## 2017 W-2 and Earnings Summary

| Form W-2   | lage and Tax Statement                         |  |  |  |
|--|--|--|--|--|
| Copy C For EMPLOYEE'S RECORDS 2017   |  |  |  |  |
| This information is being furnished to IRS. file a tax return, a negligence penalty or oth imposed on you if this income is taxable ar | ner sanction may be Department of Treasury     |  |  |  |
| Control 04741 AASE   |  |  |  |  |
| TIIDOD OLIOOL .  | INC<br>SUITE # 31<br>J 07601                   |  |  |  |
| Employee's name, address, and ZIP code<br>SANKIRTH BATT<br>2203 BRIARVLE<br>HOUSTON TX 77  |  |  |  |  |
| 21,000.0<br>1 Wages, tips, other comp.   | 0 420.00<br>2 Fed. income tax withheld         |  |  |  |
| 3 Social security wages  | 4 Soc. sec. tax withheld                       |  |  |  |
| 5 Medicare wages and tips  | 6 Medicare tax withheld                        |  |  |  |
| 7 Social security tips   | 8 Allocated tips                               |  |  |  |
| 9 Verification code<br>403A-A1AC-2EAA-314  | 10 Dependent care benefits                     |  |  |  |
| 11 Nonqualified plans  | 12a  |  |  |  |
|  | 12b  |  |  |  |
| 13 Statutory Retirement Third-party sick pay   | 12c  |  |  |  |
|  | 12d  |  |  |  |
| Employee's SSN<br>720-73-3601  | 14   |  |  |  |
| Employer ID number (EIN)<br>20-5754043   |  |  |  |  |
| 15 St. Employer's state ID number  | 16 State wages, tips, etc. 17 State income tax |  |  |  |
| 18 Local wages, tips, etc.   | 19 Local income tax 20 Locality name           |  |  |  |

|  | Wages, Tips, Other Comp.<br>Box 1 of W-2  | Social Security Wages<br>Box 3 of W-2                             | Medicare Wages and Tips<br>Box 5 of W-2                                  |
|--|---|---|--|
| Gross Pay<br>Less: Non-Taxable Earnings<br>Less: Retirement Deductions<br>Less: Other Pre-tax Deductions<br>Less: Third Party Sick Pay<br>Less: Excess Wages<br>Total Reported Wages | \$21,000.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>N/A<br>\$21,000.00 | \$21,000.00<br>(\$21,000.00)<br>N/A<br>\$0.00<br>\$0.00<br>\$0.00 | \$21,000.00<br>(\$21,000.00)<br>N/A<br>\$0.00<br>\$0.00<br>N/A<br>\$0.00 |
|  | Fed Income<br>Box 2 of W-2  | Social Security<br>Box 4 of W-2                                   | Medicare<br>Box 6 of W-2   |
| Tax Withheld   | \$420.00  |   |  |

## SANKIRTH BATTHULA 2203 BRIARVLEW DR HOUSTON, TX 77077-7707

Wage and Tax Statement

Form W-2

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2

Control 04741

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.

AASB

| Form W-2   | Vage and Tax Statement                         |  |
|--|--|--|
| Copy B To Be Filed W   |  |  |
| Employee's FEDERAL Tax   |  |  |
| This information is being furnished to the II  | RS. Internal Revenue Service                   |  |
| number 04741 AASE  | 3 00049  |  |
| Employer's name, address, and 2IP code<br>INDUS GROUP I<br>15 WARREN ST,<br>HACKENSACK N.  |  |  |
| Employee's name, address, and ZIP code SANKIRTH BAT 2203 BRIARVLI HOUSTON TX 7   | EW DR  |  |
| 21,000.0   | 0 420.00                                       |  |
| 1 Wages, tips, other comp.   | 2 Fed. income tax withheld                     |  |
| 3 Social security wages  | 4 Soc. sec. tax withheld                       |  |
| 5 Medicare wages and tips  | 6 Medicare tax withheld                        |  |
| 7 Social security tips   | 8 Allocated tips                               |  |
| 9 Verification code<br>403A-A1AC-2EAA-314  | 10 Dependent care benefits                     |  |
| 11 Nonqualified plans  | 12a  |  |
| Parties Programme Programm | 12b  |  |
| 13 Statutory Retirement plan Third-party sick pay  | 12c  |  |
|  | 12d  |  |
| Employee's SSN<br>720-73-3601  | 14   |  |
| Employer ID number (EIN)<br>20-5754043   |  |  |
| 15 St. Employer's state ID number  | 16 State wages, tips, etc. 17 State income tax |  |
| 18 Local wages, tips, etc.   | 19 Local income tax 20 Locality name           |  |

| Copy 2 To Be Filed With<br>Employee's State, City, or Lo<br>Income Tax Return.      | OMB No. 1545-000  Department of Treasury Internal Revenue Service |  |
|---|---|--|
| Control 04741 AASB  | 00049   |  |
| Employer's name, address, and ZIP code INDUS GROUP IN 15 WARREN ST, HACKENSACK NJ   | SUITE # 31  |  |
| Employee's name, address, and ZIP code SANKIRTH BATTH 2203 BRIARVLEV HOUSTON TX 770 | W DR  |  |
| 21,000.00<br>1 Wages, tips, other comp.   | 420.00<br>2 Fed. income tax withheld                              |  |
| 3 Social security wages   | 4 Soc. sec. tax withheld  |  |
| 5 Medicare wages and tips   | 6 Medicare tax withheld   |  |
| 7 Social security tips  | 8 Allocated tips  |  |
| 9 Verification code<br>403A-A1AC-2EAA-3140  | 10 Dependent care benefits  |  |
| 11 Nonqualified plans   | 12a   |  |
|   | 12b   |  |
| 13 Statutory Retirement Third-party sick pay  | 12c   |  |
|   |   |  |
|   | 12d   |  |
| Employee's SSN 720-73-3601 Employer ID number (EIN)                                 | 12d   |  |
| 720-73-3601   | 14  |  |
| 720-73-3601<br>Employer ID number (EIN)<br>20-5754043                               | 14  |  |

| Employer's name, address, and ZIP code INDUS GROUP INC 15 WARREN ST, SUITE # 31 HACKENSACK NJ 07601 |                  |                               |  |  |
|---|------------------|-------------------------------|--|--|
| Employee's name, address, and ZP code SANKIRTH BATTHULA 2203 BRIARVLEW DR HOUSTON TX 77077-7707     |                  |                               |  |  |
| 21,000.0<br>1 Wages, tips, other comp.  | 2 Fed. ir        | 420.00<br>ncome tax withheld  |  |  |
| 3 Social security wages   | 4 Soc. s         | ec. tax withheld              |  |  |
| 5 Medicare wages and tips<br>7 Social security tips   | _                | are tax withheld ted tips     |  |  |
| 9 Verification code<br>403A-A1AC-2EAA-314   |                  | ndent care benefits           |  |  |
| 11 Nonqualified plans   | 12a<br>12b       |                               |  |  |
| 13 Statutory Retirement Plan Third-party sick pay   | 12c<br>12d       |                               |  |  |
| Employee's SSN<br>720-73-3601   | 14               |                               |  |  |
| Employer ID number (EIN)<br>20-5754043  |                  |                               |  |  |
| 15 St. Employer's state ID number   | 6 State wages, t | ips, etc. 17 State income tax |  |  |
| 18 Local wages, tips, etc.  | 9 Local income   | tax 20 Locality name          |  |  |

Wage and Tax Statement

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2017 OMB No. 1545-0008 Department of Treasury --Internal Revenue Service