

a Employee's social security number XXX-XX-8758		b Employer identification number 52-6002033		Copy B To Be Filed With Employee's FEDERAL Tax Return		OMB No. 1545-0008					
c Employer's name, address, and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 S.S.# 69-0520001L				6,232.85		28.89					
				1 Wages, tips, other compensation		2 Federal income tax withheld					
				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
d Control number MD126640				7 Social security tips		8 Allocated tips		9			
				10 Dependent care benefits		11 Nonqualified plans		12a Code See Inst. for box 12			
e Employee's first name and initial, last name and suffix f Employee's address and ZIP code RITESH R THIPPARTHI 4243 VALLEY DRIVE 2208 COLLEGE PARK MD 20742				12b Code		12c Code		12d Code			
				13		14 Other					
				Statutory employee							
				Retirement plan							
				Third-party sick pay							
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	
MD		52-6002033		6,232.85		275.94					

XXX-XX-8758

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28.89

MD126640

RITESH R THIPPARTHI