Notice to Employee
Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tax return. From 1790 do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned innour excit (EIC). You may be able to take the EIC for 2017 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family size.

Workers without châldren could qualify for a smaller credit. You and any qualifying châldren must have valid social security numbers (SSNs). You can that the HEI City our investment income is more than the specified amount for 2017 or if income is earned for services provided while you were an intained at a penal institution. For 2017 in come limits and more information, vist www. six govietic.

Also see Pub. 596, Earnel Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Also see Pub. 390, named informe cream. Full factors and a finite factor and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers. Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employer to correct your employer to the correct way and the state of the correct way and any statement, with the Social Security Administration (SSA) to correct any Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2 from your employer for all corrections made so you may fift them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct mame at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at www.SSA, gov. Cost of employer-sponsored beath coverage (is ache tost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2017 and more than \$7.886.40 in social security and/or Fire 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess gainsty our federal income tax. If you had more than one railroad employer and more than \$4.630.50 in Ter 2 RRTA tax was withheld, you also may be able to claim a credit for Form 1040 or Form 1040A instructions and Pub. 505. Tax Wahholding and Estimated Tax.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. Tourn any be required to report this amount on Form 8959. Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 3, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown

\$200,000.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount onless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will actual the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you

must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 9. If you are e-filing and if there is a code in this box, enter if when prompted by your software. The only valid characters are the letters AF and numerals 0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns.

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plani). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is: (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan for (b) included in box 3 and/or 5 if it is a prior year deferred unount. This box should the two 457(b) plan the became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should fit be true diff you had a deferral amount for Shot 131, we should fit be year, your employer should fits Form SSA-131, you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Blexive deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EL) under all plans are generally limited to a total of \$18,000 (\$12,200 if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. \$71). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$18,000.

have SIMPLE plans; S21,000 for section 403(b) plans it you quanty for the L3-yean L36-Spanished.

Plub, 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2017, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral and to it is not subject to the overall limit on decite deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall decite deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040. Note, If a year follows code D through H, S. Y. And, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made exceeded efforts, consider these amounts for the year shown, not the current year.

To 10.0 Sec Tybes

deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

J—Nontaxable Six pay (information only, not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See "Other Taxes" in the Form 1040

instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over

\$50,0000 (former employees only), See "Other Taxes" in the Form 1000 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1000 instructions.

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

O—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on

Q—consalastic consumptions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Tern Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box

—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to mpute any taxable and nontaxable amounts.

compute any taxable and nontaxable amounts.

W—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your Health Savings Account. Report on Form 8889, Health Savings Accounts.

(HSAs).

**Z—Deferrals under a section 409A nonqualified deferred compensation plan.

**Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plas interest. See "Other Taxes" in the Form 1040 instructions under a section 401(k) plan.

**AA—Designated Roth contributions under a section 403(b) plan.

**DD—Designated Roth contributions under a section 403(b) plan.

**DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note. If a year follows code D through H. S. Y. Ad. Bb, or EE, you made a make-up person contribution for a prior year(s) show you were in unliture service. To glicus whether you made access deferreds, consider these amounts for the years shown, not the current year. If no year is shown, the contributions under a new property of the current year. If you year is shown, the contributions were a trace-weight of grantization section 457(b) plan. This amount does not a new property of the current year. If you year is shown, the contributions under a new property health retinuitions under a new property of the property of the current year. If you year is shown, the contributions under a new property of the property of the year is the year of the year is the year of the year is the year of the

Form W-2 Wage and Tax Statement

2017

Copy C, for employee's records

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be immosted on your if this income is suble and you fail to report it.

