

Kid's Kountry

Kartik Hariharanmani
 Sara Arenibas
 316 E Foster Rd. #1003
 Las Cruces, NM 88005

ARENIBAS

Statement Date
From: 1/1/2019
To: 12/31/2019

Kavin Iyer Jazlyn Baca

Beginning Statement Balance: 68.99

Initials	Post Date	Description	Comments	Charge	Credits	Balance
BUG	1/24/2019	PreS PT Monthly	1/15-1/25	301.78		370.77
BUG	1/30/2019	Pmt Credit Card	T#2274		190.00	180.77
BUG	2/7/2019	Pmt Credit Card	T#2302		180.77	0.00
BUG	2/8/2019	Infant FT Weekly	01/28-2/8	334.27		334.27
BUG	2/14/2019	Pmt Credit Card	T#2309		334.27	0.00
BUG	2/22/2019	PreS FT Weekly	2/11-2/22	174.61		174.61
BUG	2/26/2019	Pmt Credit Card	T#2328		174.61	0.00
BUG	3/29/2019	PreS FT Weekly	March	119.15		119.15
BUG	12/25/2019	Pmt Credit Card	T#2869		119.15	0.00
Total:				929.81	998.80	

Ending Statement Balance: 0.00

Message:

Tax ID#- 32-0197547



**Heritage
for the Blind**
2182 Flatbush Avenue
Brooklyn, NY 11234
1-800-236-6283

OFFICIAL TAX RECEIPT



Mail to:

Official Amount: \$500.00

KARTIK HARIHARANMANI
316 EAST FOSTER RD
LAS CRUCES, NM 88005

2071 Flatbush Avenue, Suite 63, Brooklyn, NY 11234 1-800-236-6283

Federal Tax ID#: 582164446

Date Originated: 6/14/2019

Pick Up Date: 6/18/2019

VEHICLE INFORMATION:

2006 Chevrolet Cobalt 1G1AK55F867643567

Dear KARTIK HARIHARANMANI,

We appreciate that you have chosen to donate to our organization. We regard our donors very highly. On behalf of the children and adults who benefit from our programs and services, we wish to thank you for your kind donation. We hope that in the future you will recommend our car donation program to a friend.

