

OMB# 1545-0008
COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 1960.95	2 Federal income tax withheld 48.06
3 Social security wages 1960.95	4 Social security tax withheld 121.58
5 Medicare wages and tips 1960.95	6 Medicare tax withheld 28.43

a Employee's social security number
799-53-0124

c Employer's name, address, and ZIP code
KROGER
1014 VINE STREET
CINCINNATI OH 45202

OMB# 1545-0008
COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 1960.95	2 Federal income tax withheld 48.06
3 Social security wages 1960.95	4 Social security tax withheld 121.58
5 Medicare wages and tips 1960.95	6 Medicare tax withheld 28.43

a Employee's social security number
799-53-0124

c Employer's name, address, and ZIP code
KROGER
1014 VINE STREET
CINCINNATI OH 45202

Employee's name, address and ZIP code 018
 RAVINDER KAUR
 APT 114
 494 TIMBERLEA DR
 ROCHESTER HIL MI 48309-2672

IMPORT CODE BACSSBZR

9 Verification Code ~	12a \$
b Employer identification number (EIN) 31-0345740	12b \$
7 Social security tips	12c \$
8 Allocated tips	12d \$
13 Statutory employee Retirement plan Third-party sick pay	12e \$
15 State MI Employer's state ID number ME-0204053	16 State wages, tips, etc. 1960.95
	17 State income tax 83.30
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service

Employee's name, address and ZIP code 018
 RAVINDER KAUR
 APT 114
 494 TIMBERLEA DR
 ROCHESTER HIL MI 48309-2672

IMPORT CODE BACSSBZR

9 Verification Code ~	12a \$
b Employer identification number (EIN) 31-0345740	12b \$
7 Social security tips	12c \$
8 Allocated tips	12d \$
13 Statutory employee Retirement plan Third-party sick pay	12e \$
15 State MI Employer's state ID number ME-0204053	16 State wages, tips, etc. 1960.95
	17 State income tax 83.30
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service

OMB# 1545-0008
COPY B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service

1 Wages, tips, other compensation 1960.95	2 Federal income tax withheld 48.06
3 Social security wages 1960.95	4 Social security tax withheld 121.58
5 Medicare wages and tips 1960.95	6 Medicare tax withheld 28.43

a Employee's social security number
799-53-0124

c Employer's name, address, and ZIP code
KROGER
1014 VINE STREET
CINCINNATI OH 45202

OMB# 1545-0008
COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)
 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.

1 Wages, tips, other compensation 1960.95	2 Federal income tax withheld 48.06
3 Social security wages 1960.95	4 Social security tax withheld 121.58
5 Medicare wages and tips 1960.95	6 Medicare tax withheld 28.43

a Employee's social security number
799-53-0124

c Employer's name, address, and ZIP code
KROGER
1014 VINE STREET
CINCINNATI OH 45202

Employee's name, address and ZIP code 018
 RAVINDER KAUR
 APT 114
 494 TIMBERLEA DR
 ROCHESTER HIL MI 48309-2672

IMPORT CODE BACSSBZR

9 Verification Code ~	12a See instructions for box 12 \$
b Employer identification number (EIN) 31-0345740	12b \$
7 Social security tips	12c \$
8 Allocated tips	12d \$
13 Statutory employee Retirement plan Third-party sick pay	12e \$
15 State MI Employer's state ID number ME-0204053	16 State wages, tips, etc. 1960.95
	17 State income tax 83.30
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service

0309808

Employee's name, address and ZIP code 018
 RAVINDER KAUR
 APT 114
 494 TIMBERLEA DR
 ROCHESTER HIL MI 48309-2672

IMPORT CODE BACSSBZR

9 Verification Code ~	12a See instructions for box 12 \$
b Employer identification number (EIN) 31-0345740	12b \$
7 Social security tips	12c \$
8 Allocated tips	12d \$
13 Statutory employee Retirement plan Third-party sick pay	12e \$
15 State MI Employer's state ID number ME-0204053	16 State wages, tips, etc. 1960.95
	17 State income tax 83.30
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

Form W-2 Wage and Tax Statement 2017 Department of the Treasury-Internal Revenue Service

TO MAKE AN APPOINTMENT, VISIT HRBLOCK.COM OR CALL 1-800-HRBLOCK.