if this income is taxable and you fail	máy be imposed on yo	<u>'</u>							
ce	of the Treasury - Internal Revenue Serv			r's name, address, and ZIP code	Void c Employer			ol number	d Contr
	5-0008	OMB No. 1545-0008	TECH TALENTA INC			-002200	000C63787	F181 0	0472-I
leral Income tax withheld	i, other compensation 2 Fe	1 Wages tips other	-	RESTON PARK BLVD	^{mber} 4965 P	s social security numb	ber a Employee's	yer's identification num	b Emplo
12132.15	79939.31	i Hagos, apo, oaiei e		500	—— SUITE	25-3319	298-	756115	45-4
cial Security tax withheld	rity wages 4 So			PLANO TX 75093			Retirement Third-party plan sick pay		
dicare tax withheld	ages and tips 6 M	5 Medicare wages an		e Employee's name, address, and ZIP code RAGHUNANDAN ASWATHANARAYANA 6856 LAKESIDE DRIVE			12 See Instrs. for Box 12 DD 2557.29 14 Other		
ocated Tips	rity tips 8 Al	7 Social Security tips	NARAYANA						
onqualified plans	t care benefits 11 N	10 Dependent care be		APT # 217B					
	n Code	Verification Code		CHESTER OH 45069	WEST				
-5058	e68e-6542-83f								
20 Locality name	Local income tax	19 Local inc	18 Local wages, tips, etc.	17 State income tax	tips, etc.	16 State wages, tip	e I.D. No.	Employer's sta	15 State
OH BLUEA	999.24	39.31	79939	2512.05	79939.31)	53-052739 9	ОН
ЭН	999.24	39.31	79939	2512.05	79939.31)	53-052739 9	ОН

Form W-2 Wage and Tax Statement

2017

Copy B, to be filed with employee's FEDERAL tax return

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d Contro	ol number			Void	c Employer	s name, address, and ZIP code		Departi	ment of the Treasury - Internal Re-	enue Se	rvice	
0472-F	181	0000C63	3787-002200		TECH 7	FALENTA INC		OMB No. 1545-0008				
b Emplo	yer's identification n	umber a Em	ployee's social security r	number	4965 PI	RESTON PARK BLVD				1		
45-4	756115		298-25-3319					1 Wage	es, tips, other compensation 79939.3		2 Federal Income tax withheld 12132.15	
		Retirement	Third-party	,	SUITE	500			19939.3	1		12132.13
		plan	sick pay		PLANC	TX 75093		3 Socia	al Security wages	4 5	Social Security tax	withheld
	nstrs. for Box 12	14 Other			e Employee's name, address, and ZIP code			5 Medicare wages and tips			6 Medicare tax withheld	
DD	2557.2	29										
					RAGHU	UNANDAN ASWATHA	NARAYANA	7 Social Security tips		8 /	8 Allocated Tips	
					6856 L	AKESIDE DRIVE						
					APT # 2	217B		10 Dep	endent care benefits	11	Nonqualified plan	ns
					WEST	CHESTER OH 45069						
					l "LDI '	CHESTER OH 4500)		Verit	fication Code			
									e68e-654	2-83	f4-5058	
15 State	Employer's	state I.D. No.	16 State wage	s, tips, etc.		17 State income tax	18 Local wages, tips, etc.		19 Local income tax		20 Locality na	me
OH	53-052739 9 7		79939.31 2512.05 799				39.31	99	9.24	OH	BLUEA	

