This information is being funished to t			OMB No. 1545-0008	or Local	To Be Filed With Emp Income Tax Return				OMB No. 1545-0008	
a. Employee's social security numbe	1. Wages, tips, other compensat 23338.3		ederal income tax withheld 3599.14		e's social security number	1. Wages, tips,	other compensation 23338.32	2. Fed	leral income tax withheld 3599.14	
823351184	3. Social security wages	4. 8	Social security tax withheld		51184	3. Social sec	urity wages	4. So	cial security tax withheld	
s. Employer ID number (EIN) 81-3615228	5. Medicare wages and tips 6		Medicare tax withheld	1 '	b. Employer ID number (EIN) 81-3615228		5. Medicare wages and tips		6. Medicare tax withheld	
Employer's name, address, a CREST 360 INC 8801 JM KEYNES DR SI CHARLOTTE, NC 28262	UIT 410			CREST 8801 J	yer's name, address, an 360 INC JM KEYNES DR SU DTTE, NC 28262					
. Control number				d. Control	l number					
Employee's name, address, a SAI CHARAN PILLA 640 MINGLEWOOD DR CHARLOTTE, NC 282	# 10103			SAI C	yee's name, address, a CHARAN PILLA MINGLEWOOD DR #					
7. Social security tips	ecurity tips 8. Allocated tips		9. Verification Code	7. Social security tips 8		8. Allocated tips		9.	9. Verification Code	
0. Dependent care benefits	endent care benefits 11. Nonqualified plans		12a. Code See inst. for Box 12	10. Dependent care benefits		11. Nonqualified plans		12	a. Code See inst. for Box 1	
3. Statutory employee 14. Other		1	12b. Code		13. Statutory employee		14. Other		b. Code	
Retirement plan			12c. Code	Re	etirement plan			12	c. Code	
Third-party sick pay	Third-party sick pay		12d. Code	Third-party sick pay		1		12	d. Code	
IC 601084489	2333					23338.				
5. State Employer's state ID 8. Local wages, tips, etc.	<u>'</u>	ges, tips, et cailty name	tc. 17.State income tax	15. State		number 19. Local incom			17.State income tax	
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