a Control number PIORIO 0096	5555	Copy 1 For Sta Copy D For Er	Tax Department			OMB No. 1	545-0008	
b Employer identification number (EIN)				Wages, tips, other comp	ages, tips, other compensation 2 Federal income tax withheld			
27-1403707					35956.52		5346.59	
c Employer's name, address, and ZIP code				Social security wages		4 Social security tax withheld		
PIORION SOLUTIONS INC					35956.52	2229.32		
2475 NORTHWINDS PKWY, SUITE 200				Medicare wages and tip	os	6 Medicare tax withheld		
ALPHARETTA, GA 30009					35956.52			521.38
				Social security tips 8 Allocated tips				
					0.00			0.00
d Employee's social security number				Advance EIC payment		10 Depend	ent care benefits	
100-21-8127					0.00			0.00
e Employee's name, address, and ZIP code				Nonqualified plans		12a See instructions for box 12		
Giridhar Yerragunta					0.00	od e		
4500 Truxel Road				Statutory Retirement employee plan	Third-party sick pay	12b	1	
Apt 928						d e		
Sacramento, CA 95834				Other difornia SDI : 323.60		12c	1	
Sasiamente, en esse i				c. 125 : 323.48	ode			
						12d	Ī	
						d e		
15 State Employer's state I	D number	16 State wages, tips, etc	17 State income tax	18 Local wages, ti	ps, etc.	9 Local incom	e tax 20 Lo	cality name
CA 01	4-8999-6	35956.52	81	8.45				
[<u>-</u>			1	†				
	T		•	20 1009647 Don			Laterant Brown	

Form W-2 Wage and Tax Statement



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