Copy BTo Be Filed W FEDERAL Tax Return.	ith Employee's	38–2099803 OMB No. 1545–0008	Copy 2To Be Filed City, or Local Incom	d With Employee's State,	38-2099803 OMB No. 1545-0008
	Vages, tips, other comp. 33379.50	2 Federal income tax withheld 6478.35	a Employee's SSN	1 Wages, tips, other comp. 33379.50	2 Federal income tax withheld 6478.35
011-90-4456	ocial security wages	4 Social security tax withheld	011-90-4456	3 Social security wages	4 Social security tax withheld
b Employer ID no. (EIN) 5 M	33379.50 Medicare wages and tips 33379.50	2069.53 Medicare tax withheld	b Employer ID no. (EIN)	33379.50 5 Medicare wages and tips	2069.53 6 Medicare tax with held
26-0831410 c Employer's name, address, a		484.01	26-0831410 c Employer's name, addre	33379.50	484.01
RKLICK SOLUTI			RKLIČK SÓLU	· · · · · ·	
8111 45TH AVE	NIIF AR		8111 45TH A	VENUE AR	
ELMHURST, NY 11373			ELMHURST, N	Y 11373	
d Control number			d Control number		
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ABHINAV SINGH 5527 444 WASHINGTO	M BIWD		5527 444 WASHING	TON RIVD	
JERSEY CITY,	NJ 07310		JERSEY CITY	, NJ 07310	
7 Social security tips	8 Allocated tips	9 Advance EIC payment	7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefit	ts 11 Nonqualified plans	12a Code
13 Statutory employee 14 Ot	ther 1.2.00	12b Code		4 Other	12b Code
NYS Retirement plan	DI 13.00	12c Code	N Retirement plan	YSDI 13.00	12c Code
Third-party sick pay		12d Code	Third-party sick pay		12d Code
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15 State Employer's state ID n 18 Local wages, tips, etc.	umber 16 State wages, ti	ips, etc. 17 State income tax 20 Locality name	15 State Employer's state 18 Local wages, tips, etc.	10 number 16 State wages, 19 Local income tax	tips, etc. 17 State income tax 20 Locality name
Form W-2 Wage and Tax Sta	20.0	Dept. of the Treasury IRS	Form W-2 Wage and Tax	Statement 2010	Dept. of the Treasury IRS
Triis information is being furf	nished to the Internal Revenue	Service.	1		
This information is being furni	shed to IRS. If you are required	 I to file a taxreturn, a negligence	+		
penalty/other sanction may be Copy CFor EMPLOYE	e imposed on you if this income E'S RECORDS	is taxable & you fail to report it. 38-2099803	0 AW Copy 2To Be File	/24UP NTF 2574402 C d With Employee's State,	opyright 2010 Greatland/Nelco 38-2099803
(See Notice to Employee	.)	OMB No. 1545-0008 2 Federal income tax withheld	City, or Local Incom		OMB No. 1545-0008 2 Federal income tax withheld
011-90-445638	33379.50	6478.35	011-90-4456	33379.50	6478.35
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c Employer's name, address, and ZIP code RKLICK SOLUTIONS LLC c Employer's name, address, and ZIP code RKLICK SOLUTIONS LLC					
KKLICK SOLUTI	ONS LLC		KKLICK SOLO	TIONS LLC	
8111 45TH AVE			8111 45TH AVENUE 4R		
ELMHURST, NY d Control number	11373		ELMHURST, N	<u>Y 11373</u>	
e Employee's name, address,	and ZIP code		e Employee's name, addr	ess and ZIP code	
ABHINAV SINGHAL 5527			ABHINAV SIN	GHAL	
444 WASHINGTO	N BLVD		5527 444 WASHING	TON_BLVD	
JERSEY CITY,	NJ 0/310		JERSEY CITÝ	, NJ 0/310	
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NYS Retirement plan	13.00	12c Code	Retirement plan	YSDI 13.00	12c Code
Third-party sick pay		12d Code	Third-party sick pay		12d Code
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Form W-2 Wage and Tax Sta	tement 2010	Dept. of the Treasury IRS	Form W-2 Wage and Tax	Statement 2010	Dept. of the Treasury IRS