

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). . . [REDACTED]  
**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

**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

**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

0.00

**8** Allocated tips

0.00

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

**9****10** Dependent care benefits

0.00

**11** Nonqualified plans

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 <b>not</b> 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".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____