


22222		a Employee's social security number 763-20-8569		OMB No. 1545-0008			
b Employer identification number (EIN) 27-5104004			1 Wages, tips, other compensation 34440.00		2 Federal income tax withheld 5410.44		
c Employer's name, address, and ZIP code SVS TECHNOLOGIES LIMITED 8700 TRAIL LAKE DRIVE WEST SUITE 228 MEMPHIS TN 38125			3 Social security wages 34440.00		4 Social security tax withheld 2135.28		
			5 Medicare wages and tips 34440.00		6 Medicare tax withheld 499.38		
			7 Social security tips		8 Allocated tips		
d Control number			9 Verification code		10 Dependent care benefits		
e Employee's first name and initial SANDEEP		Last name AKKI	Suff.	11 Nonqualified plans		12a	
7728 WINDSOR LAKES PI INDIANAPOLIS IN 46237			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b	
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State IN	Employer's state ID number 0161040217 001	16 State wages, tips, etc. 34440.00	17 State income tax 1090.88	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2018

Department of the Treasury—Internal Revenue Service

a Employee's social security number 763-20-8569		OMB No. 1545-0008		Safe, accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 27-5104004			1 Wages, tips, other compensation 34440.00		2 Federal income tax withheld 5410.44		
c Employer's name, address, and ZIP code SVS TECHNOLOGIES LIMITED 8700 TRAIL LAKE DRIVE WEST SUITE 228 MEMPHIS TN 38125			3 Social security wages 34440.00		4 Social security tax withheld 2135.28		
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d Control number			9 Verification code 39d7ce9ccc770124		10 Dependent care benefits		
e Employee's first name and initial SANDEEP		Last name AKKI	Suff.	11 Nonqualified plans		12a See instructions for box 12	
7728 WINDSOR LAKES PI INDIANAPOLIS IN 46237			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b	
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15 State IN	Employer's state ID number 0161040217 001	16 State wages, tips, etc. 34440.00	17 State income tax 1090.88	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2018

Department of the Treasury—Internal Revenue Service