Form W-2 Wage and Tax Statement

2017

Copy 2, to be filed with employee's tax return for OH

d Contro	l number				Void	c Employer	's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service							
0472-F	181	0000	C63787	-002200		TECH 7	TECH TALENTA INC OMB No. 1545-0008									
b Employ	yer's identification	number	a Employee's	s social security nu	ımber	4965 PF	RESTON PARK BLVD									
45-47	756115		298-	25-3319					1 Wage	s, tips, other compensation 79939.31	2 Federa	Income tax withheld 12132.15				
	tutory	Retiren	ont .	Third-party		SUITE	500			19939.31		12132.13				
Emp		plan	ent	sick pay		PLANC	TX 75093		3 Socia	I Security wages	4 Social Security tax withheld					
12 See Ir	nstrs. for Box 12 2557		Other			e Employee	's name, address, and ZIP code		5 Medie	care wages and tips	6 Medica	re tax withheld				
ł						DACHINANDAN ASWATHANADAVANA			RAGHUNANDAN ASWATHANARAYANA			7 Socia	I Security tips	8 Allocated Tips		
								171171171								
						6836 L/	AKESIDE DRIVE									
						APT # 2	217B		10 Dep	endent care benefits	11 Nonqualified plans					
						WEST	CHESTER OH 45069									
						WLSI '	CHESTER OH 43007		Verit	ication Code						
15 State	Employer's	s state I.D	. No.	16 State wages	, tips, etc.		17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20	Locality name				
OH	53-05273	99			79	9939.31	2512.05	7993	39.31	999.	24 OI	H BLUEA				
	l			I			1				1					

Notice to Employee
Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tax return. From 1790 do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned innour excit (EIC). You may be able to take the EIC for 2017 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family size.

Workers without châldren could qualify for a smaller credit. You and any qualifying châldren must have valid social security numbers (SSNs). You can that the HEI City our investment income is more than the specified amount for 2017 or if income is earned for services provided while you were an intained at a penal institution. For 2017 in come limits and more information, vist www. six govietic.

Also see Pub. 596, Earnel Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Also see Pub. 390, named informe cream. Full factors and a finite factor and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers. Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employer to correct your employer to the correct way and the state of the correct way and any statement, with the Social Security Administration (SSA) to correct any Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2 from your employer for all corrections made so you may fift them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct mame at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at www.SSA, gov. Cost of employer-sponsored beath coverage (is ache tost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2017 and more than \$7.886.40 in social security and/or Fire 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess gainsty our federal income tax. If you had more than one railroad employer and more than \$4.630.50 in Ter 2 RRTA tax was withheld, you also may be able to claim a credit for Form 1040 or Form 1040A instructions and Pub. 505. Tax Wahholding and Estimated Tax.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld ine of your tax return.

Box 5. You may be required to report this amount on form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 3, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above

\$200,000.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount onless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will actual the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you

must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 9. If you are e-filing and if there is a code in this box, enter if when prompted by your software. The only valid characters are the letters AF and numerals 0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns.

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plani). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is: (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan for (b) included in box 3 and/or 5 if it is a prior year deferred unount. This box should the two 457(b) plan the became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should fit be true diff you had a deferral amount for Shot 131, we should fit be year, your employer should fits Form SSA-131, you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Blective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EB), under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 40(5b) plans if you qualify for the 15-year rule explained in Pub. \$711). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to

have SIMPLE plans; \$21,000 for section 40(0) plans if you qualify for the 1>-year ruse expanseo as Pubs. \$71). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age \$0 in 2017, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(0)(1) and 40(0) SIMPLE plans). This additional deferral of up to \$6,000 (\$3,000 for section 401(0)(1) and 40(0) SIMPLE plans). This additional deferral amount is not subject to the overall limit on decive deferrals, any be higher for the last 3 years before you reach retrement age. Contact your plan administrator for more information. Amounts in except on the overall decive deferrals may be higher for the last 3 years before you reach retrement age. Contact your plan administrator for more information. Amounts in except of the overall decive deferral fails must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note, If a year fellows code D directly lift, S. Y. Ads, B. or EE, you must a made a made up pration contribution for a prior year(s) when you were in military service. To figure whether you made excest deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

 ${\bf B}{\bf -}{\bf U}$ ncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social

security wage base), and 5) **D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

J—Nontaxable Six pay (information only, not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See "Other Taxes" in the Form 1040

instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over

\$50,0000 (former employees only), See "Other Taxes" in the Form 1000 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1000 instructions.