TERMS OF DONATION – Heritage for the Blind, in its sole discretion, reserves the right to turn down the donation of any vehicle for any reason. Donor may claim deductions of up to five hundred dollars (\$500) for each vehicle donated. Deduction claims for car donations values at over \$500 will be restricted to the actual sale value of the donated vehicle. Within thirty (30) days of the sale of the donated vehicle, Heritage for the Blind shall send a letter to the Donor indicating the date of sale of the donated vehicle as well as any sale amount over five hundred dollars (\$500). Donor is fully responsible for any and all information relating to the donation of a vehicle it produces to the Internal Revenue Service and Heritage for the Blind shall not be responsible for errors and/or omissions of the Donor, made negligently or otherwise, related to such production to the Internal Revenue Service. Donor represents to Heritage for the Blind that the donated vehicle is free and clear of any and all liabilities and that Donor is the owner of the donated vehicle and/or has the ability and right to transfer and surrender ownership of the vehicle. Donor specifically acknowledges that Heritage for The Blind is relying on the above representations of the Donor in entering into this transaction. In this transaction, Donor is required to comply with federal, state and local laws. If the laws of your state require a seller of art Automobile to remove, and/or surrender license plates or stickers, you must do so. Please be sure to remove and/or surrender them and obtain a receipt from the Department of Motor Vehicles, and keep it in a safe place as proof of the transfer of ownership of the donated vehicle. Should Donor not provide a valid title or lien release within 45 days of donation pickup, Heritage for the Blind shall not be obligated to send a letter acknowledging the donation and Donor will be liable for storage charges of five dollars (\$5) per day starting from and including the day of pickup. After one hundred and eighty (180) days, vehicle will be disposed of at an additional cost to Donor of five hundred and fifty dollars (\$550). Furthermore, if the title for the vehicle is invalid or improper for any reason, Heritage for the Blind reserves the right, and at its sole discretion, to either dispose of the vehicle in accordance with the terms above, or to return the donated vehicle to the Donor at the sole expense of the Donor. Donor agrees to obtain new/duplicate title if the title is signed in wrong place. If Donor does not replace title, Donor agrees to pay all incurred charges and storage fees, as detailed above. Donor agrees to indemnify and hold harmless Heritage for The Blind and its agents, employees, representatives, and affiliates, from and against any and all claims, actions, demands, causes of action and other proceedings arising from or concerning your donation. (collectively "Claims"), and to reimburse Heritage for the Blind on demand for any losses, costs, judgments, fees, fines and other expenses they incur, including attorneys' fees and court costs, as a result of any Claims including but not limited to (A) Being responsible to remove these items as well as any other personal property that may have been left in the donated vehicle; no items can be returned under any circumstances: Donor will be responsible for all damages arising out of not complying with state laws, including but limited to fines or summonses issued by any governmental authority (B) Any liability for any damage that may occur during pickup or towing of the vehicle, and (C) Claims arising from any misstatement or misrepresentations in any of the documents involving the transfer of the donated vehicle, including but not limited to fines, litigation, arbitration, suits claims, demands expenses and actions of any kind.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SANDIA LABORATORY FCU PO BOX 23040 ALBUQUERQUE, NM 87192-1040 (505) 293-0500		Payer's RTN (optional)	OMB No. 1545-0112		2019	Interest Income
PAYER'S TIN 85-0113445		1 Interest income \$ 57.09		Form 1099-INT		
RECIPIENT'S TIN XXX-XX-1642		2 Early withdrawal penalty \$ 0.00		Copy B		For Recipient
RECIPIENT'S name, street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code KARTIK HARIHARANMANI 316 E FOSTER RD APT 1003 LAS CRUCES NM 88005-3292		3 Interest on U.S. Savings Bonds and Treas. obligations \$ 0.00				
FATCA filing requirement <input type="checkbox"/>		4 Federal income tax withheld \$ 0.00	5 Investment expenses \$ 0.00	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
		6 Foreign tax paid \$ 0.00	7 Foreign country or U.S. possession			
8 Tax-exempt interest \$ 0.00	9 Specified private activity bond interest \$ 0.00					
10 Market discount \$ 0.00	11 Bond premium \$ 0.00					
12 Bond premium on Treasury obligations \$ 0.00	13 Bond premium on tax-exempt bond \$ 0.00					
Account number (see instructions) XXXX875	14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.			17 State tax withheld \$ \$

Form **1099-INT**

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

HEALTH EQUITY CORPORATE
 15 WEST SCENIC POINTE DRIVE SUITE 400
 DRAPER, UT 84020


 KARTIK HARIHARANMANI **N0215113
 316 E FOSTER RD APT 1003
 LAS CRUCES, NM 88005

CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number HEALTH EQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020		1 Employee or self-employed person's Archer MSA contributions made in 2019 and 2020 for 2019 \$0.00	OMB No. 1545-1518 2019 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information	
		2 Total contributions made in 2019 \$1,129.43			
TRUSTEE'S TIN 52-2383166	PARTICIPANT'S TIN ***-**-1642	3 Total HSA or Archer MSA contributions made in 2020 for 2019 \$0.00			Copy B
PARTICIPANT'S name KARTIK HARIHARANMANI		4 Rollover contributions \$0.00	5 Fair market value of HSA, Archer MSA, or MA MSA \$ 611.19		
Street address (including apt. no.) 316 E FOSTER RD APT 1003		6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA <input type="checkbox"/> MSA <input type="checkbox"/>			This information is being furnished to the IRS.
City or town, state or province, country, and ZIP or foreign postal code LAS CRUCES, NM 88005		Account number (see instructions) 4821333			

Form **5498-SA**

(keep for your records)

www.irs.gov/Form5498SA

Department of the Treasury - Internal Revenue Service

Instructions for Participant

This information is submitted to the IRS by the trustee of your health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage MSA (MA MSA).

