Void a Employee's social security number 674-60-1317	OMB No. 1545-00	008			
b Employer identification number (EIN)		1 Wag	es, tips, other compensation	2 Federal income tax with	
47-1858335			21340.00	2134.	00
C Employer's name, address, and ZIP code		3 Socia	al security wages	4 Social security tax withh	neld
BUSINESS RULES MANAGEMENT SERVIC	ES LLC				
		5 Medi	care wages and tips	6 Medicare tax withheld	
345 AVON ROAD, APT E173					
DEVON PA 19333		7 Socia	al security tips	8 Allocated tips	
d Control number		9 Verif	ication code	10 Dependent care benefit	ts
e Employee's first name and initial Last name	Suff.	11 Nor	qualified plans	12a See instructions for b	ox 12
SAIRAM TATIKONDA				d e	
		13 Statu empl	tory Retirement Third-party oyee plan sick pay	/ 12b	
345 POPLAR AVE #522				o d e	
DEVON PA 19333		14 Ot	ner	12c	
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f Employee's address and ZIP code				· ·	
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	x	18 Local wages, tips, etc.	19 Local income tax 20	Locality name
PA 20035350 21340.00	640	.20			
	004		Department	f the Treasury - Internal Bey	

Form W-2 Wage and Tax Statement Copy D - For Employer DXA

2017

Department of the Treasury - Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0008 Form					2017
 Employee's social security number 	1 Wag	es, tips, other comp.	2 Fe	ederal income ta	ax withheld
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674-60-1317	3 Socia	al security wages	4 S	ocial security ta	x withheld
b Employer ID number (EIN)					
47-1858335	care wages and tips	6 M	edicare tax with	iheld	
c Employer's name, address, a	and ZIP	code			
BUSINESS RU	LES	MANAGEMENT	SERV	ICES LLC	;
345 AVON RO DEVON PA 19		PT E173			
d Control number					
e Employee's name, address,	and ZIP	code			
345 POPLAR AVE DEVON PA 19333	3				
7 Social security tips	8 /	Illocated tips	9	Verification cod	e
10 Dependent care benefits	11	Nonqualified plans	lified plans 12a See instructions fo		ons for box 12
12b	12c		12 12	d	
13 Statutory employee	letirement		Third-party sick pay		
14 Other					
PA 20035350		21340.00)	64	10.20
15 State/Employer's state ID n	16 State wages, tips,	etc.			
18 Local wages, tips, etc.		19 Local income tax		20 Locality n	iame
Copy B - To Be Filed With Em This information is being furnish DXA	ed to the	FEDERAL Tax Return e Internal Revenue Servic	ce.	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/other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008 Form	n W-2 Wage and Tax	Statement 2017		
a Employee's social security	 Wages, tips, other comp. 	2 Federal income tax withheld		
number	21340.00	2134.00		
674-60-1317	3 Social security wages	4 Social security tax withheld		
b Employer ID number (EIN)				
	5 Medicare wages and tips	6 Medicare tax withheld		
47-1858335				
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c Employer's name, address, and ZIP code

BUSINESS RULES MANAGEMENT SERVICES LLC 345 AVON ROAD, APT E173 **DEVON PA 19333**

d Control number

e Employee's name, address, and ZIP code

SAIRAM TATIKONDA 345 POPLAR AVE #522 **DEVON PA 19333**

7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee	Retirement plan	Third-party Sick pay
14 Other		
<u>PA 20035350</u>	<u>21340.0</u>	0640.20
15 State/Employer's state ID nu	mber 16 State wages, tips	, etc. 17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Copy C - For EMPLOYEE'S REC DXA	ORDS (See Notice on back.)	Dept. of the Treasury - IRS

2017 OMB No. 1545-0008 Form W-2 Wage and Tax Statement

a Employee's social security	1 Wages, tips, other comp.	2 Federal income tax withheld		
number	21340.00	2134.00		
674-60-1317	3 Social security wages	4 Social security tax withheld		
b Employer ID number (EIN)				
	5 Medicare wages and tips	6 Medicare tax withheld		
47-1858335				
c Employer's name, address, and ZIP code				

BUSINESS RULES MANAGEMENT SERVICES LLC	
345 AVON ROAD, APT E173	

DEVON PA 19333

d Control number

e Employee's name, address, and ZIP code SAIRAM TATIKONDA

345 POPLAR AVE # DEVON PA 19333	ŧ522					
7 Social security tips 8 A		Allocated tips 9		Verification code		
10 Dependent care benefits11		Nonqualified plans		e instructions for box 12		
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13 Statutory mployee	Ret	irement	Third sick	l-party		
14 Other						
PA 20035350	-	21340.00		640.20		
15 State/Employer's state ID num	nber	16 State wages, tips, etc.	17	State income tax		
18 Local wages, tips, etc.		19 Local income tax	20	Locality name		
Copy 2 - To be Filed With Employ	yee's S	tate, City,	De	ept. of the Treasury - IRS		

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2017 OMB No. 1545-0008 Form W-2 Wage and Tax Statement

a Employee's social security	1 Wages, tips, other comp.	2 Federal income tax withheld
number	21340.00	2134.00
674-60-1317	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)		
	5 Medicare wages and tips	6 Medicare tax withheld
47-1858335		
E 1 1 11		

c Employer's name, address, and ZIP code

BUSINESS RULES MANAGEMENT SERVICES LLC

345 AVON ROAD, APT E173 DEVON PA 19333

d Control number				
e Employee's name, address, ar	nd ZIP	code		
SAIRAM TATIKONI 345 POPLAR AVE DEVON PA 19333		2		
7 Social security tips	8 A	llocated tips	9 Verif	ication code
10 Dependent care benefits	11	Nonqualified plans	12a Se	ee instructions for box 12
12b	12c		12d	
13 Statutory employee	R	etirement plan	Thii sid	rd-party
14 Other				
PA 20035350		21340.00		640.20
15 State/Employer's state ID nur	nber	16 State wages, tips, etc.	17	' State income tax
18 Local wages, tips, etc.		19 Local income tax	20	Locality name

Copy 2 - To be Filed With Employee's State, City, or Local Income Tax Return DXA

Dept. of the Treasury - IRS