# 2017 W-2 and EARNINGS SUMMARY

**Employee** Reference Copy Wage and Tax Statement Copy C for employee's record Control number Dept. Corp. Employer use only PHIL/D2Y 000200 Employer's name, address, and ZIP code

SYNECHRON INC 11 TIMES SQUARE #3301 **NEW YORK NY 10036-6600** 

#### Batch #00262

e/f Employee's name, address, and ZIP code **BHUSHAN PALSAPURE** 1501, DECOTO ROAD **APT # 186** 

U	NIOI	I CITY	CA 945	87				
b	Emplo	yer's FED II	) number	а	Empl	Оy	ee's SS	A number
		43-20770	33	319-55-4276				
1	Wage	s, tips, othe	r comp.	2	Fede	ral	income	tax withheld
		92	710.45					8032.15
3	Socia	I security wa	ages	4	Socia	al s	security	tax withheld
		92	710.45					5748.05
5	Medic	are wages a	nd tips	6	Medic	cai	re tax wi	thheld
		92	710.45					1344.30
7	Socia	I security tip	s	8	Alloc	ate	ed tips	
9		cation Code		10	Deper	nde	ent care	benefits
	ta3a-	-62be-4776	-d92a					
11	Nonq	ualified plans	S	12			uctions fo	
					<u>DD</u>	L	1	<u> 2432.52</u>
14	Other			12		<u> </u>		
•	•	834.39	SDI	12	-			
		004.00	ODI	12	~			
				13	Stat er	mp	Ret. plan	3rd party sick pa
15	State	Employer's	state ID no	16	State	w	ages, tip	s, etc.
C	CA	263-6240	0					92710.45
17	State	income tax		18	Local	lw	ages, tip	s, etc.
		2	542.36					
19	Local	income tax		20	Local	lity	name	

1	1 Wages, tips, other comp. 92710.45			2 Federal income tax withheld 8032.15		
3	3 Social security wages 92710.45			4 Social security tax withheld 5748.05		
5	5 Medicare wages and tips 92710.45			6 Medica	are tax wit	hheld 1344.30
d	Contr	ol number	Dept.	Corp.	Employ	er use only
00	7756	PHIL/D2Y	000200		Α	964
c Employer's name, address, and ZIP code						

SYNECHRON INC 11 TIMES SQUARE #3301 NEW YORK NY 10036-6600

b	Employer's FED ID number 43-2077033	a Employee's SSA number 319-55-4276		
7	Social security tips	8 Allocated tips		
9	Verification Code fa3a-62be-4776-d92a	10 Dependent care benefits		
11	Nonqualified plans	12a See instructions for box 12 DD 12432.52		
14	Other	12b		
	834.39 SDI	12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		

e/f Employee's name, address and ZIP code

**BHUSHAN PALSAPURE** 1501, DECOTO ROAD **APT # 186 UNION CITY CA 94587** 

	Employer's state ID no. 263-6240 0	16 State wages, tips, etc. 92710.45
17 State	income tax 2542.36	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	Federal Fili	ng Copy

Wage and Tax Statement OMB No
Copy B to be filed with employee's Federal Income Tax Return. 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.

**Gross Pay** 98608.75 **Social Security** 5748.05 **CA. State Income Tax** 2542.36 Tax Withheld Box 17 of W-2 Box 4 of W-2 SUI/SDI 834 39 Box 14 of W-2 Fed. Income 8032.15 **Medicare Tax** 1344.30 Tax Withheld Withheld 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 Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2	
Gross Pay	98,608.75	98,608.75	98,608.75	98,608.75	
Less Other Cafe 125	5,898.30	5,898.30	5,898.30	5,898.30	
Reported W-2 Wages	92,710.45	92,710.45	92,710.45	92,710.45	

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

BHUSHAN PALSAPURE 1501, DECOTO ROAD APT # 186 **UNION CITY CA 94587**  Social Security Number: 319-55-4276 Taxable Marital Status: MARRIED Exemptions/Allowances:

FEDERAL: 6 STATE:

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1	1 Wages, tips, other comp. 92710.45			2 Federal income tax withheld 8032.15		
3	3 Social security wages 92710.45			4 Social security tax withheld 5748.05		
5 Medicare wages and tips 92710.45		6 Medica	are tax witl	hheld 1344.30		
d	Control nur	nber	Dept.	Corp.	Employe	er use only
00	7756 PHII	L/D2Y	000200		Α	964

c Employer's name, address, and ZIP code

SYNECHRON INC 11 TIMES SQUARE #3301 NEW YORK NY 10036-6600

b	Employer's FED ID number 43-2077033	a Employee's SSA number 319-55-4276			
7	Social security tips	8 Allocated tips			
9	Verification Code	10 Dependent care benefits			
11	Nonqualified plans	12a DD   12432.52			
14	Other	12b			
	834.39 CA SDI	12c			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pay			
	Employoo's name address a				

**BHUSHAN PALSAPURE** 1501, DECOTO ROAD **APT # 186 UNION CITY CA 94587** 

15 State Employer's state ID no.	16 State wages tins etc
CA 263-6240 0	92710.45
17 State income tax	18 Local wages, tips, etc.
2542.36	
19 Local income tax	20 Locality name

Copy

CA.State Reference

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

1	Wages, tips, other of 927	omp. 10.45	2	Federa	I income tax 80	withheld 032.15
3	Social security wag	<sub>jes</sub> 10.45	4	Social	security tax v	withheld 748.05
5	Medicare wages an 927	d tips 10.45	6	Medica	re tax withhe	eld 344.30
d	Control number	Dept.		Corp.	Employer	use only
007	7756 PHIL/D2Y	000200			Α	964

c Employer's name, address, and ZIP code

SYNECHRON INC 11 TIMES SQUARE #3301 NEW YORK NY 10036-6600

b	Employer's FED ID number 43-2077033	a Emple	oyee's SSA number 319-55-4276	
7	Social security tips	8 Allocated tips		
9	Verification Code	10 Dependent care benefits		
11	Nonqualified plans	12a DD	12432.52	
14	Other	12b		
	834.39 CA SDI	12c		
		12d	1	
		13 Stat or	mp. Ret. plan 3rd party sick pay	

e/f Employee's name, address and ZIP code

**BHUSHAN PALSAPURE** 1501, DECOTO ROAD **APT # 186 UNION CITY CA 94587** 

	Employer's state ID no. 263-6240 0	16	State wages, tips, etc. 92710.45
17 State	income tax	18	Local wages, tips, etc.
	2542.36		
19 Local	income tax	20	Locality name

CA.State Filing Copy Wage and

Statement Copy 2 to be filed with employee's State Income 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. 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 5, 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 unless 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 calculate 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 it when prompted by your software. 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) plan). Any amount over \$5,000 is also 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, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that 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 shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and 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 copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 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 amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective 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 elective 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, AA, 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 excess 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.

**B**—Uncollected 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 a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) 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 sick pay (information only, not included in boxes 1, 3,

 $\mbox{K--}20\%$  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 \$50,000 (former employees only). See "Other Taxes" in the Form 1040 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 1040 instructions.

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

Q-Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

R—Employer contributions to your Archer MSA. 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 1)

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

V—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

Y-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 plus interest. See "Other Taxes" in the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan **BB**—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.

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

FF—Permitted benefits under a qualified small employer health

reimbursement arrangement

**Box 13.** If the "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, union dues, uniform state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

# NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



## **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. Even if you don't 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 income credit (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 the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2017 or if income is earned for services provided while you were an inmate at a penal institution. For 2017 income limits and more information, visit www.irs.gov/eitc. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security 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 employment record. Be sure to ask the employer to file Form W-2c, 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-2c from your employer for all corrections made so you may file 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 name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost 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 Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,630.50 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.