Generally, contributions you make to your Archer MSA are deductible. Employer contributions are excluded from your income and aren't deductible by you. If your employer makes a contribution to one of your Archer MSAs, you can't contribute to any Archer MSA for that year. If you made a contribution to your Archer MSA when your employer has contributed, you can't deduct your contribution, and you will have an excess contribution. If your spouse's employer makes a contribution to your spouse's Archer MSA, you can't make a contribution to your Archer MSA if your spouse is covered under a high deductible health plan that also covers you.

Contributions that the Social Security Administration makes to your MA MSA aren't includible in your gross income nor are they deductible. Neither you nor your employer can make contributions to your MA MSA.

Generally, contributions you or someone other than your employer make to your HSA are deductible on your tax return. Employer contributions to your HSA may be excluded from your income and aren't deductible by you. You and your employer can make contributions to your HSA in the same year.

See Form 8853 and its instructions or Form 8889 and its instructions. Any employer contributions made to an Archer MSA are shown on your Form W-2 in box 12 (code R); employer contributions made to an HSA are shown in box 12 (code W). For more information, see Pub. 969.

Participant's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the trustee assigned to distinguish your account.

Box 1. Shows contributions you made to your Archer MSA in 2019 and through April 15, 2020, for 2019. You may be able to deduct this amount on your 2019 Form 1040. See the Form 1040 instructions.

Note: The information in boxes 2 and 3 is provided for IRS use only.

Box 2. Shows the total contributions made in 2019 to your HSA or Archer MSA. See Pub. 969 for who can make contributions. This includes qualified HSA funding distributions (trustee-to-trustee transfers) from your IRA to fund your HSA. The trustee of your MA MSA isn't required to, but may, show contributions to your MA MSA.

Box 3. Shows the total HSA or Archer MSA contributions made in 2020 for 2019.

Box 4. Shows any rollover contribution from an Archer MSA to this Archer MSA in 2019 or any rollover from an HSA or Archer MSA to this HSA. See Form 8853 or Form 8889 and their instructions for information about how to report distributions. This amount isn't included in box 1, 2, or 3.

Box 5. Shows the fair market value of your HSA, Archer MSA, or MA MSA at the end of 2019.

Box 6. Shows the type of account that is reported on this Form 5498-SA.

Other information. The trustee of your HSA, Archer MSA, or MA MSA may provide other information about your account on this form.

Note: Don't attach Form 5498-SA to your income tax return. Instead, keep it for your records.

Future developments. For the latest information about developments related to Form 5498-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form5498SA.

CORRECTED(if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP, or foreign postal code, and telephone no. NEW MEXICO DEPARTMENT OF WORKFORCE SOLUTIONS CC 4089 PC210 P.O. BOX 1928 ALBUQUERQUE, NEW MEXICO 87103		1 Unemployment Compensation \$ 592.00	OMB No. 1545-0120 2019 Form 1099-G		Certain Government Payments
		2 State or local income tax refunds, credits, or offsets \$			
PAYER'S federal identification number 85-6000577	RECIPIENT'S identification number XXX-XX-1642	3 Box 2 amount is for tax year	4 Federal income tax withheld \$ 0.00	COPY B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, Street address City or town, state or province, country, and ZIP or foreign postal code KARTIK HARIHARANMANI 316 E FOSTER RD APT 1003 LAS CRUCES, NM 88005-3292		5 RTAA payments \$	6 Taxable grants \$		
		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>		
		9 Market gain \$			
Account number (see instructions)		10a State NM	10b State identification no.	11 State income tax withheld \$ 0.00	

Form 1099-G (keep for your records) www.irs.gov/Form1099G Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer has assigned to distinguish your account.

