

Name
Sachin Vijay Kumar NambiarSocial Security Number
[REDACTED]**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. . . [REDACTED]
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	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
0.00	0.00

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

d Control number [REDACTED]**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 [REDACTED]	10 Dependent care benefits
11 Nonqualified plans	0.00
12 Enter box 12 below	Distributions from sect. 457 and nonqualified plans (Important, see Help)
13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> 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
VA	30050573015F001	[REDACTED]	[REDACTED]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____