Copy B-To Be Filed With Federal Tax Return.	n Employee's	41-0852411 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp. 7328.00	2 Federal income tax withheld 1124.74
806-22-2417	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)		
30-0503918	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, a	ind ZIP code	
AUREUS TECH SY 17593 E EUCLID A'		
AURORA	CC	80016
d Control number 50		
	and ZID code	Suf
e Employee's name, address, a	and zir code	Sui
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SRIRAM K. 3700 BEACON AVE	VARANASI E, APT # 270	
SRIRAM K. 3700 BEACON AVE FREMONT	VARANASI E, APT # 270	94538
SRIRAM K. 3700 BEACON AVE FREMONT 7 Social security tips	VARANASI E, APT # 270 CA 8 Allocated tips 11 Nonqualified plans	94538 9 Verification code
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SRIRAM K. 3700 BEACON AVE FREMONT 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay CA 304-3532-5	VARANASI E, APT # 270 CA 8 Allocated tips 11 Nonqualified plans	94538 9 Verification code 12a Code 12b Code 12c Code 12d Code 304.74
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This information is being furnished to the Internal Revenue Service. DAA

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Copy C-For EMPLON Notice to Employeeon	EE'S	RE	CORDS (See k of Copy B.)		41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no		1 Wages, tips, other comp.			2 Federal income tax withheld 1124.74		
806-22-2417 b Employer ID number (E	-	3 So	cial security wages	4 \$	Social security tax withheld		
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c Employer's name, address, and ZIP code AUREUS TECH SYSTEMS LLC 17593 E EUCLID AVE							
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SRIRAM K. VARANASI 3700 BEACON AVE, APT # 270 FREMONT CA 94538							
7 Social security tips 8 Allocated tips			9 Verification code				
10 Dependent care benefit	ts 1	11 N	onqualified plans	12	2a Code		
13 Statutory employee 14	Other			12	2b Code		
Retirement plan				12	2c Code		
Third-party sick pay				12d Code			
CA 304-3532-5			7328.00		304.74		
15 State Employer's state			• • • • • • • • • • • • • • • • • • • •		17 State income tax		
18 Local wages, tips, etc. 19 Local income tax 20 Locality name							
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2017 Form W-2 Wage and Tax Statement

Copy 2-To Be Filed V City, or Local Income	Vith Em	ployee's State, eturn.	41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no		ages, tips, other comp. 7328.00	2 Federal income tax withheld 1124.74		
806-22-2417	3 Sc	ocial security wages	4 Social security tax withheld		
b Employer ID number (EI	N)				
30-0503918	5 M	edicare wages and tips	6 Medicare tax withheld		
c Employer's name, addre	ss, and ZI	P code			
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7 Social security tips 10 Dependent care benefit: 13 Statutory employee Retirement plan Third-party sick pay	s 11 N Other Discount for the second	located tips lonqualified plans 7328.00 16 State wages, tips, etc.	9 Verification code 12a Code 12b Code 12c Code 12d Code 12d Code 17 State income tax		

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a Employee's soc. sec. no.			ages, tips, other comp. 7328.00	2	2 Federal income tax withheld 1124.74		
806-22-2417			cial security wages	4 Social security tax withheld			
b Employer ID number (EIN)							
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10 Dependent care benefits			11 Nonqualified plans		12a Code		
13 Statutory employee	14 Othe	er		12	2b Code		
Retirement plan				12	2c Code		
Third-party sick pay				12	2d Code		
CA 304-3532-5	5		7328.00		304.74		
15 State Employer's sta	te ID nu	pber	16 State wages, tips, etc.		17 State income tax		
18 Local wages, tips, etc.			ocal income tax	20	Locality name		
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