		1					
Void '	e's social security number						
113-	57-8423	OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wag	1 Wages, tips, other compensation 2 Federal income tax withh			ax withheld
46-2516265				30000.00 4069.38			
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld		
Formac Inc.				0.00			0.00
3155 Kearney Street, Suite 210			5 Medicare wages and tips		6 Medicare tax withheld		
Fremont CA 94538			0.00		0.00		
			7 Social security tips		8 Allocated tips		
d Control number			9 Ver	ification code	10 Dependent care benefits		
e Employee's first name and initial Last name Suff.			11 Nonqualified plans		12a See instructions for box 12		
Brahmanaidu Yanala					Cod		
2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			13 Statu	utory Retirement Third-party loyee plan sick pay	12b		
1249 Knossos Dr				loyee plain sick pay	Cod		
Apt # 5			14 Other		12c		
Whitehall PA 18052			PA UC 21.00		o d e		
Will delial III 10052					12d		
					od		
f Employee's address and ZIP code					Ü	<u> </u>	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Loca	al income tax	20 Locality name
PA 95667717	30000.00	921	L.00				

Wage and Tax Statement

Copy D — For Employer

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