YOU COULD GET A
REFUND ADVANCE*
 OF UP TO **\$3000** THE DAY YOU FILE.
 JAN. 5 - FEB. 28 | 0% INTEREST LOAN

* This is an optional tax refund-related loan from Bank of America, Member FDIC; it is not your tax refund. Loans are offered in amounts of \$500, \$750, \$1250 or \$3000. Approval and loan amount based on expected refund amount, ID verification, eligibility criteria, and underwriting. If approved, funds will be loaded on a prepaid card and the loan amount will be deducted from your tax refund, reducing the amount that is paid directly to you. Tax returns may be e-filed without applying for this loan. Fees for other optional products or product features may apply. Limited time offer. Available at participating locations. Not offered in Puerto Rico, HRB Maine License No: FRA2. See hrblock.com/refundadvance for details.

WE'LL PREPARE & FILE YOUR
FEDERAL 1040EZ
 FOR **FREE**
 JAN. 5 - FEB. 28

Valid for 2017 personal income tax return only. Return must be filed January 5 - February 28, 2018 at participating offices to qualify. Type of federal return filed is based on your personal tax situation and IRS rules. Form 1040EZ is generally used by single/married taxpayers with taxable income under \$100,000, no dependents, no itemized deductions, and certain types of income (including wages, salaries, tips, some scholarships/grants, and unemployment compensation). Additional fees apply for Earned Income Credit and certain other additional forms, for state and local returns, and if you select other products and services. Visit hrblock.com/ez to find the nearest participating office or to make an appointment.

\$20 OFF TAX PREP FEES. New clients only.
 CODE: 98378
 Valid at participating U.S. offices for an original 2017 personal income tax return for new clients only. Discount may not be used for Form 1040EZ or combined with any other offer or promotion. Void if transferred and where prohibited. Coupon must be presented prior to completion of initial tax office interview. A new client is an individual who did not use H&R Block office services to prepare his or her 2016 tax return. No cash value. Expires April 10, 2018. OBTP#B13096 ©2017 H&R Tax Group, Inc.

H&R BLOCK

FORM W-2 Wage and Tax Statement
Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

The white copies of the W-2 forms are for your tax returns; the blue copy is for your records. General instructions, including an explanation of the letter codes in box 12, are on the other side of the page.

To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.

	Federal Box 1	Soc. Sec. Box 3 and 7	Medicare Box 5
Gross Wages	11880.00	11880.00	11880.00
Txbl Benefits			
Group Term Life			
Adoption			
Deferred Comp			
Section 125			
Other Pretax/Wage Limit			
W-2 Wages	11880.00	11880.00	11880.00