Box 1. Shows the total unemployment compensation paid to you this year. Combine the box 1 amounts from all Forms 1099-G and report the total as income on the unemployment compensation line of your tax return. Except as explained below, this is your taxable amount. If you are married filing jointly, each spouse must figure his or her taxable amount separately. If you expect to receive these benefits in the future, you can ask the payer to withhold federal income tax from each payment. Or, you can make estimated tax payments. For details, see Form 1040-ES. If you made contributions to a governmental unemployment compensation program or to a governmental paid family leave program and received a payment from that program, the payer must issue a separate Form 1099-G to report this amount to you. If you itemize deductions, you may deduct your contributions on Schedule A (Form 1040) as taxes paid. If you do not itemize, you only need to include in income the amount that is in excess of your contributions.

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because: (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it was deducted. If you received interest on this amount, you may receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to Box 9 on Form 1099-G.

Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return instructions.

Box 3. Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for 2018 taxes.

Box 4. Shows backup withholding or withholding you requested on unemployment compensation, Commodity Credit Corporation (CCC) loans, or certain crop disaster payments. Generally, a payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows reemployment trade adjustment assistance (RTAA) payments you received. Include on Form 1040 on the "Other income" line. See the Form 1040 instructions.

Box 6. Shows taxable grants you received from a federal, state, or local government.

Box 7. Shows your taxable Department of Agriculture payments. If the payer shown is anyone other than the Department of Agriculture, it means the payer has received a payment, as a nominee, that is taxable to you. This may represent the entire agricultural subsidy payment received on your behalf by the nominee, or it may be your pro rata share of the original payment. See Pub. 225 and the Instructions for Schedule F (Form 1040) for information about where to report this income. Partnerships, see Form 8825 for how to report.

Box 8. If this box is checked, the amount in box 2 is attributable to an income tax that applies exclusively to income from a trade or business and is not a tax of general application. If taxable, report the amount in box 2 on Schedule C or F (Form 1040), as appropriate.

Box 9. Shows market gain on CCC loans whether repaid using cash or CCC certificates. See the Instructions for Schedule F (Form 1040).

Boxes 10a-11. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-G and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099G.

2019 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2019	
Wage and Tax Statement			
Copy C for employee's records.		OMB No. 1545-0008	
d Control number 0000017186 V36	Dept. IIUS	Corp. IIUS	Employer use only S 7218
c Employer's name, address, and ZIP code INTEL CORPORATION 2200 MISSION COLLEGE BLVD SANTA CLARA, CA 95054			
e/f Employee's name, address, and ZIP code KARTIK HARIHARANMANI 316 E FOSTER RD APT 1003 LAS CRUCES, NM 88005			
b Employer's FED ID number 94-1672743	a Employee's SSA number 032-13-1642		
1 Wages, tips, other comp. 55455.43	2 Federal income tax withheld 6601.86		
3 Social security wages 57992.97	4 Social security tax withheld 3595.56		
5 Medicare wages and tips 57992.97	6 Medicare tax withheld 840.90		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 28.44		
14 Other 435.42 VDI	12b D 2537.54		
	12c W 1129.43		
	12d DD 9861.57		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State NM Employer's state ID no. 0113002900 9	16 State wages, tips, etc. 55455.43		
17 State income tax 1854.25	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

