

a Employee's SSN 888-64-9024		b Employer identification number (EIN) 42-1631761			OMB No. 1545-0008	
c Employer's name, address, and ZIP code NATSOFT CORPORATION 27 WORLD FAIR DRIVE SOMERSET NJ 08873		1 Wgs, tips, other compn 6553.60	2 Fed inc tax withheld 1067.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code KOTESWARAO CHINTHA 1865 MCKLEVEY HILL DRIVE APT C MARYLAND HEIGHTS MO 63043		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b		
				12c		
				12d		
15 State MO	Employer's state ID number 20305397	16 State wages, tips, etc 6553.60	17 State income tax 301.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2017

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

REV 01/12/18 QBDT

Department of the Treasury — IRS

a Employee's SSN 888-64-9024		b Employer identification number (EIN) 42-1631761			OMB No. 1545-0008	
c Employer's name, address, and ZIP code NATSOFT CORPORATION 27 WORLD FAIR DRIVE SOMERSET NJ 08873		1 Wgs, tips, other compn 6553.60	2 Fed inc tax withheld 1067.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code KOTESWARAO CHINTHA 1865 MCKLEVEY HILL DRIVE APT C MARYLAND HEIGHTS MO 63043		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b		
				12c		
				12d		
15 State MO	Employer's state ID No. 20305397	16 State wages, tips, etc 6553.60	17 State income tax 301.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2017

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 01/12/18 QBDT

a Employee's SSN 888-64-9024		b Employer identification number (EIN) 42-1631761			OMB No. 1545-0008	
c Employer's name, address, and ZIP code NATSOFT CORPORATION 27 WORLD FAIR DRIVE SOMERSET NJ 08873		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
		1 Wgs, tips, other compn 6553.60	2 Fed inc tax withheld 1067.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
d Control No.		7 Social security tips	8 Allocated tips	9		
		10 Depdnt care benefits	11 Nonqualified plans	12a		
		e Employee's name, address, and ZIP code KOTESWARAO CHINTHA 1865 MCKLEVEY HILL DRIVE APT C MARYLAND HEIGHTS MO 63043	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b	
12c						
12d						
15 State MO	Employer's state ID No. 20305397	16 State wages, tips, etc 6553.60	17 State income tax 301.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2017

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)

REV 01/12/18 QBDT