

Void <input type="checkbox"/>		<b>a</b> Employee's social security number 674-60-1317		OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN) 47-1858335			<b>1</b> Wages, tips, other compensation 21340.00		<b>2</b> Federal income tax withheld 2134.00		
<b>c</b> Employer's name, address, and ZIP code BUSINESS RULES MANAGEMENT SERVICES LLC  345 AVON ROAD, APT E173 DEVON PA 19333			<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
			<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number			<b>9</b> Verification code		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial                      Last name                      Suff. SAIRAM TATIKONDA  345 POPLAR AVE #522 DEVON PA 19333			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12		
			<b>13</b> Statutory employee    Retirement plan    Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>		
			<b>14</b> Other		<b>12c</b>		
					<b>12d</b>		
<b>f</b> Employee's address and ZIP code							
<b>15</b> State    Employer's state ID number PA    20035350		<b>16</b> State wages, tips, etc. 21340.00		<b>17</b> State income tax 640.20		<b>18</b> Local wages, tips, etc.	
					<b>19</b> Local income tax		
					<b>20</b> Locality name		

**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 W-2 Wage and Tax Statement 2017**

a Employee's social security number <b>674-60-1317</b>	1 Wages, tips, other comp. <b>21340.00</b>	2 Federal income tax withheld <b>2134.00</b>
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) <b>47-1858335</b>	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, and ZIP code  <b>BUSINESS RULES MANAGEMENT SERVICES LLC</b>  <b>345 AVON ROAD, APT E173</b> <b>DEVON PA 19333</b>		
d Control number		
e Employee's name, address, and ZIP code  <b>SAIRAM TATIKONDA</b> <b>345 POPLAR AVE #522</b> <b>DEVON PA 19333</b>		
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 <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		
PA 20035350	21340.00	640.20
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

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

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Copy C - For EMPLOYEE'S RECORDS (See Notice on back.)  
 DXA Dept. of the Treasury - IRS

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Copy 2 - To be Filed With Employee's State, City, or Local Income Tax Return  
 DXA Dept. of the Treasury - IRS

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