**KARTIK HARIHARANMANI
316 E FOSTER RD APT 1003
LAS CRUCES, NM 88005**

Social Security Number: 032-13-1642



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Fold and Detach Here

1 Wages, tips, other comp. 55455.43	2 Federal income tax withheld 6601.86	3 Social security wages 57992.97	4 Social security tax withheld 3595.56
5 Medicare wages and tips 57992.97	6 Medicare tax withheld 840.90		
d Control number 0000017186 V36	Dept. IIUS	Corp. IIUS	Employer use only 7218
c Employer's name, address, and ZIP code INTEL CORPORATION 2200 MISSION COLLEGE BLVD SANTA CLARA, CA 95054			
b Employer's FED ID number 94-1672743			
a Employee's SSA number 032-13-1642			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
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14 Other 435.42 VDI	12b D 2537.54		
	12c W 1129.43		
	12d DD 9861.57		
	13 Stat emp. Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code KARTIK HARIHARANMANI 316 E FOSTER RD APT 1003 LAS CRUCES, NM 88005			
15 State NM Employer's state ID no. 0113002900 9	16 State wages, tips, etc. 55455.43		
17 State income tax 1854.25	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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5 Medicare wages and tips 57992.97	6 Medicare tax withheld 840.90		
d Control number 0000017186 V36	Dept. IIUS	Corp. IIUS	Employer use only 7218
c Employer's name, address, and ZIP code INTEL CORPORATION 2200 MISSION COLLEGE BLVD SANTA CLARA, CA 95054			
b Employer's FED ID number 94-1672743			
a Employee's SSA number 032-13-1642			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 28.44		
14 Other 435.42 VDI	12b D 2537.54		
	12c W 1129.43		
	12d DD 9861.57		
	13 Stat emp. Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code KARTIK HARIHARANMANI 316 E FOSTER RD APT 1003 LAS CRUCES, NM 88005			
15 State NM Employer's state ID no. 0113002900 9	16 State wages, tips, etc. 55455.43		
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c Employer's name, address, and ZIP code INTEL CORPORATION 2200 MISSION COLLEGE BLVD SANTA CLARA, CA 95054			
b Employer's FED ID number 94-1672743			
a Employee's SSA number 032-13-1642			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 28.44		
14 Other 435.42 VDI	12b D 2537.54		
	12c W 1129.43		
	12d DD 9861.57		
	13 Stat emp. Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code KARTIK HARIHARANMANI 316 E FOSTER RD APT 1003 LAS CRUCES, NM 88005			
15 State NM Employer's state ID no. 0113002900 9	16 State wages, tips, etc. 55455.43		
17 State income tax 1854.25	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

Federal Filing Copy

W-2 Wage and Tax Statement 2019

OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

NM. State Filing Copy

W-2 Wage and Tax Statement 2019

OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy

W-2 Wage and Tax Statement 2019

OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.

a. Employee's Social Security Number 032-13-1642		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 35-1819323		d. Control number		1 Wages, Tips, and other compensation 4846.91	2 Federal Income Tax withheld 55.86		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249				3 Social Security Wages 4974.20		4 Social Security Tax withheld 308.40	
				5 Medicare Wages and Tips 4974.20		6 Medicare Tax withheld 72.13	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code KARTIK HARIHARANMANI 316 E FOSTER RD APT 1003 LAS CRUCES NM 88005				9		10 Dependent Care Benefits	
				12 See instructions for box 12 D 19 127.29		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer's State ID Number NM 2208032005	16 State Wages, Tips, etc 4846.91	17 State Income Tax 61.57	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
15 State	Employer's State ID Number	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 **2019**

Department of the Treasury - Internal Revenue Service
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number 032-13-1642		OMB No. 1545-0008 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.					
b. Employer's Identification Number (EIN) 35-1819323		d. Control Number		1 Wages, Tips, other compensation 4846.91	2 Federal Income Tax withheld 55.86		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249				3 Social Security Wages 4974.20		4 Social Security Tax withheld 308.40	
				5 Medicare Wages and Tips 4974.20		6 Medicare Tax withheld 72.13	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code KARTIK HARIHARANMANI 316 E FOSTER RD APT 1003 LAS CRUCES NM 88005				9		10 Dependent Care Benefits	
				12 See instructions for box 12 D 19 127.29		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer's State ID Number NM 2208032005	16 State Wages, Tips, etc 4846.91	17 State Income Tax 61.57	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
15 State	Employer's State ID Number	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 **2019**

Department of the Treasury - Internal Revenue Service
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

a. Employee's Social Security Number 032-13-1642		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 35-1819323		d. Control number		1 Wages, Tips, and other compensation 4846.91	2 Federal Income Tax withheld 55.86		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249				3 Social Security Wages 4974.20		4 Social Security Tax withheld 308.40	
				5 Medicare Wages and Tips 4974.20		6 Medicare Tax withheld 72.13	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code KARTIK HARIHARANMANI 316 E FOSTER RD APT 1003 LAS CRUCES NM 88005				9		10 Dependent Care Benefits	
				12 See instructions for box 12 D 19 127.29		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State NM	Employer's State ID Number 2208032005	16 State Wages, Tips, etc 4846.91	17 State Income Tax 61.57	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
15 State	Employer's State ID Number	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 **2019**

