Form W-2 Wage and Tax Statement	2017		7 Social security tips		106	65.47	2 Federa	rincome	281.99
c Employer's name, address, and ZIP code VOLT MANAGEMENT CORP.			8 Allocated tips		3 Social security wages	565.47	4 Social	security 1	ax withheld 661.26
P.O. BOX 13500 3055			9 Verification code		5 Medicare wages and tips		6 Medicare tax withheld		
ORANGE CA 92857			10 Dependent care benefits		10665.47		154.65		
e Employee's name, address, and ZIP code			13 Statutory Retirement Third- employee plan Sick p	-party	14 Other		12b		
SWAROOPA R KOMAKULA			b Employer identification numbe				12c		
15206 PLUMSTONE DR			13-3568039				Code		
EDEN PRAIRIE MN 55347-5070			a Employee's social security number 469-51-9189				12d		
15 State Employer's state ID number	16 State wages, tips, etc		17 State income tax	18 Lo	cal wages, tips, etc.	19 Local in	come tax		20 Locality name
MN 1418416	10665		139.96						
Copy B-To Be Filed With Employee's FED	DERAL Tax Return	1	 This information is being furnished to	to the Inte			Dept.	of the	Treasury - IRS
				T 1	OMB No. 1545-0008				bsite at www.irs.gov/efil
			This information is being furnished to the Internegligence penalty or other sanction may be it 7 Social security tips 1 Wages, tips, other compense						uired to file a tax return, a able and you fail to report it. tax withheld
Form W-2 Wage and Tax Statement	2017				10	665.47			281.99
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ORANGE CA 92857			10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12		
€ Employee's name, address, and ZIP code			13 Statutory Retirement Third-party sick pay		14 Other		12b		
SWAROOPA R KOMAKULA			b Employer identification numbe				12c		
15206 PLUMSTONE DR			13-3568039				C o d e		
EDEN PRAIRIE MN 55347-5070			a Employee's social security nur 469-51-9189				12d		
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Copy C-For EMPLOYEE'S RECORDS (See	Notice to Employe	ee on 1	the back of Copy B.)	OM	1B No. 1545-0008				Treasury - IRS
			,				Visit the	IRS we	bsite at www.irs.gov/efile
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Form W-2 Wage and Tax Statement	2017		7 Social security tips		1 Wages, tips, other comp 10	ensation 665.47	2 Federa	Income	tax withheld 281.99
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15206 PLUMSTONE DR			b Employer identification number (EIN) 13-3568039				12c		
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Copy 2-To Be Filed With Employee's Stat	e City or Local li	ncome	Tax Return	ON	IB No. 1545-0008		Dept.	of the	Treasury - IRS
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			469-51-9189				d e		
15 State Employer's state ID number	16 State wages, tips, etc		17 State income tax	18 Lo	cal wages, tips, etc.	19 Local in	come tax		20 Locality name