

0035-18086315

KNOWLEDGE RESOURCES GROUP INC  
11340 LAKEFIELD DR SUITE 200  
JOHNS CREEK GA 30097

FEDERAL WITHHOLDING EXEMPTIONS M 2  
GA WITHHOLDING EXEMPTIONS J 0

REGULAR WAGES FOR 2017

61025.78

RANGA MARANGANTI  
5695 BRIDGE POINTE DR  
ALPHARETTA GA 30005

17364

For 2017, you have no payroll adjustments which affected your federal wages (Box 1) or state wages. Therefore, the wages on your final 2017 check statement should be the same as the wages reported on your W-2 statement.

Copy C, for employees records

## Form W-2 Wage and Tax Statement 2017

d Control number 0035-18086315 000000203-		Void	c Employer's name, address, and ZIP code KNOWLEDGE RESOURCES GROUP INC 11340 LAKEFIELD DR SUITE 200 JOHNS CREEK GA 30097		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008								
b Employer's identification number 81-0845962		a Employee's social security number 671-38-9420		1 Wages, tips, other compensation 61025.78		2 Federal income tax withheld 5708.83							
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages 61025.78		4 Social security tax withheld 3783.60							
12 See Instrs. for Box 12		14 Other		e Employee's name, address, and ZIP code RANGA MARANGANTI 5695 BRIDGE POINTE DR ALPHARETTA GA 30005		5 Medicare wages and tips 61025.78		6 Medicare tax withheld 884.87					
15 State GA		Employer's state ID No. 3205314-HR		16 State wages, tips, etc. 61025.78		17 State income tax 2997.52		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
						7 Social security tips		8 Allocated tips		10 Dependent care benefits		11 Nonqualified plans	
						9 Verification Code 50d1-d4b8-8f31-a5ad							

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 imposed on you if this income is taxable and you fail to report it.

Copy B, to be filed with employees FEDERAL tax return

## Form W-2 Wage and Tax Statement 2017

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Copy 2, to be filed with employees tax return for GA

## Form W-2 Wage and Tax Statement 2017

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**Part I Recipient Information**

<b>1</b> Marketplace identifier GA	<b>2</b> Marketplace-assigned policy number 49469690	<b>3</b> Policy issuer's name Ambetter from Peach State Health Plan		
<b>4</b> Recipient's name Ranga Chary Maranganti		<b>5</b> Recipient's SSN xxx-xx-9420	<b>6</b> Recipient's date of birth	
<b>7</b> Recipient's spouse's name SANDHYA RANI KURNI		<b>8</b> Recipient's spouse's SSN xxx-xx-6521	<b>9</b> Recipient's spouse's date of birth	
<b>10</b> Policy start date 01/01/2017	<b>11</b> Policy termination date 12/31/2017	<b>12</b> Street address (including apartment no.) 5695 BRIDGE POINTE DR		
<b>13</b> City or town ALPHARETTA	<b>14</b> State or province GA	<b>15</b> Country and ZIP or foreign postal code US 30005-4475		

**Part II Covered Individuals**

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
<b>16</b> Ranga Chary Maranganti	xxx-xx-9420		01/01/2017	12/31/2017
<b>17</b> SANDHYA RANI KURNI	xxx-xx-6521		01/01/2017	12/31/2017
<b>18</b> SAHITYA PRANATHI MARANGANTI	xxx-xx-1983		01/01/2017	12/31/2017
<b>19</b>				
<b>20</b>				

**Part III Coverage Information**

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
<b>21</b> January	820.45	801.98	379.00
<b>22</b> February	820.45	801.98	379.00
<b>23</b> March	820.45	801.98	379.00
<b>24</b> April	820.45	801.98	379.00
<b>25</b> May	820.45	801.98	379.00
<b>26</b> June	820.45	801.98	379.00
<b>27</b> July	820.45	801.98	379.00
<b>28</b> August	820.45	801.98	379.00
<b>29</b> September	820.45	801.98	379.00
<b>30</b> October	820.45	801.98	379.00
<b>31</b> November	820.45	801.98	379.00
<b>32</b> December	820.45	801.98	379.00
<b>33</b> Annual Totals	9,845.40	9,623.76	4,548.00



0116329



# 2017 TAX BILL

Arthur E. Ferdinand  
Tax Commissioner, Fulton County

141 Pryor St SW  
Atlanta, GA 30303  
(404) 613-6100

Property Owner	Parcel Identification	Description	User ID
MARANGANTI RANGA CHARY	11 -0131-0048-016-9 IMPROVED PROPERTY	REAL PROPERTY TAX DISTRICT : 10 ALPHARETTA	2ORG 24713402

Property Address	Account Number	Fair Market Value	Assessed Value
5695 BRIDGE POINTE DR	0463345	167,800	67,120

County Exemptions: HF01-Fulton Homestead Reg  
County Tax Credit: \$17.78

CPI FROZEN

Control # 111,701

Levies	Assessment	Exemptions	Net Assessment	Net Rate	Net Tax
<b>Fulton</b>					
FULTON OPER	67,120 -	41,158 =	25,962 x	0.010380	= 269.49
FULTON BONDS	67,120 -	0 =	67,120 x	0.000250	= 16.78
FULTON SCHOOL GEN	67,120 -	2,000 =	65,120 x	0.018546	= 1,207.72
STATE	67,120 -	2,000 =	65,120 x		= 0.00
			Total Billed for 2017		1,493.99
			Less Amount Paid		0.00
			<b>Fulton Total Due</b>		<b>\$1,493.99</b>

**PAY THIS AMOUNT FOR TAX YEAR 2017. . . . .**

**\$1,493.99**

Please read the reverse side of the bill and enclosed brochure for additional information and instructions or call our 24-hour automated customer service line at (404) 613-6100.

Parcel Identification	Property Address	Due Date	Amount Due
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Parcel Identification	Property Address	Due Date	Amount Due
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11 -0131-0048-016-9	5695 BRIDGE POINTE DR	01/15/2018	<b>\$1,493.99</b>
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[ ] CHECK HERE IF OWNER OF PROPERTY ADDRESS IS NOT CORRECT. SHOW CHANGES ON THE BACK OF THE COUPON.

RETURN COUPON WITH FULTON PAYMENT  
MAKE YOUR CHECK PAYABLE TO:  
**FULTON COUNTY TAX COMMISSIONER**

TC\_GBRADF  
24713402

MARANGANTI RANGA CHARY  
5695 BRIDGE POINTE DR  
ALPHARETTA GA 30005

Arthur E. Ferdinand  
P.O. Box 105052  
Atlanta, GA 30348-5052



04633450317002000001493992