

b Employer's Identification number c Employer's name, address, and ZIP code		46-5383053		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
NET ORBIT				\$	68533.29	12303.00
415 W GOLF RD				12b	3 Social security wages	4 Social security tax withheld
STE 16				\$	3150.00	195.30
ARLINGTON HEIGHTS IL 60005-3923				12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	3150.00	45.68
e Employee's first name and initial		Last name		12d	7 Social security tips	8 Allocated tips
SANDEEP KOMMERA		417014120		\$		
38833 BELL ST				This information is being furnished to the Internal Revenue Service		
APT-191				Copy B To Be Filed with Employee's FEDERAL Tax Return		
FREMONT CA 94536				a Employee's soc. sec. no	13 Statutory employee Retirement plan Third-party sick pay	
				656-38-7174	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code				14 Other	19 Local income tax	
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	CA SDI	616.80	
CA	067-6480-7	68533.29	3763.92			

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's Identification number c Employer's name, address, and ZIP code		46-5383053		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
NET ORBIT				\$	68533.29	12303.00
415 W GOLF RD				12b	3 Social security wages	4 Social security tax withheld
STE 16				\$	3150.00	195.30
ARLINGTON HEIGHTS IL 60005-3923				12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	3150.00	45.68
e Employee's first name and initial		Last name		12d	7 Social security tips	8 Allocated tips
SANDEEP KOMMERA		417014120		\$		
38833 BELL ST				This information is being furnished to the Internal Revenue Service		
APT-191				Copy 2 for State, City, or Local Tax Departments		
FREMONT CA 94536				a Employee's soc. sec. no	13 Statutory employee Retirement plan Third-party sick pay	
				656-38-7174	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code				14 Other	19 Local income tax	
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	CA SDI	616.80	
CA	067-6480-7	68533.29	3763.92			

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 Tax Departments

REV 12/21/17 OSP

b Employer's Identification number c Employer's name, address, and ZIP code		46-5383053		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
NET ORBIT				\$	68533.29	12303.00
415 W GOLF RD				12b	3 Social security wages	4 Social security tax withheld
STE 16				\$	3150.00	195.30
ARLINGTON HEIGHTS IL 60005-3923				12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	3150.00	45.68
e Employee's first name and initial		Last name		12d	7 Social security tips	8 Allocated tips
SANDEEP KOMMERA		417014120		\$		
38833 BELL ST				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.		
APT-191				Copy 2 for State, City, or Local Tax Departments		
FREMONT CA 94536				a Employee's soc. sec. no	13 Statutory employee Retirement plan Third-party sick pay	
				656-38-7174	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code				14 Other	19 Local income tax	
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	CA SDI	616.80	
CA	067-6480-7	68533.29	3763.92			

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 Tax Departments

b Employer's Identification number c Employer's name, address, and ZIP code		46-5383053		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
NET ORBIT				\$	68533.29	12303.00
415 W GOLF RD				12b	3 Social security wages	4 Social security tax withheld
STE 16				\$	3150.00	195.30
ARLINGTON HEIGHTS IL 60005-3923				12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	3150.00	45.68
e Employee's first name and initial		Last name		12d	7 Social security tips	8 Allocated tips
SANDEEP KOMMERA		417014120		\$		
38833 BELL ST				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.		
APT-191				Copy C for Employee's Records (see notice to Employee on back.)		
FREMONT CA 94536				a Employee's soc. sec. no	13 Statutory employee Retirement plan Third-party sick pay	
				656-38-7174	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code				14 Other	19 Local income tax	
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	CA SDI	616.80	
CA	067-6480-7	68533.29	3763.92			

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records