D. CONTROL NUMBER 000276149101		This information is being furnished to the Internal Revenue Service		2017		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER, COMPENSATION 11880.00		2. FEDERAL INCOME TAX WITHHELD 1267.38			
B. EMPLOYER IDENTIFICATION NUMBER 58-2400405				A. EMPLOYEE'S SOCIAL SECURITY NUMBER 799-53-0124				3. SOCIAL SECURITY WAGES 11880.00		4. SOCIAL SECURITY TAX WITHHELD 736.56			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Cybersystems Inc 2400 Meadowbrook Pkwy Duluth GA 30096								5. MEDICARE WAGES AND TIPS 11880.00		6. MEDICARE TAX WITHHELD 172.26			
								7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS			
								9. VERIFICATION CODE 5657-9b7d-88e7-1e58		10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL Ravinder				LAST NAME Kaur				SUFF.		11. NONQUALIFIED PLANS		12. a-d	
494 Timberlea Dr #114 Rochester Hills MI 48309										14. OTHER			
F. EMPLOYEE'S ADDRESS AND ZIP CODE													
15. STATE MI		EMPLOYER'S STATE I.D. NO. 58-2400405		16. STATE WAGES, TIPS, ETC. 11880.00		17. STATE INCOME TAX 504.90		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER 000276149101		This information is being furnished to the Internal Revenue Service		2017		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER, COMPENSATION 11880.00		2. FEDERAL INCOME TAX WITHHELD 1267.38			
B. EMPLOYER IDENTIFICATION NUMBER 58-2400405				A. EMPLOYEE'S SOCIAL SECURITY NUMBER 799-53-0124				3. SOCIAL SECURITY WAGES 11880.00		4. SOCIAL SECURITY TAX WITHHELD 736.56			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Cybersystems Inc 2400 Meadowbrook Pkwy Duluth GA 30096								5. MEDICARE WAGES AND TIPS 11880.00		6. MEDICARE TAX WITHHELD 172.26			
								7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS			
								9. VERIFICATION CODE		10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL Ravinder				LAST NAME Kaur				SUFF.		11. NONQUALIFIED PLANS		12. a-d	
494 Timberlea Dr #114 Rochester Hills MI 48309										14. OTHER			
F. EMPLOYEE'S ADDRESS AND ZIP CODE													
15. STATE MI		EMPLOYER'S STATE I.D. NO. 58-2400405		16. STATE WAGES, TIPS, ETC. 11880.00		17. STATE INCOME TAX 504.90		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return

2017

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER 000276149101		This information is being furnished to the Internal Revenue Service		2017		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER, COMPENSATION 11880.00		2. FEDERAL INCOME TAX WITHHELD 1267.38			
B. EMPLOYER IDENTIFICATION NUMBER 58-2400405				A. EMPLOYEE'S SOCIAL SECURITY NUMBER 799-53-0124				3. SOCIAL SECURITY WAGES 11880.00		4. SOCIAL SECURITY TAX WITHHELD 736.56			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Cybersystems Inc 2400 Meadowbrook Pkwy Duluth GA 30096								5. MEDICARE WAGES AND TIPS 11880.00		6. MEDICARE TAX WITHHELD 172.26			
								7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS			
								9. VERIFICATION CODE		10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL Ravinder				LAST NAME Kaur				SUFF.		11. NONQUALIFIED PLANS		12. a-d	
494 Timberlea Dr #114 Rochester Hills MI 48309										14. OTHER			
F. EMPLOYEE'S ADDRESS AND ZIP CODE													
15. STATE MI		EMPLOYER'S STATE I.D. NO. 58-2400405		16. STATE WAGES, TIPS, ETC. 11880.00		17. STATE INCOME TAX 504.90		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return

2017

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER 000276149101		This information is being furnished to the Internal Revenue Service		2017		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER, COMPENSATION 11880.00		2. FEDERAL INCOME TAX WITHHELD 1267.38			
B. EMPLOYER IDENTIFICATION NUMBER 58-2400405				A. EMPLOYEE'S SOCIAL SECURITY NUMBER 799-53-0124				3. SOCIAL SECURITY WAGES 11880.00		4. SOCIAL SECURITY TAX WITHHELD 736.56			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Cybersystems Inc 2400 Meadowbrook Pkwy Duluth GA 30096								5. MEDICARE WAGES AND TIPS 11880.00		6. MEDICARE TAX WITHHELD 172.26			
								7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS			
								9. VERIFICATION CODE 5657-9b7d-88e7-1e58		10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL Ravinder				LAST NAME Kaur				SUFF.		11. NONQUALIFIED PLANS		12. a-d	
494 Timberlea Dr #114 Rochester Hills MI 48309										14. OTHER			
F. EMPLOYEE'S ADDRESS AND ZIP CODE													
15. STATE MI		EMPLOYER'S STATE I.D. NO. 58-2400405		16. STATE WAGES, TIPS, ETC. 11880.00		17. STATE INCOME TAX 504.90		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

Copy B To be filed with Employee's FEDERAL tax return

2017

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

FOLD AND TEAR ALONG PERFORATION

Visit www.irs.gov/efile for e-file details.

