	age a State	ference and Ta ment	Ce Cop	018	
d Control number 000090 RK/6XF	Dept.	Corp.	Α .	yer use only 1	
c Employer's name, a COLLABORA INC 105 TOWN CI SIGNATURE KING OF PRU	ATIVE S ENTER REQUS JSSIA, I	ROAD SI STED FOR PA 19406	UITE 7 R PACKA Batch		
e/f Employee's name, a THEJANATH REDDY					
1086 W KING RD	DALIIV	LDD1 G	-1111		
APT CH 213					
MALVERN, PA 19355					
b Employer's FED ID n 47-094786		a Employee's SSA number 281 - 55 - 9815			
1 Wages, tips, other co	omp.	2 Federal income tax withheld			
	00.00			187.13	
3 Social security wage		4 Socia	l security	tax withheld	
5 Medicare wages and	00.00	6 Medic	are tax wi	124.00	
200	0.00			29.00	
7 Social security tips			ated tips		
9 Verification Code		10 Depen	dent care	benefits	
11 Nonqualified plans			structions fo	r box 12	
14 Other		12b 12c			
1.20 SUI		12d			
			p. Ret. plan	3rd party sick p	
15 State Employer's sta PA 9257 1429	ite ID no	16 State	wages, tip	s, etc. 2000 . 00	
17 State income tax		18 Local	wages, tip	s, etc.	
19 Local income tax	20 Locality name				
1 Wages, tips, other co	mp. 0.00	2 Federa	al income	tax withheld 187.13	
3 Social security wages	0.00	4 Socia	security t	ax withheld 124.00	
5 Medicare wages and t	_	6 Medic	are tax wit		
d Control number	Dept.	Corp.	Emplo	yer use only	
000090 RK/6XF			A	1	

This blue Earnings Summary section	n is included with your W-2 to	help describe portions in more detail
The reverse side includes general in	formation that you may also fi	nd helpful.

. The following	information reflects	your final 2018	pay stub plus any	adjustments submitted b	y your employe
Gross Pay	2000.00	Social Security Tax Withheld Box 4 of W-2	124.00	PA. State Income Tax Box 17 of W-2 SUI/SDI/FLI	1.20
Fed. Income Tax Withhel Box 2 of W-2	ld	Medicare Tax Withheld Box 6 of W-2	29.00	Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.					
1	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	PA. State Wages, Tips, Etc. Box 16 of W-2	
Gross Pay Reported W-2 Wages	2,000.00 2,000.00	2,000.00 2,000.00	2,000.00 2,000.00	2,000.00 2,000.00	

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

THEJANATH REDDY BALIREDDY GARI 1086 W KING RD APT CH 213 MALVERN, PA 19355

Social Security Number: 281-55-9815 Taxable Marital Status: SINGLE Exemptions/Allowances:

FEDERAL: 0 STATE:

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1	Wages, tips, other c	2 Federa	al income tax	withheld 187.13	
3	Social security wage	4 Social	security tax	withheld 124.00	
5 Medicare wages and tips 2000.00			6 Medic	are tax with	neld 29.00
d	Control number	Dept.	Corp.	Employe	r use only
00	00090 RK/6XF			Α	1
_	Elevele neme	ddraan a	nd 710 acc	40	

COLLABORATIVE SYSTEMS INC 105 TOWN CENTER ROAD SUITE 7 SIGNATURE REQUSTED FOR PACKAGE KING OF PRUSSIA, PA 19406

b Employer's FED ID 47 - 094786	number a Employee's SSA number 6 281-55-9815
7 Social security tips	8 Allocated tips
9 Verification Code	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
1.20 SUI	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code THEJANATH REDDY BALIREDDY GARI **1086 W KING RD** APT CH 213 MALVERN, PA 19355

15 State PA	Employer's state ID no. 9257 1429	16 State wages, tips, etc. 2000.00
17 State	income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

1	Wages, tips, other comp. 2000.00		2 Federa	al income	tax withheld 187.13
3	Social security wag	4 Social	security t	ax withheld 124.00	
5	Medicare wages and tips 2000.00		6 Medica	are tax wit	hheld 29.00
d	Control number	Dept.	Corp.	Employ	er use only
00	00090 RK/6XF			Α	1
c	Employer's name, a	ddress, a	nd ZIP cod	e	

COLLABORATIVE SYSTEMS 105 TOWN CENTER ROAD SUITE 7 SIGNATURE REQUSTED FOR PACKAGE KING OF PRUSSIA, PA 19406

b	Employer's FED ID number 47-0947866	a Employee's SSA number 281 - 55 - 9815
7	Social security tips	8 Allocated tips
9	Verification Code	10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	1.20 SUI	12c
	1.20 501	12d
		13 Stat emp. Ret. plan 3rd party sick p

THEJANATH REDDY BALIREDDY GARI 1086 W KING RD **APT CH 213** MALVERN, PA 19355

5 State Employer's state ID no. PA 9257 1429	16 State wages, tips, etc. 2000.00
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

PA.State Reference Copy Wage and Tax Statement

1	Wages, tips, other c	omp. 00 , 00	2	Federa	l income tax t	withheld 87.13
3	3 Social security wages 2000.00			Social	security tax v	vithheld 24.00
5	5 Medicare wages and tips 2000.00		6	Medica	are tax withhe	1d 29.00
d	Control number	Dept.		Corp.	Employer	use only
nr	00090 RK/6XF				Α	1

COLLABORATIVE SYSTEMS INC 105 TOWN CENTER ROAD SUITE 7 SIGNATURE REQUSTED FOR PACKAGE KING OF PRUSSIA, PA 19406

Employer's name, address, and ZIP code

b	Employer's FED ID number 47-0947866	a Employee's SSA number 281 - 55 - 9815
7	Social security tips	8 Allocated tips
9	Verification Code	10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	1.20 SUI	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pa

e/f Employee's name, address and ZIP code THEJANATH REDDY BALIREDDY GARI 1086 W KING RD APT CH 213 MALVERN, PA 19355

15 P	State Employer's state ID no PA 9257 1429	o. 16	State wages, tips, etc. 2000.00
17	State income tax	18	Local wages, tips, etc.
19	Local income tax	20	Locality name

PA.State Filing Copy Wage and Tax Statement