no. (EIN)	E Mod	licare wage	a and tina	6 Modios	are tax withheld			
20-2156599	J Wed	iicare wage	s and tips	• Medicare tax withheld				
c Employer's name, ac AJACE INC	dress, a	and ZIP coo	le	•				
14159A RO	BERT	PAR	IS COURT					
CHANTILLY					20151			
d Control number								
e Employee's name, ad SAI KIRAN			de		Suff.			
16 STEVEN	S RI	APT	156					
WALLINGTO:	N			NJ	07057			
7 Social security tips	8 Allocate	ed tips	9					
10 Dependent care benefits 11		11 Nonqua	11 Nonqualified plans		12a Code See inst. for box 12			
13 14 Ot		her		12b Code				
Statutory employee NJ -		-SDI 31.62						
_ NJ		-SUI 50.40		O 12c Code				
Retirement Plan		-WFD 5.53		3 12d Code				
Third-party sick pay	NJ-	FLI	13.1		odc			
NJ 2021565	99/	000	13176.00		523.98			
I 15 State Employer's stat	e ID nui	mber	16 State wages, tip	os, etc.	17 State income tax			
18 Local wages, tips, et	19 Local income tax		20 Locality name					
Form W-2 Wage and Tax Statement Dept. of the Treasury					Dept. of the Treasury - IR			
2 .vago ana ro	Clatoi				Dopa of allo frouddity in			