© CERIDIAN

W-2 AND WAGE SUMMARY

FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

The white copies of the W-2 forms are for your tax returns; the blue copy is for your records. General instructions, including an explanation of the letter codes in box 12, are on the other side of the page.

To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.

	Federal Box 1	Social Security Box 3 & 7	Medicare Box 5	State Box 16	Local Box 18
Gross	161118.13	161118.13	161118.13	161118.13	
Fringe Benefits	321.77	321.77	321.77	321.77	
Deferred Comp.	8315.26				
Sect. 125 Plan	1268.16	1268.16	1268.16	1268.16	
Group Term Life	235.20		235.20	235.20	
Wages Over Limit		33206.94			
W-2 Wages	152091.68	127200.00	160406.94	152091.68	

XXX
XXX

D CONTROL NUMBER 9820416485		This information is being furnished to the Internal Revenue Service		2017		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION 152091.68		2 FEDERAL INCOME TAX WITHHELD 24251.43	
B EMPLOYER IDENTIFICATION NUMBER 26-1668808		A EMPLOYEE'S SOCIAL SECURITY NUMBER 810-64-0037		3 SOCIAL SECURITY WAGES 127200.00		4 SOCIAL SECURITY TAX WITHHELD 7886.40		5 MEDICARE WAGES AND TIPS 160406.94		6 MEDICARE TAX WITHHELD 2325.90	
C EMPLOYER'S NAME, ADDRESS, AND ZIP CODE NEXTEER AUTOMOTIVE CORPORATION 1209 ORANGE STREET WILMINGTON DE 19801		13 Statutory Employee <input type="checkbox"/>		Retirement Plan <input checked="" type="checkbox"/>		Third-Party Sick Pay <input type="checkbox"/>		7 SOCIAL SECURITY TIPS		8 ALLOCATED TIPS	
E EMPLOYEE'S FIRST NAME AND INITIAL GURPREET SINGH		LAST NAME SINGH		SUFF		9 VERIFICATION CODE d032-1e70-8a58-cb1f		10 DEPENDENT CARE BENEFITS		12 a-d C 235.20 D 8315.26 DD 9742.32 W 2200.00	
F EMPLOYEE'S ADDRESS AND ZIP CODE 494 TIMBERLEA DR APT 1 ROCHESTER HILLS, MI 48309		15 STATE MI		EMPLOYER'S STATE I.D. NO. 26-1668808		16 STATE WAGES, TIPS, ETC. 152091.68		17 STATE INCOME TAX 5953.86		18 LOCAL WAGES, TIPS, ETC.	
								19 LOCAL INCOME TAX		20 LOCALITY NAME	

FOLD

FOLD AND TEAR ALONG PERFORATION

D CONTROL NUMBER 9820416485		This information is being furnished to the Internal Revenue Service		2017		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION 152091.68		2 FEDERAL INCOME TAX WITHHELD 24251.43	
B EMPLOYER IDENTIFICATION NUMBER 26-1668808		A EMPLOYEE'S SOCIAL SECURITY NUMBER 810-64-0037		3 SOCIAL SECURITY WAGES 127200.00		4 SOCIAL SECURITY TAX WITHHELD 7886.40		5 MEDICARE WAGES AND TIPS 160406.94		6 MEDICARE TAX WITHHELD 2325.90	
C EMPLOYER'S NAME, ADDRESS, AND ZIP CODE NEXTEER AUTOMOTIVE CORPORATION 1209 ORANGE STREET WILMINGTON DE 19801		13 Statutory Employee <input type="checkbox"/>		Retirement Plan <input checked="" type="checkbox"/>		Third-Party Sick Pay <input type="checkbox"/>		7 SOCIAL SECURITY TIPS		8 ALLOCATED TIPS	
E EMPLOYEE'S FIRST NAME AND INITIAL GURPREET SINGH		LAST NAME SINGH		SUFF		9 VERIFICATION CODE d032-1e70-8a58-cb1f		10 DEPENDENT CARE BENEFITS		12 a-d C 235.20 D 8315.26 DD 9742.32 W 2200.00	
F EMPLOYEE'S ADDRESS AND ZIP CODE 494 TIMBERLEA DR APT 1 ROCHESTER HILLS, MI 48309		15 STATE MI		EMPLOYER'S STATE I.D. NO. 26-1668808		16 STATE WAGES, TIPS, ETC. 152091.68		17 STATE INCOME TAX 5953.86		18 LOCAL WAGES, TIPS, ETC.	
								19 LOCAL INCOME TAX		20 LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return

