CONV B.TO BO Ellad Mil	h Employee's	44.0050.000	
Copy B-To Be Filed Wit Federal Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 84951.20	2 Federal income tax withheld 7957.27	
170-86-7365 b Employer ID number (EIN)	3 Social security wages 84951.20	4 Social security tax withheld 5266.97	
	5 Medicare wages and tips	6 Medicare tax withheld	
27-4285643 c Employer's name, address,	84951.20	1231.79	
SERVER MANAGE	EMENT SERVICES LLC UR BLVD STE 655		
IRVING	ТХ	75038	
d Control number 43			
e Employee's name, address,		Suff.	
YUGUNDHAR R. 2401 SW ILLINI A\	MOJARLA /E APT # 26		
BENTONVILLE	AR	72712	
7 Social security tips	8 Allocated tips	⁹ Verification code	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee 14 Oth	ner	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
AR 70863512-WHW		4769.39	
15 State Employer's state ID n 18 Local wages, tips, etc.	umber 16 State wages, tips, etc. 19 Local income tax	17 State income tax 20 Locality name	
U U U U U			
Form W-2 Wage and Tax Sta	tement 2018 hed to the Internal Revenue Servio	Dept. of the Treasury IRS	
Copy C-For EMPLOYEE	'S RECORDS (See	41-0852411	
<u>Notiče to Employeeon the</u> a Employee's soc. sec. no.		OMB No. 1545-0008 2 Federal income tax withheld	
170-86-7365	84951.20 3 Social security wages	7957.27 4 Social security tax withheld	
b Employer ID number (EIN)	84951.20	5266.97	
27-4285643	5 Medicare wages and tips 84951.20	6 Medicare tax withheld 1231.79	
c Employer's name, address,		1201.10	
SERVER MANAGE 5525 N MACARTH	MENT SERVICES LLC UR BLVD STE 655		
IRVING	ТХ	75038	
d Control number 43			
-	and ZIP code	Suff.	
e Employee's name, address, YUGUNDHAR R. 2401 SW ILLINI AV	MOJARLA	Suff.	
e Employee's name, address, YUGUNDHAR R.	MOJARLA	Suff. 72712	
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Form W-2 Wage and Tax Statement 2018 Dept. of the Treasury -- IRS 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. DAA

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Copy 2-To Be Filed With City, or Local Income Ta	41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp. 84951.20	2 Federal income tax withheld 7957.27	
170-86-7365	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIN)	84951.20	5266.97	
	5 Medicare wages and tips	6 Medicare tax withheld	
27-4285643	84951.20	1231.79	
c Employer's name, address, a	and ZIP code		
SERVER MANAGE 5525 N MACARTH	MENT SERVICES LLC UR BLVD STE 655	;	
IRVING	TX	75038	
d Control number 43			
e Employee's name, address,	and ZIP code	Suff.	
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10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay AR 70863512-WHW	11 Nonqualified plans er	12a Code 12b Code 12c Code 12d Code 4769.39	

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.						41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.		1 Wages, tips, other comp. 84951.20		21	2 Federal income tax withheld 7957.27		
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			5 Medicare wages and tips		61	6 Medicare tax withheld	
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