

Name
Sachin Vijay Kumar NambiarSocial Security Number
388-97-1675**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 388-97-1675
b Employer ID number (EIN). . . 05-0573015
c Employer's name, address, and ZIP code
ARK SOLUTIONS INC.
 Street 1939 ROLAND CLARKE PL
 City RESTON
 State VA ZIP Code 20191
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
34,248.53
3 Social security wages
34,248.53
5 Medicare wages and tips
34,248.53
7 Social security tips
0.00

2 Federal income tax withheld
2,644.00
4 Social security tax withheld
2,123.41
6 Medicare tax withheld
496.60
8 Allocated tips
0.00

► Enter unreported tips in Part VII on Page 2 below.

d Control number 351008154**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First SACHIN VIJAYKUMAR M.I. _____
 Last NAMBIAR Suff. _____
f Employee's address and ZIP code
 Street 43393 CHARITABLE ST.
 City ASHBURN
 State VA ZIP Code 20148
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____
11 Nonqualified plans
0.00

10 Dependent care benefits
0.00
 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:	
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	P: Double click to link to Form 3903, line 4. . .	_____
_____	_____	R: Enter MSA contribution for Taxpayer . . .	_____
_____	_____	Spouse	_____
_____	_____	W: Enter HSA contribution for Taxpayer . . .	_____
_____	_____	Spouse	_____
		G: <input type="checkbox"/> Employer is not a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>VA</u>	<u>30050573015F001</u>	<u>34,248.53</u>	<u>1,651.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____