2017

Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

D CONTROL NUMBER 9820416485		This information is being furnished to the Internal Revenue Service		2017		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION 152091.68		2 FEDERAL INCOME TAX WITHHELD 24251.43	
B EMPLOYER IDENTIFICATION NUMBER 26-1668808		A EMPLOYEE'S SOCIAL SECURITY NUMBER 810-64-0037		3 SOCIAL SECURITY WAGES 127200.00		4 SOCIAL SECURITY TAX WITHHELD 7886.40		5 MEDICARE WAGES AND TIPS 160406.94		6 MEDICARE TAX WITHHELD 2325.90	
C EMPLOYER'S NAME, ADDRESS, AND ZIP CODE NEXTEER AUTOMOTIVE CORPORATION 1209 ORANGE STREET WILMINGTON DE 19801		13 Statutory Employee <input type="checkbox"/>		Retirement Plan <input checked="" type="checkbox"/>		Third-Party Sick Pay <input type="checkbox"/>		7 SOCIAL SECURITY TIPS		8 ALLOCATED TIPS	
E EMPLOYEE'S FIRST NAME AND INITIAL GURPREET SINGH		LAST NAME SINGH		SUFF		9 VERIFICATION CODE d032-1e70-8a58-cb1f		10 DEPENDENT CARE BENEFITS		12 a-d C 235.20 D 8315.26 DD 9742.32 W 2200.00	
F EMPLOYEE'S ADDRESS AND ZIP CODE 494 TIMBERLEA DR APT 1 ROCHESTER HILLS, MI 48309		15 STATE MI		EMPLOYER'S STATE I.D. NO. 26-1668808		16 STATE WAGES, TIPS, ETC. 152091.68		17 STATE INCOME TAX 5953.86		18 LOCAL WAGES, TIPS, ETC.	
								19 LOCAL INCOME TAX		20 LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return

2017

Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

D CONTROL NUMBER 9820416485		This information is being furnished to the Internal Revenue Service		2017		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION 152091.68		2 FEDERAL INCOME TAX WITHHELD 24251.43	
B EMPLOYER IDENTIFICATION NUMBER 26-1668808		A EMPLOYEE'S SOCIAL SECURITY NUMBER 810-64-0037		3 SOCIAL SECURITY WAGES 127200.00		4 SOCIAL SECURITY TAX WITHHELD 7886.40		5 MEDICARE WAGES AND TIPS 160406.94		6 MEDICARE TAX WITHHELD 2325.90	
C EMPLOYER'S NAME, ADDRESS, AND ZIP CODE NEXTEER AUTOMOTIVE CORPORATION 1209 ORANGE STREET WILMINGTON DE 19801		13 Statutory Employee <input type="checkbox"/>		Retirement Plan <input checked="" type="checkbox"/>		Third-Party Sick Pay <input type="checkbox"/>		7 SOCIAL SECURITY TIPS		8 ALLOCATED TIPS	
E EMPLOYEE'S FIRST NAME AND INITIAL GURPREET SINGH		LAST NAME SINGH		SUFF		9 VERIFICATION CODE d032-1e70-8a58-cb1f		10 DEPENDENT CARE BENEFITS		12 a-d C 235.20 D 8315.26 DD 9742.32 W 2200.00	
F EMPLOYEE'S ADDRESS AND ZIP CODE 494 TIMBERLEA DR APT 1 ROCHESTER HILLS, MI 48309		15 STATE MI		EMPLOYER'S STATE I.D. NO. 26-1668808		16 STATE WAGES, TIPS, ETC. 152091.68		17 STATE INCOME TAX 5953.86		18 LOCAL WAGES, TIPS, ETC.	
								19 LOCAL INCOME TAX		20 LOCALITY NAME	

