

# 2017 W-2 and EARNINGS SUMMARY



|   |                                 |                            |                    |                                |  |
|---|---------------------------------|----------------------------|--------------------|--------------------------------|--|
| <b>W-2</b>  |                                 | Employee Reference Copy    |                    | <b>2017</b>                    |  |
| Wage and Tax Statement  |                                 | OMB No. 1545-0008          |                    | Copy C for employee's records. |  |
| d Control number  | Dept.                           | Corp.                      | Employer use only  |                                |  |
| 000189 RN/8IT   |                                 |                            | <b>A</b>           |                                |  |
| c Employer's name, address, and ZIP code                                      |                                 |                            |                    |                                |  |
| CSXTECH INC<br>4975 PRESTON PARK BLVD STE 55<br>PLANO, TX 75093               |                                 |                            |                    |                                |  |
| Batch #99564  |                                 |                            |                    |                                |  |
| e/f Employee's name, address, and ZIP code                                    |                                 |                            |                    |                                |  |
| KALYAN CHAKRAVART PATCHAVA<br>1500 PRESTON ROAD<br>APT 712<br>PLANO, TX 75093 |                                 |                            |                    |                                |  |
| b Employer's FED ID number  | a Employee's SSA number         |                            |                    |                                |  |
| 46-4859679  | 517-59-1647                     |                            |                    |                                |  |
| 1 Wages, tips, other comp.  | 2 Federal income tax withheld   |                            |                    |                                |  |
| 19962.00  | 2968.16                         |                            |                    |                                |  |
| 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                |                            |                    |                                |  |
|   |                                 |                            |                    |                                |  |
| 9 Verification Code   | 10 Dependent care benefits      |                            |                    |                                |  |
|   |                                 |                            |                    |                                |  |
| 11 Nonqualified plans   | 12a See instructions for box 12 |                            |                    |                                |  |
|   |                                 |                            |                    |                                |  |
| 14 Other  | 12b                             |                            |                    |                                |  |
|   | 12c                             |                            |                    |                                |  |
|   | 12d                             |                            |                    |                                |  |
|   | 13 Stat emp                     | Ret. plan                  | 3rd party sick pay |                                |  |
|   |                                 |                            |                    |                                |  |
| 15 State  | Employer's state ID no.         | 16 State wages, tips, etc. |                    |                                |  |
| IL  | 46-4859679 000                  | 19962.00                   |                    |                                |  |
| 17 State income tax   | 18 Local wages, tips, etc.      |                            |                    |                                |  |
| 988.13  |                                 |                            |                    |                                |  |
| 19 Local income tax   | 20 Locality name                |                            |                    |                                |  |
|   |                                 |                            |                    |                                |  |

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

**1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.**

|                                 |          |                                     |                      |        |
|---------------------------------|----------|-------------------------------------|----------------------|--------|
| <b>Gross Pay</b>                | 19962.00 | <b>Social Security Tax Withheld</b> | IL. State Income Tax | 988.13 |
|                                 |          | Box 4 of W-2                        | Box 17 of W-2        |        |
|                                 |          |                                     | <b>SUI/SDI</b>       |        |
|                                 |          |                                     | Box 14 of W-2        |        |
| <b>Fed. Income Tax Withheld</b> | 2968.16  | <b>Medicare Tax Withheld</b>        |                      |        |
| Box 2 of W-2                    |          | Box 6 of W-2                        |                      |        |

**2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.**

|                           | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 | IL. State Wages, Tips, Etc.<br>Box 16 of W-2 |
|---------------------------|---|---------------------------------------|--------------------------------|--|
| Gross Pay                 | 19,962.00                                       | 19,962.00                             | 19,962.00                      | 19,962.00                                    |
| <b>Reported W-2 Wages</b> | <b>19,962.00</b>                                | <b>0.00</b>                           | <b>0.00</b>                    | <b>19,962.00</b>                             |

**3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.**

**KALYAN CHAKRAVART PATCHAVA**  
1500 PRESTON ROAD  
APT 712  
PLANO, TX 75093

Social Security Number: 517-59-1647  
Taxable Marital Status: SINGLE  
Exemptions/Allowances:  
FEDERAL: 2  
STATE: 0

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|   |                                 |                            |                    |
|---|---------------------------------|----------------------------|--------------------|
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| 19962.00  | 2968.16                         |                            |                    |
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|   |                                 |                            |                    |
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| 7 Social security tips  | 8 Allocated tips                |                            |                    |
|   |                                 |                            |                    |
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| 11 Nonqualified plans   | 12a See instructions for box 12 |                            |                    |
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| 14 Other  | 12b                             |                            |                    |
|   | 12c                             |                            |                    |
|   | 12d                             |                            |                    |
|   | 13 Stat emp                     | Ret. plan                  | 3rd party sick pay |
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| e/f Employee's name, address and ZIP code                                     |                                 |                            |                    |
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|                        |  |                     |  |   |  |
|------------------------|--|---------------------|--|---|--|
| <b>W-2</b>             |  | Federal Filing Copy |  | <b>2017</b>   |  |
| Wage and Tax Statement |  | OMB No. 1545-0008   |  | Copy B to be filed with employee's Federal Income Tax Return. |  |

|                        |  |                          |  |   |  |
|------------------------|--|--------------------------|--|---|--|
| <b>W-2</b>             |  | IL. State Reference Copy |  | <b>2017</b>   |  |
| Wage and Tax Statement |  | OMB No. 1545-0008        |  | Copy 2 to be filed with employee's State Income Tax Return. |  |

|                        |  |                       |  |   |  |
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