

b Employer's Identification number c Employer's name, address, and ZIP code		20-3168757 CYNOSURE TECHNOLOGIES LLC 2401 FOUNTAIN VIEW DR STE 502 HOUSTON TX 77057		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
				\$	9567.18	889.00	
				12b	3 Social security wages	4 Social security tax withheld	
				\$			
				12c	5 Medicare wages and tips	6 Medicare tax withheld	
				\$			
				12d	7 Social security tips	8 Allocated tips	
				\$			
e Employee's first name and initial Last name		448023007		This information is being furnished to the Internal Revenue Service Copy B To Be Filed with Employee's FEDERAL Tax Return	9 Verification code	10 Dependent care benefits	
KARAN GAGRANI 810 COGGINS POINT WAY SUGAR LAND TX 77479					11 Nonqualified plans	13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>
					14 Other	Third-party sick pay <input type="checkbox"/>	
f Employee's address and ZIP code		REISSUED STATEMENT		a Employee's soc. sec. no	059-81-2664		
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

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				\$			
				12d	7 Social security tips	8 Allocated tips	
				\$			
e Employee's first name and initial Last name		448023007		This information is being furnished to the Internal Revenue Service Copy 2 for State, City, or Local Tax Departments	9 Verification code	10 Dependent care benefits	
KARAN GAGRANI 810 COGGINS POINT WAY SUGAR LAND TX 77479					11 Nonqualified plans	13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>
					14 Other	Third-party sick pay <input type="checkbox"/>	
f Employee's address and ZIP code		REISSUED STATEMENT		a Employee's soc. sec. no	059-81-2664		
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 12/21/17 OSP

b Employer's Identification number c Employer's name, address, and ZIP code		20-3168757 CYNOSURE TECHNOLOGIES LLC 2401 FOUNTAIN VIEW DR STE 502 HOUSTON TX 77057		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
				\$	9567.18	889.00	
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				\$			
				12d	7 Social security tips	8 Allocated tips	
				\$			
e Employee's first name and initial Last name		448023007		This information is being furnished to the Internal Revenue Service. 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. Copy 2 for State, City, or Local Tax Departments	9 Verification code	10 Dependent care benefits	
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