Copy B To be filed with Employee's FEDERAL tax return

2017

Dept. of the Treasury - Internal Revenue Service

2017 Form W-2

FOLD AND TEAR ALONG PERFORATION

Visit www.irs.gov/efile for e-file details.

© CERIDIAN

W-2 AND WAGE SUMMARY

Form W-2 Wage and Tax Statement 2017

a Employee's social security number 799-53-0124

b Employer identification number (EIN) 33-0777005

c Employer's name, address, and ZIP code
TACO BELL OF AMERICA, LLC
PO BOX 32400
LOUISVILLE KY 40232

Table with 2 columns: Box number and Amount. Rows include: 1 Wages, tips, other compensation (806.23); 2 Federal income tax withheld; 3 Social security wages (806.23); 4 Social security tax withheld (49.99); 5 Medicare wages and tips (806.23); 6 Medicare tax withheld (11.69); 7 Social security tips; 8 Allocated tips.

e Employee's first name and initial Last name Suff
6761.01.01
26761 T106 P1 OMX 3
005275376
Ravinder Kaur
494 Timberlea Dr., 114
Rochester Hill MI 48309-2672

Table with 2 columns: Box number and Description. Rows include: 9 Dependent care benefits; 11 Nonqualified plans; 12a, 12b, 12c, 12d; 13 Statutory employee, Retirement plan (checked), Third-party sick pay; 14 Other.

f Employee's address and ZIP code
15 State MI, Employer's state ID number ME-0254196, 16 State wages, tips, etc. 806.23, 17 State income tax 34.26, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name

Copy B- To Be Filed With Employee's FEDERAL Tax Return This information is being forwarded to the Internal Revenue Dept. of Treasury - IRS

Form W-2 Wage and Tax Statement 2017

a Employee's social security number 799-53-0124

b Employer identification number (EIN) 33-0777005

c Employer's name, address, and ZIP code
TACO BELL OF AMERICA, LLC
PO BOX 32400
LOUISVILLE KY 40232

Table with 2 columns: Box number and Amount. Rows include: 1 Wages, tips, other compensation (806.23); 2 Federal income tax withheld; 3 Social security wages (806.23); 4 Social security tax withheld (49.99); 5 Medicare wages and tips (806.23); 6 Medicare tax withheld (11.69); 7 Social security tips; 8 Allocated tips.

e Employee's first name and initial Last name Suff
6761.01.01
26761 T106 P1 OMX 3
005275376
Ravinder Kaur
494 Timberlea Dr., 114
Rochester Hill MI 48309-2672

Table with 2 columns: Box number and Description. Rows include: 9 Dependent care benefits; 11 Nonqualified plans; 12a, 12b, 12c, 12d; 13 Statutory employee, Retirement plan (checked), Third-party sick pay; 14 Other.

f Employee's address and ZIP code
15 State MI, Employer's state ID number ME-0254196, 16 State wages, tips, etc. 806.23, 17 State income tax 34.26, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name

Copy C- For EMPLOYEE'S RECORDS (See notice to Employee on the back of Copy B.) Dept. of Treasury - IRS

Form W-2 Wage and Tax Statement 2017

a Employee's social security number 799-53-0124

b Employer identification number (EIN) 33-0777005

c Employer's name, address, and ZIP code
TACO BELL OF AMERICA, LLC
PO BOX 32400
LOUISVILLE KY 40232