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

O—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on

Q—consalance console pay. 1. Care reporting this amount in several pays are reporting this amount in Section 18. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box

—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to impute any taxable and nontaxable amounts.

compute any taxable and nontaxable amounts.

W—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your Health Savings Account. Report on Form 8889, Health Savings Accounts.

(HSAs).

**Z—Deferrals under a section 409A nonqualified deferred compensation plan.

**Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plas interest. See "Other Taxes" in the Form 1040 instructions under a section 401(k) plan.

**AA—Designated Roth contributions under a section 403(b) plan.

**DD—Designated Roth contributions under a section 403(b) plan.

**DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

DD—Cox of employer-sponsored health coverage. The amount reported with Code DJ is not inxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under at accept organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reinbursement arrangement Box 1.3.1 ft for Retirement plan box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, unnot use, uniform gayments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the ckrgy's parsonage allow ance and utilities. Ratival employers use this box to report almolar detrement (RRTA) compensation, Tier 1 tax, Tex 2 tax, Medicar tex tax additional Medicare Tax. Include tips reported by the employer to the employer in almolar detrement (RRTA) compensation.

a SIMPLE retrement account that is part of a section 40(k) arrangement. Also includes deferrals under a Simple retrement account that is part of a section 40(k) arrangement.

E—Bective deferrals under a section 40(k) salary reduction segreement.

F—Bective deferrals under a section 40(k) salary reduction SEP

G—Bective deferrals under a section 40(k) salary reduction SEP

G—Bective deferrals and employer contributions (including nonebetive deferrals) to a section 45(t) and section 45(t) and section 45(t) and section 45(t) are retrieved account to the section 45(t) and section 45(t) are retrieved account to the section 4

Form W-2 Wage and Tax Statement

2017

Copy 2, to be filed with employee's tax return for BLUEA

0472-F b Emplo 45-4	pyer's identification number 756115	298-2	-002200 social security nu 25-3319 Third-party sick pay	Void	TECH 7 4965 PI SUITE	's name, address, and ZIP code TALENTA INC RESTON PARK BLVD 500 O TX 75093		OMB N	ment of the Treasury - Internal Reve io. 1545-0008 es, tips, other compensation 79939.31 al Security wages	2 Federal Income	12132.15
12 See DD	Instrs. for Box 12 2557.29	14 Other			e Employee's name, address, and ZIP code RAGHUNANDAN ASWATHANARAYANA 6856 LAKESIDE DRIVE APT # 217B WEST CHESTER OH 45069			7 Socia	care wages and tips al Security tips endent care benefits fication Code	Medicare tax wit Nonqualified pl	
15 State OH	Employer's state 53-052739 9		16 State wages		9939.31	17 State income tax 2512.05	18 Local wages, tips, etc. 799	I 39.31	19 Local income tax 999	9.24 OH	BLUEA

Form W-2 Wage and Tax Statement 2017

d Control number		Void X	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer's identification number	a Employee's social security nu	umber		İ	1 Wages, tips, other compensation	2 Federal Income tax withheld		
40.000								
13 Statutory Retire Employee plan	13 Statutory Retirement Third-party Employee plan sick pay				3 Social Security wages	4 Social Security tax withheld		
12 See Instrs. for Box 12	4 Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld		
					7 Social Security tips	8 Allocated Tips		
					10 Dependent care benefits	11 Nonqualified plans		
					Verification Code			
15 State Employer's state I.	D. No. 16 State wages	, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement 2017

d Control number b Employer's identification nu	mher 3 Employee'		Void X	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer's ruenumcation number						1 Wages, tips, other compensation	2 Federal Income tax withheld		
						3 Social Security wages	4 Social Security tax withheld		
12 See Instrs. for Box 12	14 Other			e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld		
						7 Social Security tips	8 Allocated Tips		
						10 Dependent care benefits	11 Nonqualified plans		
						Verification Code			
15 State Employer's st	ate I.D. No.	16 State wages, ti	ips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
1		l			l				