Department of the Treasury - Internal Revenue Service
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number 032-13-1642		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 35-1819323		d. Control Number		1 Wages, Tips, other compensation 4846.91	2 Federal Income Tax withheld 55.86		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249				3 Social Security Wages 4974.20		4 Social Security Tax withheld 308.40	
				5 Medicare Wages and Tips 4974.20		6 Medicare Tax withheld 72.13	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code KARTIK HARIHARANMANI 316 E FOSTER RD APT 1003 LAS CRUCES NM 88005				9		10 Dependent Care Benefits	
				12 See instructions for box 12 D 19 127.29		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State NM	Employer's State ID Number 2208032005	16 State Wages, Tips, etc 4846.91	17 State Income Tax 61.57	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
15 State	Employer's State ID Number	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 **2019**

Department of the Treasury - Internal Revenue Service
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

Copy B—To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. 032-13-1642	1 Wages, tips, other comp. 5672.22	2 Federal income tax withheld 63.54	
b Employer ID number (EIN) 85-0201597	3 Social security wages 5672.22	4 Social security tax withheld 351.68	
	5 Medicare wages and tips 5672.22	6 Medicare tax withheld 82.25	
c Employer's name, address, and ZIP code TRESKO, INC. 1800 COPPER LOOP LAS CRUCES, NM 88005			
d Control number 374			
e Employee's name, address, and ZIP code KARTIK HARIHARANMANI 316 E FOSTER RD #1003 LAS CRUCES, NM 88005			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
IM 01-739416-003		5672.22	11.93
15 State Employer's state ID number	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 2019 Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. 032-13-1642	1 Wages, tips, other comp. 5672.22	2 Federal income tax withheld 63.54	
b Employer ID number (EIN) 85-0201597	3 Social security wages 5672.22	4 Social security tax withheld 351.68	
	5 Medicare wages and tips 5672.22	6 Medicare tax withheld 82.25	
c Employer's name, address, and ZIP code TRESKO, INC. 1800 COPPER LOOP LAS CRUCES, NM 88005			
d Control number 374			
e Employee's name, address, and ZIP code KARTIK HARIHARANMANI 316 E FOSTER RD #1003 LAS CRUCES, NM 88005			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
NM 01-739416-003		5672.22	11.93
15 State Employer's state ID number	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 2019 Dept. of the Treasury -- IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. 032-13-1642	1 Wages, tips, other comp. 5672.22	2 Federal income tax withheld 63.54	
b Employer ID number (EIN) 85-0201597	3 Social security wages 5672.22	4 Social security tax withheld 351.68	
	5 Medicare wages and tips 5672.22	6 Medicare tax withheld 82.25	
c Employer's name, address, and ZIP code TRESKO, INC. 1800 COPPER LOOP LAS CRUCES, NM 88005			
d Control number 374			
e Employee's name, address, and ZIP code KARTIK HARIHARANMANI 316 E FOSTER RD #1003 LAS CRUCES, NM 88005			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
IM 01-739416-003		5672.22	11.93
15 State Employer's state ID number	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 2019 Dept. of the Treasury -- IRS
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.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. 032-13-1642	1 Wages, tips, other comp. 5672.22	2 Federal income tax withheld 63.54	
b Employer ID number (EIN) 85-0201597	3 Social security wages 5672.22	4 Social security tax withheld 351.68	
	5 Medicare wages and tips 5672.22	6 Medicare tax withheld 82.25	
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10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
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NM 01-739416-003		5672.22	11.93
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
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Form W-2 Wage and Tax Statement 2019 Dept. of the Treasury -- IRS
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