Table with 2 columns: Box number and Amount. Rows include: 1 Wages, tips, other compensation (806.23); 2 Federal income tax withheld; 3 Social security wages (806.23); 4 Social security tax withheld (49.99); 5 Medicare wages and tips (806.23); 6 Medicare tax withheld (11.69); 7 Social security tips; 8 Allocated tips.

e Employee's first name and initial Last name Suff
6761.01.01
26761 T106 P1 OMX 3
005275376
Ravinder Kaur
494 Timberlea Dr., 114
Rochester Hill MI 48309-2672

Table with 2 columns: Box number and Description. Rows include: 9 Dependent care benefits; 11 Nonqualified plans; 12a, 12b, 12c, 12d; 13 Statutory employee, Retirement plan (checked), Third-party sick pay; 14 Other.

f Employee's address and ZIP code
15 State MI, Employer's state ID number ME-0254196, 16 State wages, tips, etc. 806.23, 17 State income tax 34.26, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name

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

Form W-2 Wage and Tax Statement 2017

a Employee's social security number 799-53-0124

b Employer identification number (EIN) 33-0777005

c Employer's name, address, and ZIP code
TACO BELL OF AMERICA, LLC
PO BOX 32400
LOUISVILLE KY 40232

Table with 2 columns: Box number and Amount. Rows include: 1 Wages, tips, other compensation (806.23); 2 Federal income tax withheld; 3 Social security wages (806.23); 4 Social security tax withheld (49.99); 5 Medicare wages and tips (806.23); 6 Medicare tax withheld (11.69); 7 Social security tips; 8 Allocated tips.

e Employee's first name and initial Last name Suff
6761.01.01
26761 T106 P1 OMX 3
005275376
Ravinder Kaur
494 Timberlea Dr., 114
Rochester Hill MI 48309-2672

Table with 2 columns: Box number and Description. Rows include: 9 Dependent care benefits; 11 Nonqualified plans; 12a, 12b, 12c, 12d; 13 Statutory employee, Retirement plan (checked), Third-party sick pay; 14 Other.

f Employee's address and ZIP code
15 State MI, Employer's state ID number ME-0254196, 16 State wages, tips, etc. 806.23, 17 State income tax 34.26, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name

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



Employee Reference Copy
W-2 Wage and Tax Statement **2017**
OMB No. 1545-0048

Copy C for employer's records.

d Control number
000082 RW/9ZXX Dept. Corp. Employer use only **A**

c Employer's name, address, and ZIP code
TECHNOSPIRE LLC
920 HOLCOMB BRIDGE RD STE 410
ROSWELL, GA 30076

Batch #98622

e1 Employer's name, address, and ZIP code
RAVINDER KAUR
494 TIMBERLEA DR APT 114
ROCHESTER HILLS, MI 48309

b Employer's FED ID number 47-4483171	a Employer's SSA number 799-53-0124
1 Wages, tips, other comp. 25752.30	2 Federal income tax withheld 2207.65
3 Social security wages 25752.30	4 Social security tax withheld 1596.64
5 Medicare wages and tips 25752.30	6 Medicare tax withheld 373.41
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./flat. plan/3rd party sick pay
15 State (Employer's state ID no.) MI 47-4483171	16 State wages, tips, etc. 25752.30
17 State income tax 995.31	18 Local wages, tips, etc.
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.

Gross Pay	25752.30	Social Security Tax Withheld	1596.64	MI State Income Tax	995.31
		Box 4 of W-2		Box 17 of W-2	
				SUNSDI	
				Box 14 of W-2	
Fed. Income Tax Withheld	2207.65	Medicare Tax Withheld	373.41		
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	MI State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	25,752.30	25,752.30	25,752.30	25,752.30
Reported W-2 Wages	25,752.30	25,752.30	25,752.30	25,752.30

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

RAVINDER KAUR
494 TIMBERLEA DR APT 114
ROCHESTER HILLS, MI 48309

Social Security Number 799-53-0124
 Taxable Marital Status: **MARRIED**
 Exemptions/Allowances:
FEDERAL: 1
STATE: 1

