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a Employee's SSN	1 Wages, tips, oth	ner comp. 60584.59	2 Federa	l income tax withheld 8900.00		loyee's SSN		es, tips, ot			l income tax withheld 8900.00
161-41-0989	3 Social security	wages	4 Social	security tax withheld	161	-41-0989	3 Soci	al security	wages	4 Social s	security tax withheld
b Employer ID no. (EIN)	5 Medicare wage	s and tips	6 Medica	re tax withheld	b Empl	oyer ID no. (EIN)	5 Med	icare wage	s and tips	6 Medica	re tax withheld
26-3448664	· ·					3448664	8664				
c Employer's name, ad PIONEER G	dress, and ZIP cod LOBAL INC	e				loyer's name, ad ONEER GI					
44345 PREMIER PLAZA				44345 PREMIER PLAZA							
SUITE 130 ASHBURN VA 20147				SUITE 130 ASHBURN VA 20147						20147	
d Control number				d Control number							
e Employee's name, ac	ddress, and ZIP cod	de		Suff.	e Emp	loyee's name, ac	ddress, a	and ZIP co	de		Suff.
LOKESH PAI 46 WEBSTEI WEBSTER		R APT #	3 NY	14580	46	KESH PAI WEBSTEI BSTER			OR APT #	3 NY	14580
7 Social security tips 8 Allocated tips		d tips	9		7 Social security tips			8 Allocated tips		9	
10 Dependent care benefits 11 Nonqualified plans		12a C	12a Code See inst. for box 12		10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12		
13 Statutory employee 14 Other		12b C	12b Code 12c Code		13 Statutory employee		14 Other		12b Code 12c Code		
		12c C									
Retirement Plan		124 (12d Code		Retirement Plan				12d Code		
Third-party sick pay			120 0		Third-par	ty sick pay				120 00	, de
VA 30-26344	8664F-001	6058	4.59	2992.00	VA	30-26344	8664	F-001	6058	34.59	2992.00
15 State Employer's s	tate ID number	16 State wages, tip	os, etc.	17 State income tax	15 State	Employer's stat	e ID nur	mber	16 State wages, tip	os, etc.	17 State income tax
18 Local wages, tips, etc. 19 Local income tax		20 Locality name		18 Local wages, tips, etc.		.	19 Local income tax		20 Locality name		
Form W-2 Wage and Ta This information is being furn	x Statement	vonuo Sonico	<u> </u>	Dept. of the Treasury - IRS	Form V	/-2 Wage and Ta	x Stater	nent		l	Dept. of the Treasury - IRS
THIS INITITIALITY IS DELING TURN	siicu to the intental Re	venue service.									

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 C For EMI (See Notice to E	PLOYI mploy	EE'S RE rees).	CORDS.			2017 OMB No. 1545-0008		
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld				
, ,			8900.00					
161-41-0989	3 Soci	al security wages			4 Social security tax withheld			
b Employer ID no. (EIN)								
	5 Med	icare wages and tips			6 Medicare tax withheld			
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c Employer's name, address, and ZIP code PIONEER GLOBAL INC								
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ASHBURN		VA 20147						
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e Employee's name, address, and ZIP code Suff. LOKESH PADUCHURI 46 WEBSTER MANOR DR APT # 3 WEBSTER NY 14580								
7 Social security tips	8 Allocated tips							
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Statutory employee					12c Code			
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15 State Employer's star	mber 16 State wages, tips			s, etc. 17 State income tax				
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Form W-2 Wage and Tax Statement

REV 12/21/17 QBDT

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1 Wages, tips, other comp.			2 Federal income tax withheld					
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