Copy B To Be Filed with Employee's 2017 FEDERAL Tax Return. OMB No. 1545-0008								Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008						
a Employee's SSN		1 Wages, tips, other comp.			Federal	income tax withheld	a Emp	a Employee's SSN					l income tax withheld	
		57500.03			6329.00						57500.03	6329.00		
836-35-8469		3 Social security wages 57500.03			Social s	ecurity tax withheld 3565.00	020	836-35-8469		security	wages 57500.03	4 Social	security tax withheld 3565.00	
b Emplo	yer ID no. (EIN)	E Madiaara					b Empl	oyer ID no. (EIN)	E Modio			6 Modioo	re tax withheld	
77-(0561842	51842 5 Medicare wages and tips 6 Medicare tax withheld 833		833.75	77-0561842		57500.03				833.75			
c Employer's name, address, and ZIP code SRIVEN INFOSYS INC								c Employer's name, address, and ZIP code SRIVEN INFOSYS INC						
43-14, MAIN STREET								43-14, MAIN STREET						
3RD FLOOR						3RD FLOOR								
	JSHING				NY	11355	FLUSHING NY 11355						11355	
d Conti	d Control number								d Control number					
e Empl	e Employee's name, address, and ZIP code Suff.							e Employee's name, address, and ZIP code Suff.						
NA	VANEETH	K JAG	INI				NAVANEETH K JAGINI							
	515 PLYMOUTH RD APT # R4						515 PLYMOUTH RD APT # R4							
PL	PLYMOUTH MEETING PA 19462						PLYMOUTH MEETING PA 19462							
												9		
7 Social security tips		8 Allocated tips			9		7 Socia	7 Social security tips		8 Allocated tips				
10 Dependent care ben		fits 11 Nonqualified plans			12a Code See inst. for box 12		10 Dependent care benef		fits 11 Nonqualified plans		12a Code See inst. for box 12			
13		14 Other			12b Co	nde	13		14 Othe	⊃r		12b Co	ode	
Statutory	employee	NJ-SD	I 80	0.40			Statutory employee		NJ-S		80.40	120 00		
5 . 5				3.14					NJ-S	SUI	128.14	12c Co	ode	
Retiremer	nt Plan	PA-SU	I 16	16.10		12d Code		Retirement Plan		SUI	16.10 12d Code		do	
Third-part	y sick pay				120 00	ode	Third-par	ty sick pay				120 00	Jue	
NJ	7705618	342/000	3	4500	0.02	1413.26			342/000 3450		0.02	1413.26		
PA 000000		0 23000		0.01 706.11		PA	PA 0000000		23000		0.01	706.11		
15 State	15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax							15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						
18 Local wages, tips, et		c. 19 Lo	ocal income tax	ncome tax		20 Locality name		18 Local wages, tips, etc		2. 19 Local income tax		0 Locality	y name	
Form W	-2 Wage and Ta	x Statement	nal Revenue Service.		I	Dept. of the Treasury - IRS	Form W	/-2 Wage and Ta	ax Stateme	ent	I		Dept. of the Treasury - IRS	

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 C For EMPLOYEE'S RECORDS. 2017 (See Notice to Employees). OMB No. 1545-0008 1 Wages, tips, other comp. 2 Federal income tax withheld a Employee's SSN 57500.03 6329.00 836-35-8469 3 Social security wages 4 Social security tax withheld 57500.03 3565.00 b Employer ID no. (EIN) 5 Medicare wages and tips 6 Medicare tax withheld 77-0561842 833.75 57500.03 c Employer's name, address, and ZIP code SRIVEN INFOSYS INC 43-14, MAIN STREET 3RD FLOOR FLUSHING NY 11355 d Control number e Employee's name, address, and ZIP code Suff. NAVANEETH K JAGINI 515 PLYMOUTH RD APT # R4 PLYMOUTH MEETING PA 19462 7 Social security tips 8 Allocated tips 9 11 Nonqualified plans 10 Dependent care benefits 12a Code See inst. for box 12 14 Other 13 12b Code 80.40 NJ-SDI Statutory employee 12c Code 128.14 NJ-SUI Retirement Plan PA-SUI 16.10 12d Code Third-party sick pay 770561842/000 NJ 34500.02 1413.26 PA 00000000 15 State Employer's state ID number 23000.01 16 State wages, tips, etc. 706.11 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

REV 01/12/18 QBDT											
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008											
City, o	or Local Inc					OMB No. 1545-0008					
a Emplo	oyee's SSN	1 Wag	es, tips, otł	ner comp.	2 Fe	l income tax withheld					
				57500.03		6329.0					
836-	35-8469	3 Socia	al security	wages	4 Sc	Social security tax withheld					
b Employ	yer ID no. (EIN)			57500.03	3565.						
		5 Med	care wage	s and tips	6 Me	Medicare tax withheld					
77-0)561842			57500.03	833.75						
c Employer's name, address, and ZIP code SRIVEN INFOSYS INC											
43-14, MAIN STREET 3RD FLOOR FLUSHING NY 11355											
d Control number											
e Employee's name, address, and ZIP code Suff. NAVANEETH K JAGINI											
515 PLYMOUTH RD APT # R4 PLYMOUTH MEETING PA 19462											
7 Social	security tips		8 Allocate	ed tips	9						
10 Deper	ndent care bene	fits	11 Nonqua	lified plans	12	12a Code See inst. for box 12					
13		14 Ot	her		12	12b Code					
Statutory e	employee	NJ-	SDI	80.40	0						
		NJ-	SUI	128.14	4 12	2c Co	ode				
Retiremen	t Plan	PA-	SUI	16.10	0 1	12d Code					
Third-party	sick pay				14						
NJ	7705618	342/	000 3450			0.02 1413.26					
PA 15 State	0000000 Employer's stat) () e ID nur	nber 16 State wages, tip								
18 Local	wages, tips, etc).	19 Local ir	Local income tax 2			0 Locality name				
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS											

Form W-2 Wage and Tax Statement