HE 2017 ADP, LLC

1 Wages, tips, other comp. 25752.30	2 Federal income tax withheld 2207.65
3 Social security wages 25752.30	4 Social security tax withheld 1596.64
5 Medicare wages and tips 25752.30	6 Medicare tax withheld 373.41
d Control number 000082 RW/9ZXX Dept. Corp. Employer use only A	
c Employer's name, address, and ZIP code TECHNOSPIRE LLC 920 HOLCOMB BRIDGE RD STE 410 ROSWELL, GA 30076	
b Employer's FED ID number 47-4483171	a Employer's SSA number 799-53-0124
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./flat. plan/3rd party sick pay
e1 Employer's name, address and ZIP code RAVINDER KAUR 494 TIMBERLEA DR APT 114 ROCHESTER HILLS, MI 48309	
15 State (Employer's state ID no.) MI 47-4483171	16 State wages, tips, etc. 25752.30
17 State income tax 995.31	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement **2017**
OMB No. 1545-0048
Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 25752.30	2 Federal income tax withheld 2207.65
3 Social security wages 25752.30	4 Social security tax withheld 1596.64
5 Medicare wages and tips 25752.30	6 Medicare tax withheld 373.41
d Control number 000082 RW/9ZXX Dept. Corp. Employer use only A	
c Employer's name, address, and ZIP code TECHNOSPIRE LLC 920 HOLCOMB BRIDGE RD STE 410 ROSWELL, GA 30076	
b Employer's FED ID number 47-4483171	a Employer's SSA number 799-53-0124
7 Social security tips	8 Allocated tips
9 Verification Code	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp./flat. plan/3rd party sick pay
e1 Employer's name, address and ZIP code RAVINDER KAUR 494 TIMBERLEA DR APT 114 ROCHESTER HILLS, MI 48309	
15 State (Employer's state ID no.) MI 47-4483171	16 State wages, tips, etc. 25752.30
17 State income tax 995.31	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

MI State Reference Copy
W-2 Wage and Tax Statement **2017**
OMB No. 1545-0048
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 25752.30	2 Federal income tax withheld 2207.65
3 Social security wages 25752.30	4 Social security tax withheld 1596.64
5 Medicare wages and tips 25752.30	6 Medicare tax withheld 373.41
d Control number 000082 RW/9ZXX Dept. Corp. Employer use only A	
c Employer's name, address, and ZIP code TECHNOSPIRE LLC 920 HOLCOMB BRIDGE RD STE 410 ROSWELL, GA 30076	
b Employer's FED ID number 47-4483171	a Employer's SSA number 799-53-0124
7 Social security tips	8 Allocated tips
9 Verification Code	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp./flat. plan/3rd party sick pay
e1 Employer's name, address and ZIP code RAVINDER KAUR 494 TIMBERLEA DR APT 114 ROCHESTER HILLS, MI 48309	
15 State (Employer's state ID no.) MI 47-4483171	16 State wages, tips, etc. 25752.30
17 State income tax 995.31	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

MI State Filing Copy
W-2 Wage and Tax Statement **2017**
OMB No. 1545-0048
Copy 2 to be filed with employee's State Income Tax Return.

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 8958. Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8958.
- 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 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 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 non-governmental section 407(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 G) 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(a) 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, 5, 7, and 11) (social security wage base, and 5).

D—Elective deferrals to a section 401(a) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(a) arrangement.

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

F—Elective deferrals under a section 408(a)(8) salary reduction SEP.

G—Elective deferrals and employer contributions (including non-elective 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, 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 \$50,000 (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(a) 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 reinstatement stock options (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).

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(a) plan.

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

DD—Cost of employer-subsidized 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 contributors under a tax-exempt organization section 457(b) plan.

FF—Deferred 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 payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the crew's per diem allowance and allowances. 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 employer to the employee 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.

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/eic. 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 \$7,896.40 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.